Simmondley Medical Practice

Quality Report

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Date of inspection visit: 20/07/2016
Date of publication: 02/09/2016

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?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Simmondley Medical Practice on 20 July 2016. Overall the practice is rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. However the provider needs to ensure a consistent method of recording significant events.
- Risks to patients were assessed and managed, with the exception of those relating to safeguarding where systems were not robust.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example the impact of the work carried out by the over 75's Champion.
- Data showed patient outcomes were in line with or above those locally and nationally. However we found during the inspection that not all patients with long term health conditions were being monitored and reviewed effectivley.
- Feedback from patients about their care was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice, including:

The practice employed an over 75's Champion whose role was to contact all patients over 75 years to meet, where appropriate, in the patients home to assess needs and provide advice and support to patients and carers, including referrals to social care and community voluntary organisations. Evidence of the impact of this work included adaptations within patients' homes to reduce the risk of falls and referrals to local voluntary organisations to reduce isolation, both of which helped the practice reduce unplanned hospital admissions.

We saw a strong patient-centred culture. For example the local pharmacy did not deliver prescriptions; as a result for those housebound patients requiring prescriptions, reception staff would deliver prescriptions.

The areas where the provider must make improvement are:

Ensure systems are in place to monitor and review appropriately patients with long term health conditions.

The areas where the provider should make improvement are:

Ensure all significant events are recorded in a consistent way and where improvements are recommended systems are in place to review and monitor the improvements.

The system for recording and maintaining an up to date register of vulnerable families needed to be rationalised following a change in the IT systems to ensure the information is accurate and up to date and all communication with families and external agencies is recorded, including communication in relation to children who have failed to attend for example hospital appointments.

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 and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. However the provider needs to ensure a consistent method of recording significant events.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse, however the system required rationalising to ensure they were up to date following a computer system change.
- Risks to patients were assessed and managed.

Are services effective?

Requires improvement

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality, However we found during the inspection evidence not all patients were being monitored and reviewed appropriately.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- We observed a strong patient-centred culture
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example the local pharmacy did not deliver prescriptions; as a result for those housebound patients reception staff would deliver prescriptions.
- Data showed that patients rated the practice above others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about services available was easy to understand and accessible.
- We also saw 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.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- There were innovative approaches to providing integrated patient-centred care. For example:
  - added additional surgeries to meet needs,
  - provided additional support to those patients over 75 years of age.
- Patients could access appointments and services in a way and at a time that suited them.
- Telephone consultations were readily available and home visits, including the phlebotomy service, were provided to house bound patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- There was a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients wherever possible were booked appointments with their GP to ensure continuity of care. Evidence from the practice showed continuity of care had improved as a result.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed an over 75's Champion whose role was to contact all patients over 75 years (currently 206 patients of which contact has been made with 188) to meet, where appropriate, in the patients home to assess needs and provide advice and support to patients and carers, including referrals to social care and community voluntary organisations.
- The practice worked with the community paramedic who supported the practice in meeting the needs of vulnerable patients such as those at risk of unplanned hospital admissions.
- The practice embraced the Gold Standards framework for end of life care. This included supporting patients' choice to receive end of life care at home.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Where appropriate patients with more than one long-term condition were able to access a joint review to prevent them having to make multiple appointments.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For patients with complex needs, a named GP and

Summary of findings

practice nurse worked with relevant community and healthcare professionals to deliver multidisciplinary support and care. Multidisciplinary meetings were held to review patients' needs and to avoid hospital admissions.
- Patients with COPD and asthma had self-management plans and access to medication at home for acute exacerbations and were directed to a structured education programme.

Families, children and young people

Good

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

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors. A midwife held antenatal clinics weekly.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk; however the systems to follow up and monitor children at risk or those who have failed to attend for example hospital appointments were not robust.
- Immunisation rates were high for all standard childhood immunisations.
- A contraceptive service including the fitting of contraceptive coils and implants was available for patients.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available outside of normal working hours, with two early morning surgeries.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Vulnerable patients were identifiable with alerts noted on the secure computer system to ensure staff were alerted to needs.
- The practice was proactive in monitoring those patients identified as vulnerable or at risk. This included, monitoring A&E attendances, monitoring missed appointments from those known to be vulnerable and working with other services to ensure, where appropriate, information was shared to keep patients safe.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- 100% of patients with poor mental health had a comprehensive care plan documented in the record agreed between individuals, their family and/or carers as appropriate. Exception reporting was comparable to the CCG average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations. The practice promoted self-referral to the local “Healthy Minds” service.
- It had a system in place to follow up patients who may have been experiencing poor mental health and had attended accident and emergency.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice had mixed results compared to the local and national averages. There were 119 responses and a response rate of 43%, representing 3% of the practice population.

