Drs Smith and Taylor

Quality Report

7 Victoria Crescent West, Barnsley, South Yorkshire,
S75 2AE.
Tel: 01226 282758
Website: www.victoriamedicalcentre.org.uk

Date of inspection visit: 2 December 2014
Date of publication: 19/03/2015

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?	Outstanding

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an inspection of Drs Smith and Taylor Medical Practice on 2 December 2014 as part of our comprehensive programme of inspection of primary medical services.

We found the practice to be outstanding for providing responsive and effective services and for being well led. It was also outstanding for providing services for older people and families, children and young people. It was good for providing caring and safe services.

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

- Information from NHS England and the clinical commissioning group (CCG) indicated that the practice had a good track record for maintaining patient safety.
- The staff made effective use of clinical supervision and staff meetings to ensure the practice worked collaboratively with other agencies to improve the service of people in the community.
- All the patients who completed CQC comment cards and those we spoke with during our inspection told us that the staff demonstrated a supportive attitude and respect.
- The practice had an effective complaints policy and responded appropriately to complaints about the practice.
- The leadership team were effective and had a vision and purpose for the practice. There were systems in place to drive continuous improvement.
- There were good infection control processes and the practice was visibly clean and well kept.

Patients were treated with kindness and respect and patients' needs and effective communication with patients appeared to be the priority for the practice.

We saw an area of outstanding practice including:

- The practice provided outstanding services with respect to of families, children and young people.

Summary of findings

Baby clinics with a GP, health visitor and the nurse were booked for the same day. This enabled an efficient service to be offered to mothers without the need for three separate appointments.

Sincerely,

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 the care of older people. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in dementia care. The practice was responsive to the needs of older people, including offering home visits.

Are services effective?

Good

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence (NICE) guidance is referenced and used routinely. People's needs are assessed and care is planned and delivered in line with current legislation. This includes assessment of capacity and the promotion of good health. Staff have received training appropriate to their roles. The practice carries out regular appraisals and personal development plans for staff.

Are services caring?

Good

The practice is rated as good for caring. Data showed patients rated the practice higher than others for several aspects of care via the patient surveys. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS England Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice, a named GP and continuity of care, with urgent appointments available on the same day. The practice had adequate facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system.

Patients told us it was easy to get an appointment and a named GP or a GP of choice, with continuity of care and urgent appointments available the same day. The practice had good facilities and was

Summary of findings

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

Are services well-led?

Outstanding ☆

The practice is rated as outstanding for being well-led. The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. High standards were promoted and owned by all practice staff and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice carried out proactive succession planning. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice gathered feedback from patients using new technology, and it had a very active patient participation group (PPG).

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in dementia care. The practice was responsive to the needs of older people, including offering home visits.

The practice offered NHS reviews, Flu vaccinations, Shingles vaccinations, medication reviews at six monthly intervals and care/ residential homes visits.

People with long term conditions

Good

The practice is rated as good for the population group of people with long term conditions. Emergency processes were in place and referrals made for patients in this group that had a sudden deterioration in health. When needed longer appointments and home visits were available. These patients had a named GP and structured annual reviews to check their health and medication needs were being met. For those people with the most complex needs the named GP worked with health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Outstanding

The practice is rated as outstanding for the population group of families, children and young people. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. Patients told us and we saw evidence that children and young people were treated in an age appropriate way and recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. We were provided with good examples of joint working with midwives and health visitors. Emergency processes were in place and referrals made for children and pregnant women who had a sudden deterioration in health.

Baby clinics with a GP, health visitor and the nurse were booked for the same day. This enabled an efficient service to be offered to mothers without the need for three separate appointments. Early morning and extended appointments, contraception advice and antenatal clinics were also offered.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of the 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 offer continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice held a record of patients living in vulnerable circumstances including those with learning disabilities. The practice offered longer appointments for people with learning disabilities.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

The practice had a system in place to follow up on patients who had attended accident and emergency where there may have been mental health needs. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

We received 44 CQC comment cards and spoke with six patients on the day of our visit. We spoke with people from different age groups and with people who had different physical needs and those who had varying levels of contact with the practice.

The patients were complimentary about the care provided by the staff, their overall friendliness and behaviour of all staff. They felt the doctors and nurses were competent and knowledgeable about their treatment needs and that they were given a professional and efficient service. They told us that their long term health conditions were monitored and they felt well supported.

