Bankfield Surgery

Quality Report

Huddersfield Road
Elland
HX5 9BA
Tel: 01422 374662
Website: www.bankfieldsurgery.org.uk

Date of inspection visit: 13 October 2015
Date of publication: 03/12/2015

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?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bankfield Surgery on 13 October 2015. Overall the practice is rated as good.

Specifically we rated the practice as good in providing safe, effective, caring, responsive and well-led services. It was also good for providing services for all of the population groups.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues. Issues raised were discussed at team meetings. However staff had not been trained in completing the electronic incident report form.
- Patients' needs were assessed and care was planned and delivered following best practice guidelines
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment
- Guidance on how to complain was visible and a complaints leaflet was accessible to patients and easy to understand
- Patients said there was continuity of care, with urgent appointments available on the same day
- DBS checks for non-clinical staff carrying out chaperone duties had not been carried out at the time of our inspection but following our visit we have received evidence that they have now been completed
- A fire risk assessment had not been completed at the time of our visit. Following on from the inspection we received evidence that the assessment had been completed and identified actions been carried out
- There was a clear leadership structure and staff felt supported by the partners. The practice proactively sought feedback from staff and patients and acted on that feedback

We saw one area of outstanding practice:

- Patients identified as being in circumstances which may make them vulnerable were provided with a Vulnerable Inpatient Folder (VIP card) which provided information regarding their health in the event of them being admitted to hospital

Summary of findings

However there are areas where the provider needs to make improvements:

The provider should:

- Comply with fire safety regulations by ensuring all staff are trained in fire safety and performing fire evacutation drills as required
- Keep an up to date record of all training and updates attended by staff
- Ensure staff appraisals are performed annually

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However staff had not received training in completing the electronic incident reporting form and were recording incidents and near misses on paper records at the time of our visit. Electronic incident reporting training was identified as a high priority training need by the practice. When things went wrong reviews and investigations were carried out and lessons learned were communicated across the team to support improvement. Formal review of lessons learned was addressed annually, but clinical and other urgent risks were addressed as they arose. Risks to patients who used services were assessed, the systems and processes to address these risks were implemented to ensure patients were kept safe. At the time of our inspection we found that not all necessary pre-employment checks had been carried out such as disclosure and barring services (DBS) checks for non-clinical staff performing chaperone duties. Following from the inspection we were provided with evidence that these had been completed. A fire risk assessment which was not in place at the time of our inspection was completed following our visit and actions identified had been addressed and we were provided evidence that staff fire prevention and control training was booked for all staff in November 2015.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were comparable to the other practices in the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles. Following the inspection the practice was able to provide us with a comprehensive staff training matrix which detailed what training had been undertaken by staff and dates of the training. Appraisal processes were in place but some staff were overdue for their annual appraisal at the time of our visit. Staff worked with multidisciplinary teams to provide effective care and support to patients, improve outcomes and share best practice.

Are services caring?

Good

The practice is rated as good for providing caring services. Care planning templates were available for staff to use during

Summary of findings

consultations. Information for patients about local information was available and easy to understand. Data showed that patients rated the practice slightly higher than others for several aspects of care. Patients we spoke with during our inspection told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also observed that staff treated patients with kindness and respect and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with Calderdale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had responded to patient feedback with regards to the timing of a foot clinic held in the practice. Clinic times had been reviewed and changes made to ensure that it coincided with a diabetic clinic. This minimised time patients spent travelling to appointments and co-ordinated services to better meet patient need. Patients told us there was continuity of care, with urgent appointments available the same day. Telephone appointments were offered for patients who had difficulty attending the surgery. Longer appointments were available for those patients with more complex needs. Information how to complain was available and easy to understand. Face to face interpreters were arranged for patients who did not have English as a first language. In addition staff had access to telephone interpreting services.

Are services well-led?

Good

The practice is rated as good for providing well- led services. Staff were clear about the vision of the practice and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by the partners. The practice had a number of policies and procedures to govern activity and held regular business partner meetings. The practice had recently undergone significant staffing changes and could demonstrate that staff morale and the engagement of all team members had been maintained throughout the transition process. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients which was acted upon. A patient participation group (PPG) had recently been formed and the practice were keen to develop links and gain feedback from the PPG. Staff had received inductions and attended staff training events. Not all staff appraisals had been completed within the past 12 months but plans were in place to ensure that any overdue appraisals were addressed as a priority.