- 96% find it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 96% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 90% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 88% would recommend this surgery to someone new to the area compared with a CCG average of 73% and a national average of 78%

The practice invited patients to complete the NHS Friends and Family test (FFT) either when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received. Results from the responses received in between February and April 2016 for example showed patients would be 'Extremely likely' or 'likely' to recommend. Simmondley Medical Practice to friends or family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received and included individual praise for clinical and non clinical staff. The seven patients we spoke with were complimentary of the staff, care and treatment they received.

Simmondley Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor and an expert by experience.

Background to Simmondley Medical Practice

Simmondley Medical Practice provides primary medical services in Simmondley, Derbyshire from Monday to Friday. The surgery is open:

Monday: 8.00am - 6.30pm

Tuesday: 7.00am - 6.30pm

Wednesday: 7.00am - 5.30pm

Thursday: 8.00am - 6.30pm

Friday: 8.00am - 6.30pm

Appointments with a GP are available between 9.00am and11.30am. Afternoon surgery is between 3.00pm and 5.30pm Monday to Friday, with the exception of Wednesday when there is no surgery. In addition the assistant practitioner holds clinics 7:00am to 8:00am Tuesday and Wednesday. The practice also participates in a local out of hours scheme in which patients are able to access GP appointments at a local hub evenings and weekends.

Simmondley is situated within the geographical area of Tameside and Glossop Clinical Commissioning Group (CCG).

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Simmondley Medical Practice is responsible for providing care to 3615 patients.

The practice consists of three GP partners one of whom is female. The practice employ two practice nurses an assistant practitioner. The practice is supported by a practice manager, receptionists and administrators.

When the practice is closed patients are directed to the out of hours service Go-To-Doc via 111.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. 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 under the Care Act 2014.

How we carried out this inspection

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Detailed findings

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How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information about the practice. We asked the practice to provide us with information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 20 July 2016. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with seven patients, four members of the patient participation group and eight members of staff, including GPs, practice manager, nurses, assistant practitioner, reception and administration staff.

We reviewed 41 Care Quality Commission comment cards where patients and members of the public had shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events and clinical events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents. The significant events were investigated and where appropriate actions and improvements were documented. We noted however when reviewing the records not all significant events had been recorded in a consistent way and where improvements were recommended systems were not in place to ensure the improvements had been implemented.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, local CCG and NHS England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and staff demonstrated they understood their responsibilities and all had received training relevant to their role. The lead attended where and when possible case conferences and provided reports where necessary for other agencies. The system for recording and maintaining an up to date register of vulnerable families needed to be rationalised following a change in the IT systems to ensure the information is accurate and up to date and all communication with families and external agencies is recorded, including communication in relation to children who have failed to attend for example hospital appointments.
- A notice was displayed in the waiting room advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role, and had received a disclosure and barring check (DBS). (DBS 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).
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available. The practice carried out regular fire risk assessments. All of the electrical equipment was checked to ensure it was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. The practice had an internal IT system in which all documents were stored and staff would be prompted with pop-up alerts when checks were due, for example annual risk assessments and calibration.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and checks were carried out which included hand hygiene procedures with staff. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had an internal computer programme in which all medication was recorded including emergency medication, the system alerted staff when medication was due to expire or when stock needed to be re-ordered. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored.
- Staff recruitment checks were carried out and the three files we reviewed showed recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We noted all appropriate checks were carried out for locum GPs working within the practice.

Good

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and discussion during practice meetings. We noted meetings new guidance and policies were standing agenda items for weekly practice meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99% of the total number of points available, with 7.4% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets and were above the national average in a number of clinical outcomes. Data from 2014/15 showed;

- Performance for diabetes related indicators were at or above the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests were comparable to the CCG and national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were comparable to the CCG and national average.

However we found during the inspection evidence not all patients were being monitored and reviewed appropriately.

For example:

- The practice had recorded 17 patients in the last five years with chronic kidney disease (CKD) who had moderate to severe reduction in kidney function. We noted however discrepancies in the records, we noted for the same period 107 patients had blood test results indicating moderate to severe reduction in kidney function.
- There were 172 patients on the diabetes register, we noted some patients had been advised and contacted verbally by practice staff to have blood tests and reviews on a six monthly basis, and there was no system in place for these patients to be followed up.