Patients reported that they felt that the staff treated them with dignity and respect and told us that the staff listened to them and were well informed.

Patients said the practice was very good and felt that their views were valued by the staff. They were complimentary about the appointments system and its ease of access and the flexibility provided.

Patients told us that the practice was always clean and tidy.

Outstanding practice

There were also an area of outstanding practice and these included:

- The practice had outstanding services with respect to families, children and young people. Baby clinics with a GP, health visitor and the nurse were booked for the same day. This enabled an efficient service to be offered to mothers without the need for three separate appointments. Early morning and extended appointments, contraception advice and antenatal clinics were also offered.

Drs Smith and Taylor

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and two specialist advisors a GP and a practice manager.

Background to Drs Smith and Taylor

Drs Smith and Taylor Medical Practice is registered with CQC to provide primary care services, which includes access to GPs, family planning, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures. It provides GP services for patients living in the Barnsley area. The practice had 2 salaried GPs and five GP partners, a management team, practice nurses, healthcare assistants, administrative staff and domestic staff.

The practice was open 8am to 8:30pm Monday and Tuesday and 8am to 6:30pm on Wednesday to Friday and closed on a weekend. Patients could book appointments in person, via the phone and online. When the practice was closed patients accessed the out of hours NHS 111 service.

The practice was part of NHS Barnsley CCG. It was responsible for providing primary care services to 9,913 patients, 630 of these patients have been registered in the last six months.

The CQC intelligent monitoring placed the practice in band 6. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme covering Clinical Commissioning Groups (CCG) throughout the country. Drs Smith and Taylor Medical Practice is part of the Barnsley CCG area and was randomly selected from the practices in this CCG area.

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

How we carried out this inspection

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

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

Detailed findings

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Before our inspection we carried out an analysis of the data from our intelligent monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service.

We reviewed the policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We reviewed all areas of the practice including the administrative areas. We sought views from patients through face-to-face interviews and via comment cards completed by patients of the practice in the two weeks prior to the inspection visit. We spoke with GPs, the practice manager, a practice nurse, two administrative staff, two receptionists, healthcare assistant and cleaning staff.

We observed how staff treated patients visiting and phoning the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Good

Are services safe?

Our findings

Safe track record

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

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

Staff we spoke with told us there was an effective system for regular audits and monthly meetings that examined clinical issues. The results of these discussions were recorded and distributed to staff as and when required. Current audits include reviews on hypertension and Disease Modifying Anti Rheumatic Drugs (DMARD).

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that had occurred during the last year and these were made available to us. A discussion for significant events called a 'roundtable meeting' occurred daily to review actions, significant events and complaints. Staff including receptionists, administrators GPs and nursing staff were aware of the system for raising issues to be considered at these meetings.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Practice training records made available to us showed that all staff had received relevant role specific training on safeguarding. We asked clinical and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours.

The practice had named GPs appointed as leads in safeguarding vulnerable adults and children who had been trained to enable them to fulfil this role. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern. Recent referrals to safeguarding included a patient with burns and domestic violence issues.

Chaperone training had been undertaken by all non-clinical staff. The staff understood their responsibilities when acting as chaperones including where to place themselves in order to maintain the dignity of patients during examinations.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and in date and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. This was being followed by the practice staff, and the action to take in the event of a potential failure was described. Medication reviews were undertaken twice a year which were prompted by the IT system. To date 94% of patients had medication reviews, 96% of these patients were on four or more separate medications.

When nurses or Health Care Assistants (HCA) administered prescription only medicines e.g. vaccines, patient group directives or patients specific directions were in place and were in line with relevant legislation.

The practice had a protocol for repeat prescribing which was in line with GMC guidance; we saw a copy of the repeat prescription policy. This covered how staff that generated prescriptions were trained, how changes to patients repeat medications were managed and the system for reviewing patients repeat medications to ensure the medication was still safe and necessary. Reviews took place annually or monthly dependant on the patient's requirements.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of appropriately by an approved waste disposal contractor.

Patients were routinely informed of common potential side effects at the time of starting a course of medication.

Cleanliness and infection control

We observed the premises to be clean and tidy. We spoke with two cleaning staff who confirmed that there were

cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had two nurse leads for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and thereafter periodic updates. We saw evidence the leads had carried out audits for the last year and that any improvements identified for action were completed on time.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, personal protective equipment including disposable gloves and aprons were available for staff to use. Staff were able to describe how they would use these in order to comply with the practice's infection control policy.