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 good for the care of older people. Nationally reported data showed that outcomes were good for conditions commonly found in older people. The practice offered proactive personalised care to meet the needs of the older people in its population. Longer appointments, home visits and rapid access appointments were available to those patients with additional needs. Patients over 75 were offered an annual holistic health assessment and the practice showed us evidence that a high proportionof those patients in this group attended for their review. All patients over 75 had a named GP. The practice worked closely with other health professionals such as the community matron, the district nursing team and the palliative care team to ensure that information relating to these patients was disseminated.Care plans were regularly updated with input from the patient themselves. The practice had strong links with three local nursing homes. Feedback we sought before the inspection indicated that all three of these homes were very happy with the service provided by the practice for their residents

People with long term conditions

Good

The practice is rated as good for the care of people with long term conditions. Practice nurses had lead roles in chronic disease management. The practice held a chronic disease register and these patients were offered a six monthly or annual health and medication review. Longer appointments, home visits or telephone consultations were available as needed. For those people with the most complex needs the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care. Patients' needs were reviewed by the use of care planning and patients were encouraged and supported to be involved. Written literature was provided to promote understanding and support self management where possible.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Systems were in place to liaise with other professionals such as health visiting teams to share information about families and children living in disadvantaged circumstances. The practice held a monthly meeting which included health visitors where families of concern were discussed in more detail. Midwives held a weekly clinic in the practice and health visiting staff ran a weekly drop in well-baby clinic. Appointments were available before

and after school or college hours and the premises were suitable for children and babies. Patients told us children and young people were treated in an age appropriate way and were recognised individuals.

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 this population group had been identified and the practice had adjusted the services it offered to ensure these were flexible, accessible and offered continuity of care. For example the practice offered ten minute appointments between 7.30am and 8am on Monday and Tuesday, and on Thursday and alternate Wednesdays between 6.30pm and 7pm. The practice also offered online booking services, telephone consultations and text reminders about appointments and test results. Before text messaging was used to convey test results patients signed consent and undertook to ensure that any changes to mobile numbers were given to the practice for their records. The practice also provided a full range of health promotion and screening information which reflected the needs of 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 this group of people and they were invited to the surgery for an annual review held jointly with the GP and practice nurse to provide a thorough review of health and social needs. Patients in this group were provided with a Vulnerable Inpatient Folder (VIP card) which provided information regarding their health in the event of them being admitted to hospital. The practice made referrals to additional health and social support agencies as necessary for example to the “Staying Well” project which offered a service for adults at risk of social isolation and/or loneliness. Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies during work 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). The practice offered dementia screening for high risk patients. Patients identified as suffering from dementia were referred on to appropriate services

and were regularly reviewed within the practice as necessary. Patients identified as being at high risk of depression and anxiety were screened and appropriate treatment or referral was planned in discussion with the patient, for instance patients may be referred to the social prescribing service as part of the “Staying Well” initiative	

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing slightly higher in many areas than local and national averages. There were 296 forms distributed and 115 were returned. This is a response rate of 38.9% of those surveyed and a rate of 1.4% of the practice population.

- 79% find it easy to get through to the surgery by phone compared with a CCG average of 74% and national average of 73%
- 87% find the receptionists helpful compared with a CCG average of 86% and national average of87%
- 78% with a preferred GP usually get to see or speak to that GP compared with a CCG and national average of 60%
- 89% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and national average of 85%
- 95% say the last the last appointment they got was convenient compared with a CCG and national average of 92%
- 77% describe their experience of making an appointment as good compared with a CCG and national average of 73%
- 65% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average 70% and national average of 65%
- 63% feel they don't normally wait too long to be seen compared with a CCG average of 60% and national average of 58%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 completed comment cards which were all positive about the standard of care received. Two of the feedback cards noted frustration with regards to access to appointments via the telephone system. We also spoke with 11 patients on the day of the inspection, four of whom were members of the patient participation group (PPG) and they were all very positive about their experience of the service. Patients reported in our discussions with them that staff were helpful, polite and caring. They said they were treated with dignity and respect and they found the practice to be clean and tidy.

Bankfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised a CQC Lead Inspector, a second CQC Inspector, a GP specialist advisor, a Practice Manager specialist advisor and an Expert by Experience. Experts by Experience are independent individuals who have experience of using GP services

Background to Bankfield Surgery

Bankfield Surgery is located in Elland which is a small town south of Halifax. The practice provides services for 7919 patients under the terms of the locally agreed NHS General Medical Services (GMS) contract. The practice catchment area is classed as with the group of the fifth more deprived areas in England. The age profile of the practice is similar to other GP practices in the Calderdale Clinical Commissioning Group (CCG).

