Caskgate Street Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Caskgate Street Surgery on 3 November 2016. 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 an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patient survey figures showed patients rated the practice higher than others for most aspects of care.
- Comments about the practice and staff were positive. However two said they found it difficult to make an appointment with a named GP as they had to wait two to three weeks.Although they were able to be seen by an advanced nurse practitioner.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had its challenges in a grade 2 listed building however it had good facilities and was well equipped to treat patients and meet their needs.
- 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 and complied with the requirements of the duty of candour.

Summary of findings

- Safety alerts and alerts from Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and cascaded to the appropriate persons.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- The practice had identified 68 patients as carers (0.6% of the practice list). The practice said that they felt this could be improved.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

The areas where the provider should make improvement are:

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events including complaints investigated and discussed as such.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mainly at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it difficult to make an appointment with a named GP as they had to wait two to three weeks however they were able to be seen by an advanced nurse practitioner.
- The practice was in a grade 2 listed building and was therefore difficult to adapt however it was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver 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 a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Each patient had a named GP for continuity of care. Patients were advised of who their GP was.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Reviews were completed in patients home were required.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice staff had a good system in place to diarise patient recalls and to ensure attendance.
- Patients with more than one long term condition were highlighted so that they would have their appointment extended to cover all the conditions at one appointment.
- Performance for diabetes related indicators was better compared to the national average. (100% compared to 81% CCG average and 89% national average).
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were above CCG averages for all standard childhood immunisations.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 74%.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available on the day with the advanced nurse practitioner and could be booked online.
- Patients were sent a text message to remind them of their appointment which also gave them the facility to cancel by text if it was no longer required.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The register was monitored to ensure patients were attending for their annual reviews.
- The practice offered longer appointments for patients with a learning disability.
- The practice arranged home visits for those patients in residential care when required and to complete annual reviews.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients from a local traveller's site and a women's refuge were registered at the practice and services were in place to support them, such as flexibility with appointments.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 87% and the national average of 84%.
- 95% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was better than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above with local and national averages. 279 survey forms were distributed and 119 were returned. This represented 1.11% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were highly positive about the standard of care received. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. Many patients commented how long they had been with the practice and that they had always provided an excellent service. Two comment cards whilst positive also mentioned that there was a wait if you wanted to see a GP however if you needed to be seen on the day you were able to see the advanced nurse practitioners.

As part of a pilot for working with Healthwatch Lincolnshire we carried out a concurrent inspection of Caskgate Street Surgery at the same time as Healthwatch Lincolnshire who were carrying out an enter and view visit of the practice. This was because we had an agreement between the two organisations, which meant we could share information and evidence that we gathered.

Patients that were spoken to on the day said that they were happy with the service provided however some commented that there were times that they were waiting past their appointment time. These patients said that they understood the reasons for this and did not mind waiting but would like to be kept informed of any delays or waiting times.

Areas for improvement

Action the service SHOULD take to improve

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.

Caskgate Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Caskgate Street Surgery

Caskgate Street Surgery is a three partner practice which provides primary care services to approximately 10700 under a General Medical Services (GMS) contract.

- The practice is situated in the centre Gainsborough in a grade 2 star listed building. There is a pay and display car park surrounding the practice and there are local transport links close by.
- There is ramped access for disabled patients and a bell available at the door for patients to ring so reception staff can help with the door.
- Services are provided from 3 Caskgate Street, Gainsborough, Lincolnshire, DN21 2DJ
- The practice consists of three partners (male) and one salaried GP.
- The nursing team consists of two nurse practitioners and two practice nurses.
- The practice has a practice manager who is supported by 13 clerical and administrative staff to support the day to day running of the practice.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice has a lower than average number of patients aged 25 to 45 years of age and higher than average number of patients 0 to four years of age.
- The practice has high deprivation and sits in the second most deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures; family planning, diagnostic and screening procedures, maternity and midwifery services; and treatment of disease, disorder or injury.
- The practice lies within the NHS Lincolnshire West Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- The practice is open between 8am and 6pm Monday to Friday. Appointments are from 8.30am to 5.30pm. GP appointments are pre-bookable appointments and can be booked up to six weeks in advance and all the on the day appointments are with the advanced nurse practitioners who are able to triage to a GP were required.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 November 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice manager, nursing staff and administrative staff).
- Spoke with a member of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Complaints received that were also significant events had been recorded and investigated as such.
- The practice carried out a review of all significant events at the clinical governance meetings.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, new protocols had been written, NICE guidelines reviewed and systems had been amended. An incident of a drug not been available had meant that the emergency drugs were reviewed and the drug that was missing was purchased, one for surgery and one if needed for visits. Patient safety alerts were managed in the practice and we saw evidence to say that the practice disseminated and actioned these as necessary. Staff were aware of recent alerts and these were discussed at clinical meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. The training for the GP was due to be renewed and the practice had registered with the local CCG for when courses became available. The practice manager was also looking at the GP's completing E-learning training in the interim. We saw examples of safeguarding concerns raised and multi-disciplinary meetings that were held to discuss individual cases. The health visitor attended the monthly clinical meetings to discuss any concerns and we saw that significant events had also considered any safeguarding concerns.
- A notice in the waiting room and on the doors of all treatment rooms 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. The advanced nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The lead had attended a two day course in infection control along with the practice manager. There was an infection control protocol in place and staff had received up to date training. Six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had an action plan which showed the requirements following the audit and when completed, such as stock replenished and training completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had not had a Legionella risk assessment completed by a competent individual (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We discussed this with the practice manager who immediately booked one to be completed for the 7 November 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. All the emergency equipment was stored together in a bag that was on a trolley to enable it to be moved easily.
- 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice held a copy electronically and a paper copy was also held. This included contact numbers of companies such as insurance, water, gas and electricity.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to 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. These were discussed in the regular clinical meetings.
- The staff could access all the NICE guidance from their intranet system.
- 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 most recent published results were 100% of the total number of points available. Exception reporting for the practice was 13% which was in line with national and CCG averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was better compared to the national average. (100% compared to 81% CCG average and 89% national average).
- Performance for mental health related indicators was better compared to the national average. (100% compared with 91% CCG average and 93% national average).