Staff we spoke with told us that all equipment used for procedures such as minor surgery was disposable. Therefore staff were not required to sterilise instruments, this reduced the risk of infection for patients.

Hand hygiene techniques signage was displayed in consulting and treatment rooms and in staff and patient toilets. Hand washing sinks with hand gel and hand towel dispensers were available in treatment rooms. All staff have been trained in hand washing techniques.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place.

Staffing and recruitment

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

The practice manager explained that any new candidate was invited for a two day assessment in which they were assessed for the role they had applied for. During these two days the practice was able to evaluate if the person was suitable to the practice. This was a unique recruitment method which helped ensure the right candidate for the post. This success of this was demonstrated by the fact that the practice had a very low staff turnover and high performing employees providing good patient services which in result has generated higher patient satisfaction results.

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

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. Each risk was assessed, rated and mitigating actions recorded to reduce and manage the risk. We were told that any risks were discussed at GP partners' meetings and within team meetings.

The practice had a health and safety policy. Health and safety information was displayed for staff to see.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including an automated external defibrillator which was used to attempt to restart a person's heart in an emergency. All staff we talked with knew the location of this equipment and how to use it.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patient's needs were assessed and care and treatment considered, in line with current legislation, standards and evidence-based guidance. We spoke with the GP who told us that they used relevant and current evidence-based guidance such as the National Institute for Health and Care Excellence (NICE) guidelines. These were applied during assessment, diagnosis, and referral to other services, management of long term conditions or chronic conditions. NICE guidance was discussed at monthly clinical meetings.

The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. Patients who had recently been discharged from hospital were reviewed daily by their named GP according to need.

The practice referred patients appropriately to secondary and other community care services. National data showed the practice was in line with national standards on referral rates for all conditions. All the GPs we interviewed used national standards for the referral of conditions. We saw evidence of appropriate use of referrals for cancer in case notes that we assessed. We saw minutes from meetings where regular review of elective and urgent referrals were made, and that improvements to practise were shared with all clinical staff.

We saw no evidence of discrimination with respect to age when we were told about making care and treatment decisions.

Management, monitoring and improving outcomes for people

Information about the outcomes of patients' care and treatment were routinely collected by the practice. The practice manager told us that this was done through patient surveys, NHS Choices website and Quality and Outcomes Framework (QOF). We saw that action plans were in place to monitor the outcomes and the action taken as a result to make improvements. Staff were involved in activities to monitor and improve patients' outcomes. Information from QOF showed that the practice were appropriately identifying and monitoring patients with health related problems.

We found that people's care and treatment outcomes were monitored and that the outcomes were benchmarked against clinical commissioning group and national comparators.

We saw reports demonstrating people's health outcomes as part of regular practice and this gave the staff confidence that people's needs were being met.

The practice showed us a sample of clinical audits that had been undertaken in the last year. Minor surgery audit indicated good patient experience and high satisfaction scores. We also looked at the quarterly minor surgery report which was part of 'Commissioning for quality and innovation' CQUIN.

The practice told us that the results and impact of these audits were shared with the clinical team.

Effective staffing

Staff had the skills, knowledge, qualifications and experience to deliver effective care and treatment. Staff received appropriate training to meet their learning needs and to cover the scope of their work. Newly employed staff were supported in the first few months of working in the practice. We were able to review staff training records and we saw that this covered areas such safeguarding, health and safety, fire and first aid.

The practice manager stated that all staff received an appraisal yearly. We confirmed this with staff who told us they were able to discuss any issues or training needs with their manager.

Staff explained they felt they had opportunities to develop and were able to take study leave and protected time to attend courses. We found therefore that training and the open supportive culture were effective.

Working with colleagues and other services

The practice had clear arrangements in place for referrals to other services. Patients told us that they were given a choice of which hospital they would like to be referred to. It was the GP's responsibility to follow up on these referrals. Patients were seen by the secretary before leaving the practice in order to book the 'Choose and Book' appointment after an explanation and discussion with the GP. Hospital referrals were discussed with two GPs in order

Good

Are services effective?

(for example, treatment is effective)

to confirm if the issue could be dealt with in house. This enabled the practice to reduce referrals to hospital and to ensure best interest for the patient was at the forefront of the decision made.