There are five GP partners, three female and two male, who work at the practice. They are supported by an advanced nurse practitioner, two practice nurses and a health care assistant (HCA). The clinical team is supported by an assistant practice manager and a team of administrative staff. At the time of our inspection the practice was awaiting the appointment of a new business practice manager.

The practice is open Monday to Friday from 8am to 6pm. Appointments with GPs are available from 8am to 11am and 3m to 6pm Extended hours are available on Monday and Tuesday between 7.30am and 8am, and on Thursday and alternate Wednesday until 7pm. Diabetic, foot clinic, asthma, coronary heart disease and well baby clinics are run each week. Additional clinics include midwifery, weight management and smoking cessation. Out of hours care is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service.

When we visited Bankfield Surgery four partners had previously left the practice and four new partners had recently joined the partnership. The practice was in the process of making these partnership changes to their registration with us. At the time of our inspection the practice did not have a practice manager in post. That role was being undertaken by the assistant practice manager.

Why we carried out this inspection

We carried out a comprehensive inspection of this service user 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 registered 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.

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

How we carried out this inspection

Before visiting we reviewed information we hold about the practice and asked Calderdale Clincal Commissioning Group (CCG) and NHS England to share what they knew. We reviewed policies, procedures and other relevant

Detailed findings

information the practice provided before we visited the practice. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and national patient survey. In addition we requested feedback from three of the residential care homes where patients registered at the practice reside. We carried out an announced visit on 13 October 2015. During our visit we spoke with four GPs a pharmacist who spends time at the practice each week, two practice nurses, the health care assistant, assistant practice manager and a member of the administration team. In addition we spoke with the managing director of the external cleaning agency who provided cleaning services to the practice. We also spoke with 11 patients, two of whom were carers and four of whom were members of the PPG and received 16 comments cards where patients and members of the public shared their views and experience of the service. We observed communication and interactions between staff and patients, both face to face and on the telephone in the confidential area behind the reception.

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

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

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

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

Good

Are services safe?

Our findings

Safe track record

The practice used information to identify risks and improve patient safety. For example reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses in-house, for example a local pharmacy had been found to be making some errors in the dispensing and labelling of medicines. The matter was addressed by the practice and the General Pharmaceutical Council and NHS England had been informed.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the past year. This showed the practice had managed risks and disseminated information to appropriate staff. The practice had recently decided to increase the frequency of Significant Events Analysis meetings to formalise this process.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of five significant events which had occurred in the previous year and saw that appropriate action had been taken. However there was no record of learning outcomes or review of systems and processes following significant events. At the time of our inspection significant events and complaints were discussed at an annual review meeting. The practice had recognised this was not frequent enough to ensure that actions and learning from significant events were followed through consistently and were planning to introduce quarterly meetings for this purpose.

Staff reported incidents to the assistant practice manager who then completed an incident form. However staff had not been trained in completing the electronic incident reporting system and this was recognised as a priority for staff training. When things went wrong investigations and significant event or incident analyses were carried out. Relevant staff and patients who used the practice were involved in the investigation.

There was evidence, through significant event audits and meeting minutes to show the actions taken and lessons learned. However the records of actions taken were not always clearly recorded in the minutes of meetings and we were not able to see where actions had been reviewed in a timely manner, for example an incident in relation to a delayed physiotherapy appointment for a patient had been discussed and minuted at a partners' meeting in May 2014 but had not been re-evaluated after a six month period as stated in the practice policy.

Reliable safety systems and processes including safeguarding

There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Training records and discussions with staff showed us staff were trained and made aware of services and processes to safeguard children, young people and vulnerable adults from risk of abuse. Staff knew how to recognise signs of abuse in adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had a dedicated GP as the lead in safeguarding adults and children. Practice staff told us they had received safeguarding training appropriate to their role and subsequent to the inspection we were provided evidence that this training had been undertaken.

There was a system on the practice electronic record to highlight those whose circumstances made them vulnerable. This included information to make staff aware of any relevant issues when patients attended appointments, for example patients who were homeless or children who were the subject of a child protection plan. The GP safeguarding lead received relevant updates from the regional safeguarding lead and we were given examples of effective working with other relevant organisations including health visitors and the local authority.