Following the inspection the practice provided additional data which showed that those patients not on the CKD register was as a result of blood test results returning to normal levels and or system coding errors. As a result of our inspection the practice implemented a new protocol to prevent future errors in patient's records. We were also provided with details of an action plan to improve the recall system to ensure patients are reviewed and monitored effectively in the future.

Clinical audits demonstrated quality improvement.

- There had been a range of clinical and non clinical audits completed in the last two years, all were either in the process or completed audits where the improvements made were implemented and monitored. For example:
  - An audit of cervical smears to monitor inadequate screens. The audit showed the rates were better than the national average in 2015/15 at 1.9% compared to national average of 2.8%.
  - Audits of the safe prescribing of medication such as Dompenidone were carried out in light of Medicines & Healthcare products Regulatory Agency (MHRA) drug safety alerts.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The practice had recently recruited a nurse into the role of practice nurse and supported them with training and a mentor to become a qualified practice nurse, this included protected time for training to become competent in the role. A training plan was in place and monitored regularly. Speaking with the practice nurse they felt support by the practice team to gain all the skills required.
- The learning needs of staff were identified through 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. This included ongoing support during clinical sessions, one-to-one meetings, appraisals, facilitation and support for the revalidation of doctors and nurses.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- The practice worked closely with the Community Paramedic, who supported the practice in meeting the needs of vulnerable patients such as those at risk of unplanned hospital admissions.

Staff worked together and with other health and social care services to understand and meet the range and complexity of peoples' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and were minuted. We noted these were routinely attended by district nurses, social workers and Macmillan nurse.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The GPs were fully aware of their responsibilities in relation to patients who had Deprivation of Liberty Safeguards (DoLS) in place.
- Clinical staff had undertaken training in relation to the MCA 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patients' mental capacity to consent to care or treatment was unclear GPs would assess the patient's capacity and, where appropriate, recorded the outcome of the assessment.

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, patients with poor mental health and those requiring advice on their diet and smoking and alcohol cessation. Patients were able to access smoking cessation advice with the assistant practitioner. Patients who may be in need of extra support were identified by the practice and appropriate referrals were made including referrals to self-management UK for those with long term health conditions.

The practice had a comprehensive screening programme. The practice uptake for the cervical screening programme was 91% which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Requires improvement

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, NHS England figures showed in 2015, 93% of children aged 24 months had received the measles, mumps and rubella (MMR) vaccination.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. We saw a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example putting on additional surgeries to meet needs, delivering prescriptions to housebound patients and providing additional support to those patients over 75 year of age.
- There were private examination areas in consulting rooms or curtains to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The seven patients we spoke with and four members of the patient participation group highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

The practice had scores on consultations with doctors and nurses comparable with national and CCG scores. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 97% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 100% of respondents had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with and comment cards received, 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 available to them.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. These results were in line or just below the local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%

Staff told us that translation services were available for patients who did not have English as a first language and an extended appointment would be booked if an interpreter was required.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room advised patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. All clinicians had information to pass onto

Good

Are services caring?

patients they identified as carers during consultations. Written information and a dedicated display board were available to direct carers to the various avenues of support available to them.

The practice employed an over 75's Champion whose role was to contact all patients over 75 years. They would meet where appropriate in the patients home to assess needs and provide advice and support to patients and carers, including referrals to social care and community voluntary organisations. This included ensuring where required reviews and timely access to GPs and nurses.

Staff told us that if families had suffered bereavement, arrangements were made for a visit or consultation with the GP involved in the patients care. Information was also available in the waiting area guiding patients to local bereavement support.

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, attending locality meetings and working with other health and social care professionals including neighbourhood teams.