This demonstrated that there was effective internal review of referrals. This way of working demonstrated a willingness of the GPs to be accountable to each other and joint learning, effective use of resources, focusing of referrals, safe overview and direction of the patient's journey.

Blood results, X-ray results, letters from hospital Accident and Emergency (A+E) and outpatients and discharge summaries, out of hours providers and the 111 service were received electronically the next morning. Blood results, hospital discharge summaries A+E reports and reports from out of hours services were seen and actioned by a GP within a week. Urgent cases were handled on the same day. Outpatient letters were reviewed in less than a week from receipt. The GP who saw the results was responsible for the action required and would either record the action or arrange for the patient to be contacted and seen as clinically necessary. The IT system enabled letters to be sent to several people at the same time so that the letter was coded, medication changed and actions taken within 24 hours.

Staff worked together to assess and plan on-going care and treatment in a timely way when patients were discharged from hospital. The practice had an effective means of ensuring continuity of care and treatment of those patients discharged from hospital. Their records from the hospital were scanned onto the patients' records so a clear history could be kept and an effective plan made.

The practice had systems in place for managing blood results and recording information from other health care providers including discharge letters. The GP viewed all of the blood results and took action where needed.

Information sharing

The practice had established clinical leads, both nurses and GPs who are given the time, resources and support to carry out their role.

The practice worked well with attached teams to follow up and identify safeguarding alerts. The practice had moved to level specific safeguarding training which included level 3 for all GPs.

The practice had a process in place to follow up patients discharged from hospital. The prescribing team at the CCG worked with secondary care to ensure that nutritional supports stopped after hospital discharge were only restarted after an assessment by a dietician. A local service had been set up to do this and involved the care homes looked after by the practice.

GPs usually attended meetings for children on the at risk register. However, if this was not possible the practice always ensured that they sent reports to relevant people if requested prior to safeguarding case reviews.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and the Children's and Families Act 2014 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually or more frequently if changes in clinical circumstances required it. Staff gave us examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision.

Health promotion and prevention

The practice offered a full range of immunisations for children, baby clinics via health visitors, travel vaccines and flu vaccinations in line with current national guidance. Last year's (20013-14) performance for all immunisations was above average for the CCG, and there was a clear policy for following up non-attenders by the named practice nurse.

The practice was delivering additional services; minor surgery in house and in the locality, contraception and implants, substance misuse, smoking clinic and a travel clinic. Flu vaccinations for pre-school children and pregnant women was also available as well as NHS health checks and dementia screening.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the GP patient survey tool and feedback from patients undertaken by the practice's patient participation group (PPG). Questionnaires were handed out by the practice. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the GP patient survey showed the practice was rated 'among the best' for patients rating the practice for 'the overall experience of their GP surgery'. The practice was also rated among the best for its satisfaction scores on 'the proportion of patients who would recommend their GP surgery'.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 44 completed cards and all were positive about the service experienced. Patients said they felt the practice offered a good service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with six patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Each of the GPs used their own consultation room which enabled familiarity and comfort on the surroundings for the patients. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice switchboard was shielded by glass partitions which helped keep patient information private.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff. There was evidence of learning taking place as staff meeting minutes showed issues had been discussed.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the GP patient survey showed the majority of practice respondents said the GP listened to patients and they felt the GP was good at explaining treatment and results. Both these results were above the average compared to this Clinical Commissioning Groups (CCG) area and nationally.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that face to face 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 offers longer appointments when the use of an interpreter was required.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area, 93% said that 'the last GP they saw or spoke to was good at listening to them'. The patients we spoke to on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, on the TV screen and patient website also signposted people to a number of

Good

Are services caring?

support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Three of the GPs previously had worked in hospices. Patients were encouraged to express their views if they would prefer to be in the comfort of their own home rather than be admitted to hospital during end of life care. Very few patients from the practice were in a hospital setting during their end of life. This showed the practice offered a palliative care service that met the wishes of the patient and that an agreed plan of care was documented.

The practice manages the advance planning of imminent deaths and also the anticipation of death therefore resulting in fewer unexpected deaths. Also this practice offered managing the expectations for the patients and their families. This practice was managing this in order to make most deaths expected events, with anticipation and involvement. This has also resulted in lower admissions to hospital from this practice.

Staff told us families who had suffered bereavement were sent a condolence communication from a named member of staff. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or signposting to a support service. The practice also offered congratulation cards for new born babies.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population.