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Audits were identified in learning sessions with the audit clerk looking at risk and NICE guidance along with safety alerts and areas identified in QOF.
- We saw audits relating to prescribing that had been undertaken in conjunction with the CCG.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, new protocols were implemented to ensure that patients were recalled for reviews that previously may not have been.
- The practice had planned audits for the rest of the year including a reaudit of two week wait referrals.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. 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, for those reviewing patients with long-term conditions. New staff members had been able to attend courses, for example a nurse had been attending a practice nurse course at University. This was following the practice been unable to appoint a nurse with practice experience.
- The practice used locum GPs. These were long term locums and were monitored regularly. We viewed the recruitment files for these staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, DBS and training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Good

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- 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. All staff had received an appraisal within the last 12 months. Appraisals that we looked at showed training needs identified and praise for work completed.
- 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

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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Handover forms were faxed through to other providers such as Out of Hours services or example for patients that were palliative.

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. All discharges were monitored and reviewed by a GP for any actions. Meetings took place with other health care professionals on a bi monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation service was provided in house. The practice manager was trained in smoking cessation and patients could be booked into appointments throughout the week at a time suitable to them. From January to March 2016 the practice manager had provided the service to 22 patients and ten of these had successfully quit smoking.
- The practice looked after patients with a learning disability that were in residential care. The GP visited them in their home to complete annual reviews and would attend when required.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 74%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. The practice staff showed the process for ensuring patients attended for the cervical screening and that letters were sent by the practice to those that did not attend and alerts were added to the patient electronic record system. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in

Good

Are services effective?

(for example, treatment is effective)

place 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.

The practice provided us with quarterly childhood immunisation rates which showed them to be performing higher than CCG averages throughout the year.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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.
- The waiting area was situated away from the reception area and consulting rooms.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 14 patient Care Quality Commission comment cards we received were highly positive about the service experienced. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. Many patients commented how long they had been with the practice and that they had always provided an excellent service.

We spoke with a member of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

Good

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice had a hearing loop for those that required it.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 68 patients as carers (0.6% of the practice list). The practice said that they felt this could be improved and that they had it as a question on the new patient checklist but this could be done differently and that they would be looking at ways to increase this in the future. Leaflets were available to direct carers to the various avenues of support available to them.

The practice had patients from a local traveller's site and a women's refuge. Appointments were flexible for these patients as they were often urgent with multiple health problems. Staff were aware of these patients with an alert on the practice computer system.

The practice dealt with patients on an individual basis, for example one patient found it difficult to cope in crowds, therefore an alert was placed on the patient record to ensure that any appointment made is either the first or last.

Staff told us that if families had suffered bereavement their usual GP may contact the families and phone calls were 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- All patients had a named GP for continuity of care.
- Patients could book and cancel appointment on line, by phone, in person and could also cancel an appointment by text message.
- 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.
- To cope with patient demand the practice employed two advanced nurse practitioners and offered on the day appointments. The nurses would triage and book in or liaise with the GP if needed.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- Some treatment rooms were downstairs and could not be accessed by some patients in a wheelchair or with limited mobility. These patients would be seen in a room on the ground floor.
- The practice provided an in house smoking cessation service.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30am to 5.30pm. GP appointments were pre-bookable appointments that could be booked up to six weeks in advance and all the on the day appointments were seen by the advanced nurse practitioner who was able to triage to a GP were required.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them however two of the comment cards mentioned that there was a three to four week wait if you wanted to see a particular GP. The practice had previously had two extra GP's however due to them been unable to recruit this had impacted on the appointments with the remaining. The advanced nurse practitioners seeing the patients on the day had assisted with this and the practice and PPG were doing work in relation to reducing the number of appointments that were wasted due to patients not attending.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a complaints poster in reception.
- The practice recorded all complaints as written even if they were made verbally.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Response letters that were sent included details of lessons learned and how learning would be shared in the practice. Apologies were given were appropriate. The practice had completed an annual review of the complaints. Action was taken to as a result to improve the quality of care. For example, processes amended and significant events were raised were 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 practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which staff understood.
- The practice were trying to succession plan and had advertised to recruit a partner for a vacancy, this had been unsuccessful so far however had been successful in recruiting a salaried GP.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff either on the shared drive or hard copy in a folder.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners 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 partners and management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings of which minutes were available.
- 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.
- Staff said they felt respected, valued and supported, particularly by the management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, new chairs were needed in the waiting area which were then purchased.
- The PPG were involved in trying to reduce patients not attending their appointments. Due to the pressures on the GP's the PPG had decided this was one of the ways that could improve appointment availability. The PPG member that we spoke with was passionate about the practice and helping them to find ways to improve.

Are services well-led?

Good

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

- The practice had gathered feedback from staff through staff meetings and annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff members commented that the office chairs were one item that had been purchased following feedback from staff. A patient had requested a hand sanitiser to be next to the self check in area which was then provided.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. The practice had reduced from four partners and were unable to recruit and therefore needed to look at providing care in different ways to keep up with the growing demand.

The practice had recently applied for funding which would have allowed them to move to a more suitable building however this had been unsuccessful. Due to the building that the practice was situated in been Grade II listed the practice were unable to make the adaptations that they wished to however they were assessing the risk and making the practice as accessible as they could. Treatment rooms downstairs had recently been modernised.