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

- Appointments with a GP were available between 9.00am and 11.30am. Afternoon surgery was between 3.00pm and 5.30pm Monday to Friday, with the exception of Wednesday when there was no surgery. In addition the assistant practitioner held clinics 7:00am to 8:00am Tuesday and Wednesday.
- There were longer appointments available for patients with a learning disability or those who required them.
- Home visits were readily available for older patients and patients who would benefit from these, this included visits from GPs, nurses and phlebotomy.
- Anticoagulation clinics were provided which included home visits for housebound patients unable to attend
- The practice employed an over 75's Champion whose role was to contact all patients over 75 years. They would meet where appropriate in the patients home to assess needs and provide advice and support to patients and carers, including referrals to social care and community voluntary organisations. Evidence of positive outcomes included, adaptations within patients' homes to reduce the risk of falls and referrals to local voluntary organisations to reduce isolation both of which helped the practice reduce unplanned hospital admissions.
- Same day appointments were available for children and those with serious medical conditions.
- The practice held extended clinics at weekends when the need arose, for example extra cervical screening clinics and chronic obstructive pulmonary disease (COPD) clinics.
- Appointments with nurses could be booked up to 12 weeks in advance.
- There were disabled facilities, a hearing loop and translation services available.
- A phlebotomy service was available daily and via home visits for housebound patients.
- A monthly podiatry clinic was held at the practice
- The Citizens advice bureau (CAB) held weekly drop in sessions at the practice.
- Patients were able to receive travel vaccinations which were available on the NHS and patients were referred to other clinics for vaccines only available privately.
- The practice had introduced full patient access to their medical records. An initial roll-out with the PPG members was carried out to identify problems and errors. The practice had started to invite a small number of patients to have full access and offered one to one consultations with a GP specialising in patient access to understand the records and navigate the system.

Access to the service

Appointments with a GP were available between 9.00am and 11.30am. Afternoon surgery was between 3.00pm and 5.30pm Monday to Friday, with the exception of Wednesday when there was no surgery. In addition the assistant practitioner held clinics 7:00am to 8:00am Tuesday and Wednesday. The practice also participated in a local out of hours scheme in which patients were able to access GP appointments at a local hub evenings and weekends.

The practice regularly monitored the demand on the service and the number of appointments available and the appointment system had evolved over the last few years in response to patient demand and feedback. Daily discussion took place with staff and where it identified patients were waiting more than two days for a pre bookable appointment, the GPs, wherever possible would add extra clinics to meet demand.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was higher compared to the local and national averages. For example the GP survey results showed:

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 96% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 98% of patients describe their overall experience of this surgery as good compared to the CCG average of 81% and national average of 85%.

Good

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The practice had a system in place to assess:

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

This was achieved by the GP triage, in which a GP would telephone the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made or the practice contacted the community paramedic to carry out a home visit. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written and verbal complaints. We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice carried out an annual review of complaints to identify any patterns or trends and these were shared during practice meetings.

Are services well-led?

Good

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

Our findings

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

- The practice had a mission statement which was displayed throughout the practice. Staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had clear succession plans in place for the retirement of the practice manager and ensuring clinical cover for one of the GPs on maternity leave.
- The practice had staff in lead roles and teams to support them to achieve good patient outcomes.
- The practice had an internal computer programme in which all documents were stored. The programme also provided reminders and alerts to ensure for example quarterly checks were carried out to ensure clinical staff were registered with professional bodies, emergency medication was in date and annual checks such as calibration of medical equipment was undertaken.
- Practice specific policies were implemented and were available to all staff. New or policy updates were shared with staff and a record was maintained when staff had read the policy changes.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and managers were approachable and always took the time to listen to all members of staff. Staff were aware of the successions plans in place for the practice manager's retirement and the new practice manager was working with the existing manager for a smooth transition.

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

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

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

- Staff told us the practice held regular team meetings. We noted monthly practice meetings took place with clinical and administration staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

Are services well-led?

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

- The practice had a long standing patient participation group in place; the group were independently constituted and engaged with the practice to improve the patient experience. The four members of the PPG told us they felt listened to and confident in raising concerns. The PPG produce a quarterly summary of the Friends and Family test results for patients and this was displayed in the waiting area and on the practice website.
- The practice routinely gathered feedback from patients and their families who were receiving support from the over 75's Champion.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had carried out targeted evaluation and survey of services in addition to learning from feedback sought from the PPG, National GP survey and Friends and Family test. For example gathering feedback from those patients engaging with the over 75's champion. All the feedback we viewed was positive.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice were looking to continually evaluate their work and look at the outcomes for patients, including the outcomes of those supported by the over 75s champion.
- The practice had introduced full patient access to their medical records. An initial roll-out with the PPG members was carried out to identify problems and errors. The practice had started to invite a small number of patients to have full access and offered one to one consultations with a GP specialising in patient access to understand the records and navigate the system.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **We found during the inspection evidence not all patients with a long term health condition or at risk were being monitored and reviewed appropriately.**