There had been very little turnover of staff during the last five years which enabled good continuity of care and accessibility to appointments with a GP of choice. Longer appointments were available for people who needed them and those with long term conditions. This also included appointments with a named GP or nurse. Home visits were made to nursing and residential care homes by a named GP.

Baby clinics with a GP, health visitor and the nurse were booked for the same day. This enabled an efficient service to be offered to mothers without the need for three separate appointments. This organisation of the mother (post-natal) and child health surveillance checks together is effective organisation and good consideration of this population group's particular needs. This is safe practice and also effective for identifying any safeguarding issues.

The IT system has been tailored to meet the needs of the practice. An 'F12' key on any practice computer keyboard will bring up instantly 'frequently used forms' and each member of staff can have their own list of forms to access quickly. This system enables the staff to work efficiently in meeting the needs of patients.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services e.g. services for asylum seekers, those with a learning disability and travellers, unemployed and carers.

The practice provided equality and diversity training. Staff we spoke with confirmed that they had read the 'Equal Opportunities Policy' and that equality and diversity was discussed at staff appraisals and team events.

The premises and services had been adapted to meet the needs of people with disabilities. This included a lowered desk for wheel chair users at reception.

Access to the service

Appointments were available from 8am am to 8:30pm on weekdays. Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients were generally satisfied with the appointments system; 86% describe their experience of making an appointment as good which was at the level for this CCG area. They confirmed that they could see a GP on the same day if they needed to. Patients said if they could not see their preferred GP an alternative clinician was available.

The practice manager explained to us that they had a 'Queue Buster' system as a result of patient feedback. A second member of staff would attend the front desk and or answer the phone during busy times.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The practice offered a separate telephone advice line for patients. This was used as an alternative to appointments and enabled the appointment booking system to work more effectively.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures

Good

Are services responsive to people's needs?

(for example, to feedback?)

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. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the practice.

The practice manager responded to complaints offering the patient a face to face meeting to discuss the issue. The manager contacted the GP concerned and the item was discussed at the daily meeting.

Are services well-led?

Outstanding ☆

(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. We were told details of the vision and practice values were part of the practice's business plan. These values were at the heart of the staff we spoke with. The practice vision and values included 'to deliver high quality safe cost effective and efficient health care' and 'to provide a modern and up to date service adhering to the latest guidance and national standards'.

We spoke with eight members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the IT system or a paper copy. All the policies and procedures we looked at had been reviewed annually and were up to date.

The practice held monthly governance meetings. We looked at minutes from the last meeting and found that performance, quality and risks had been discussed.

The practice had robust arrangements for identifying, recording and managing risks. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented. A system was in place to respond to safety alerts from external sources which may have implications or risk for the practice. The practice used a computerised system to store all documents including any alerts. The staff had also received training in health and safety and infection control. Fire safety procedures and environmental and fire risk assessments were in place and these had been regularly reviewed.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing at the national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain and improve outcomes.

Leadership, openness and transparency

We were shown a leadership structure which had named members of staff in lead roles. For example there were two lead nurses for infection control and the senior partner was the lead for safeguarding. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. The practice manager told us that they had an open non-hierarchical culture and welcomed the opinions of everyone in the practice team. Staff told us that they felt valued, well supported and knew who to go to in the practice with any concerns. The practice promotes a 'no blame culture' which was echoed when we spoke with staff.

We saw from minutes that team meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. Staff we spoke with knew where to find these policies if required.

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

The practice had gathered feedback from patients through patient surveys, comment cards and complaints received. We looked at the results of the annual patient survey and were shown a report on comments from patients.

The practice had an active patient participation group (PPG). The PPG contained representatives from various population groups; including older people. The PPG met twice a year. The practice manager showed us the analysis of the last patient survey which was considered in conjunction with the PPG. The results and actions agreed from these surveys were available on the practice web site.

The practice had gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had a whistle blowing policy which formed part of the staff handbook and was available to all staff within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training

Are services well-led?

Outstanding ☆

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

and mentoring. We looked at two staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training.

The practice offered all GPs and nurses protected time to develop their skills and competencies. Staff who we spoke with confirmed this protected time was available. Staff also told us they were actively encouraged to take study time.

The practice demonstrated that it embraced technology by having innovative and effective systems in place e.g. EPS, GP2GP, Docman, Patient Access, and SMS Messaging. The practice migrated to a new clinical IT system in June 2011.