There was a chaperone policy, which was noted in the practice leaflet and on the practice website. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All reception staff had received chaperone

training, however at the time of our inspectionthese staff had not been subject to a Disclosure and Barring Service(DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Subsequent to our inspection we were provided with evidence that these checks had been completed. Clinicians recorded in the patient's electronic record when a chaperone was offered and whether one was present. Patients we spoke with on the day told us they were aware of the chaperone policy and had made use of this service when needed.

.

Medicines management

The arrangements for managing medicines in the practice were in line with best practice.This included ordering, prescribing, recording, handling, storing and security, dispensing, safe administration and disposal. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear procedure for ensuring that medicines were kept at the required temperatures. The practice staff maintained records to show refrigerator temperatures were checked regularly. Processes were in place to check medicines were within their expiry date and were suitable for use. All medicines we checked were within their expiry dates. Expired and unused medicines were disposed of in line with waste regulations. The practice had established a system of notifying GP partners when certain medicines were out of stock in the nearby pharmacy. This allowed GPs to choose an alternative medicine when appropriate to avoid unnecessary delay for the patient in receiving their treatment. A pharmacist attended the practice daily for two hours and was able to deal with medicine requests.

Cleanliness and infection control

Standards of cleanliness and hygiene were maintained. We saw 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.

An infection prevention and control (IPC) policy and supporting procedures were available for staff to refer to which enabled them to plan and implement measures to control infection. For example personal protective equipment including disposable gloves and aprons were available for staff to use. There was also a policy for needlestick injury and staff knew the procedure to follow in the event of an injury.

The practice had a lead for IPC who had carried out a recent IPC audit and made several recommendations, for example handgel dispensers had been ordered for the corridors to encourage appropriate hand hygiene amongst staff and patients, and holders for paper towels in staff and patient toilets had been ordered.

We noted that many of the examination rooms were fitted with fabric curtains, but on the day of our inspection disposable curtains were delivered and were to be fitted the following day.

Equipment

Staff we spoke with told us they had equipment in order to enable them to carry out diagnostic examinations, assessments and treatements. They told us all equipment was tested and maintained regularly and we saw records confirming this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment had been carried out.

Staffing and recruitment

The practice had a recruitment policy which set out the standards to be followed when recruiting clinical and non-clinical staff. Records we looked at contained some evidence that appropriate recruitment checks had been undertaken, for example proof of identity and full employment history. We noted the practice did not always follow it's recruitment policy as some staff files did not contain details of pre-employment checks such as references. We fed this back to the practice who told us the recruitment policy had been newly developed and would be followed in the future. We saw that the practice held details of professional registration for example nursing and midwifery council (NMC) registration, and had a system for ensuring that registration was updated at the appropriate time.

Staff told us about the arrangements for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. We saw there was a rota system in place for the different staff groups to ensure enough staff

Good

Are services safe?

were on duty. Cross cover for annual leave was provided by appropriate staff members. Staff told us there was enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

The practice had undergone significant staff changes in the preceding 12-24 months when four partners had left the practice and four new partners joined, as well as the departure of a practice manager. A new practice business manager had been successfully recruited and was due to start working at the practice the week following our inspection.

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 regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. A fire risk assessment had not been completed at the time of our inspection but we were provided with evidence subsequent to our visit that the risk assessment had been carried out and actions identified were completed. We were shown evidence the fire equipment was regularly checked and the fire alarm tested every week. We were told staff had not received fire training and a fire evacuation drill had not been performed in the last year. The assistant practice manager told us this would be reviewed in line with fire safety procedures. We were given evidence subsequent to the inspection that fire training had been arranged for all staff on 11 November 2015.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Staff told us they had attended a recent update training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). Staff were able to tell us the location of the equipment and records confirmed it was checked regularly.

Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies which may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. The plan was last reviewed in September 2015.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and practice nurses we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with best practice guidance and accessed guidelines from the National Institute for Health and Care Excellence (NICE), Calderdale CCG and local disease management pathways. Clinicians carried out assessments and treatments in line with these guidelines and pathway to support delivery of care to meet the needs of patients. Staff told us they kept up to date with their own areas of specialism and would share any updates with their colleagues at their regular clinical meetings. The practice monitored clinical guidelines through the use of audits and patient reviews.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 97.9% of the total number of points available, with a 5% exception reporting. Exception reporting rates allow patients who do not attend for planned reviews, or where certain medications cannot be prescribed due to a side effects to be excluded from the figures collected for QOF. Exception reporting for this practice was below CCG average national averages.This practice was not an outlier for any QOF (or other national clinical targets). Data from 2013/14 showed:

- Performance for dementia related indicators was higher than the CCG average by 6.3% and the national average by 6.6%
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure checks was 12.2% higher than the CCG average and 11.6% higher than the national average
- Performance for chronic kidney disease was higher than the CCG average by 3.4% and 5.3% higher than the national average
- Performance for indicators around learning disability was 13.2% higher than the CCG average and 15.9% higher than the national average

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and outcomes for patients. There had been three clinical audits completed in the last two years, one of which was a completed audit where improvements made were implemented and monitored. The practice participated in relevant local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example a new diabetic screening service had been set up where high risk patients were identified and screened to ensure that treatment needed, if any, was appropriate to the needs of the patient.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff covering such topics as safeguarding, fire safety, confidentiality and information governance
- 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 these learning needs and to cover the scope of their work.GPs we spoke with told us they were up to date with their continuing professional development requirements. We noted not all staff had received an appraisal within the last 12 months. We were told this had already been identified by the practice as an outstanding issue and were putting plans in place to address this when the new practice business manager came into post
- Where poor or variable staff performance as identified the practice had policies and processes to ensure this was effectively managed.

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 patient record system and intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were admitted to hospital. Patients identified as being in

Good

Are services effective?

(for example, treatment is effective)

circumstances which may make them vulnerable were provided with a Vulnerable Inpatient Folder (VIP card) which provided information regarding their health in the instance of them being admitted to hospital. The practice made referrals to additional health and social service agencies as required. We saw evidence that multidisciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 20015. When providing care and treatment for children and young people assessments of capacity to consent were also carried out in line with relevant guidance for example Gillick Competencies. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment without the need for parental consent or knowledge. Consent was recorded on the patient's electronic record. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and where appropriate recorded the outcome of the assessment in the patient record. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet and other lifestyle choices such as smoking and alcohol reduction. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 94.27% which was above the national average of 81.88%. Patients who failed to attend their appointment were followed up with a telephone call or a letter. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the practice were comparable to CCG and national averages. For example childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.8% to 98.9% and five year olds from 91.9% to 98.8%. Flu vaccination rates for the over 65s were 76.14% and 55.15% for at risk groups. These were above national averages.

Patients had access to health assessments and checks. Thes included health screening questionnaires for new patients and NHS health checks for people aged 40-74. Appropriate follow up on the outcomes of health assessments and checks were made where risk factors were identified. Annual health checks were carried out on patients who had a learning disability.

Patients requiring weight management advice could be referred to the Healthy Weight Management service which was available on site.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection members of staff were courteous and helpful to patients, both those attending at the reception desk, and on the telephone. People were treated with dignity and respect. Curtains were provided in consulting rooms to ensure that patients' privacy and dignity was maintained during examinations and other procedures. We noted consultation and treatment room doors were closed during consultations and 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.

The 16 comments cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were caring, helpful and treated them with dignify and respect. Two of the cards referred to difficulty getting through to the surgery by telephone. We also spoke with 11 patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their privacy and dignity was respected.

We observed that no phone calls were taken on the outside reception desk to maintain patient confidentiality. External calls were directed to a space to the rear of reception behind a screen.

Results from the national GP patient survey showed patients were happy with how they were treated and this was with compassion, dignity and respect. The practice was comparable with other practices in the area for satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the last GP they saw or spoke to was good at listening to them compared with a CCG and national average of 89%
- 88% said the last GP they saw or spoke to was good at giving them enough time compared with the CCG average of 88% and national average of 87%
- 96% said they had confidence and trust in the last GP they saw or spoke to compared with the CCG and national average of 95%
- 86% said the last GP they saw or spoke to was good at treating them with care and concern compared with the CCG average of 87% and the national average of 85%
- 94% said the last nurse they saw or spoke to was good at treating them with care and concern compared with the CCG average of 91% and national average of 90%
- 87% patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and national average of 87%

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of the inspection told us 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 felt they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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, and results were slightly higher than local and national averages. For example:

- 91% said the last GP they saw or spoke to was good at explaining tests and treatments compared with the CCG and national average of 86%
- 86% said the last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG average 0f 83% and national average of 82%

Staff told us face to face interpreters were booked for patients who did not have English as a first language. Telephone interpretation services were also available if needed.

Patient/carer support to cope emotionally with care and treatment

Notices in the waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted clinicians if a patient was also a carer. There was a practice register of all people who were carers who were supported by, for example,

Good

Are services caring?

being offered an annual health check and flu vaccination. Written information was available for carers to ensure they were aware of the options for additional support available to them.

Staff told us a system was in place to ensure that recently bereaved patients were identified. Bereavement cards were sent out to all families and in some cases were followed up with a telephone call from the GP.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example working with the pharmacist to review patients whowere prescribed three or more medicines to ensure they were necessary and appropriate.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- A foot clinic ran in the practice on the same day as the diabetic clinic to provide a more seamless service for patients
- Home visits or longer appointments were available as necessary
- Urgent access appointments were available on the day
- Facilities were appropriate for patients with mobility problems
- Face to face interpreter services were available
- Text messaging services were used to remind patients about appointments and to give test results

Access to the service

The practice was open between 8am and 6pm Wednesday and Friday. On Monday and Tuesday it was open from 7.30am to 6pm and on Thursday and alternate Wednesdays it was open from 8am until 7pm. Calls to the practice outside of opening hours were dealt with by the NHS 111 service under an agreement with Local Care Direct.

Results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment was comparable with local and national averages and people we spoke with on the day were able to get appointments when they needed them. For example:

- 76% were satisfied with the practice's opening hours compared with the CCG average of 74% and national average of 75%
- 79% said they could get through easily by phone compared with the CCG and national average of 74%
- 77% described their experience of making an appointment as good compared with the CCG and national average of 74%
- 65% said they usually waited 15 minutes or less after their appointment time compared with the CCG average of 70% and national average of 65%

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns both verbal and written. For example information about the complaints procedure was available on the website, and leaflets and a poster in the practice provided information on how to make a complaint.

Concerns and complaints were listened and responded to and used to improve the quality of care. For example a patient made a complaint that one of the receptionists had spoken in a rude manner to her on the phone. None of the receptionists could recall the conversation and no audit trail was available, so the practice policy was changed to ensure that receptionists stated their name when answering the telephone.

Patients we spoke with on the day of our inspection told us they would know how to make a complaint if they needed to do so.

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 statement of purpose and staff spoke enthusiastically about working at the practice. They told us they felt supported and valued. They told us their role was to provide the standard of care to patients which they would expect for themselves. It was evident throughout our discussions with staff and patients that the recent recruitment difficulties had resulted in a strong supportive team ethic and patients told us they thought the service was getting better all the time.

The practice was continuing to look at how to develop and improve the service they offered and were investigating opportunities for stronger links with social care and third sector (voluntary) agencies.

Governance arrangements

Governance systems in the practice were underpinned by a clear staffing structure, a staff awareness of roles and responsibilities and practice specific policies which were accessible to all staff on the desktop computers.

We also saw there was a system of reporting incidents without fear of recrimination and learning from incidents took place. Best practice guidelines and other information was communicated through meetings and recorded in minutes from meetings. Improvements could be made in terms of reviewing actions and learning from incidents by having more regular meetings to discuss complaints and significant events. The practice proactively sought feedback from patients and engaged patients in the delivery of the service by acting on any concerns raised by patients and staff.

The GPs were involved in revalidation, appraisal schemes and continuing professional development. The recent staffing challenges had resulted in a more focused approach to succession planning, and staff were working towards rotating roles within their staff group to allow for greater understanding of one another's duties and roles and hence provide for more effective cover during times of staff shortages.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to members of the staff. They encouraged a culture of openness and honesty. A new practice business manager had recently been recruited and was due to join the team the week following our inspection.

The practice held regular staff meetings. Staff told us they had the opportunity to raise any issues at team meetings or more informally, and felt confident in doing so and supported if they did. Staff said they felt respected, valued and supported.

All staff participated in protected learning time and told us they felt supported in their learning and career objectives.

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

The practice encouraged and valued feedback from patients. They proactively sought patient's feedback and engagement in the delivery of the service. A PPG had recently been formed and with the imminent arrival of the new practice business manager were hoping to develop and extend this link and formalise engagement with the practice.

The partners also gathered feedback from staff formally and informally through discussion, staff meetings and appraisals. Staff and patients told us they felt involved and engaged in how the practice was run and services were delivered.