

County Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at County Surgery on 12 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care and were positive regarding open access surgery on Monday and Fridays.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There were two areas where the provider should make improvements:

- The practice should review the chaperone policy to ensure it reflects GMC guidelines and the practice's own current chaperoning arrangements.
- The practice should formalise infection control arrangements to ensure that audits are carried out regularly.

Summary of findings

- The practice should consider ways to improve the patient experience in some areas in response to the national patient survey results.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Safety incidents were dealt with appropriately and patients received reasonable support, truthful information, a verbal and written apology if necessary. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, although arrangements regarding the chaperone procedure and infection control audit should be reviewed.

Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the average for the locality and the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and staff development.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey of July 2015 was positive but showed patients rated the practice slightly lower than others in the CCG for several aspects of care, although patient feedback from those we spoke with was good.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality and patients we spoke with told us the staff were kind and caring and the GPs thorough in their assessment.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients reported that they found the open access surgery beneficial and also said they found it easy to make an appointment with a named GP. They reported there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised and learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 discussed governance issues regularly both formally and informally.
- 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 and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on and the patient participation group was active.
- There was a focus on continuous learning and improvement at all levels

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- The practice nursing staff had lead roles in chronic disease management and the practice employed locum nurses with specific skills to review some chronic conditions. Patients at risk of hospital admission were identified as a priority using risk stratification tools.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For example, 97% of patients diagnosed with asthma, had received had an asthma review in the last 12 months.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice offered cervical screening and had performed this on 80% of the population who met the criteria for this test in the last five years.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of 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.
- The practice offered appointments early in the morning and later in the evening one day a week to provide access to appointments for those patients who work during the day.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed 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, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- All patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average.
- Eighty-two percent of patients on the mental health register had a comprehensive care plan in place and documented in their records.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. There were 388 survey forms distributed and 116 were returned. This represented a response rate of 30% and was representative of 3% of the practice's patient list.

- 77% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 70% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).

- 60% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards, 29 of which were all positive about the standard of care received. The six cards which were not completely positive referred to issues regarding getting appointments, and education preventative care regarding chronic conditions and attitude of staff.

We spoke with six patients during the inspection which included members of the patients participation group. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients reported it was beneficial being able to access a female GP when necessary.

Areas for improvement

Action the service **SHOULD** take to improve

There were two areas where the provider should make improvements:

- The practice should review the chaperone policy to ensure it reflects GMC guidelines and the practice's own current chaperoning arrangements.
- The practice should formalise infection control arrangements to ensure that audits are carried out regularly.
- The practice should consider ways to improve the patient experience in some areas in response to the national patient survey results.

County Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a second CQC inspector.

Background to County Surgery

County Surgery provides primary care medical services to approximately 3,900 patients who live in an area of Northampton. The practice provide services under a General Medical Services (GMS) contract agreed nationally. The practice population is made up of a variation of ethnic groups, including Bengali, Bangladeshi and Iraqi and data suggests the area is one of moderate levels of deprivation.

The practice has two GP partners and employs a practice nurse, a health care assistant, a part time practice manager who is supported by a senior administrator and a team of administrative and reception staff. The practice told us the current practice manager is leaving and the senior administrator is being trained and developing into this role supported by the partners and current manager. The practice operates from a two storey premises with nursing, administrative and clerical staff on the first floor and all GP patient consultations take place on the ground floor. The practice does not have parking facilities on site but there is roadside parking available in nearby streets.

The practice is open on Monday, Wednesday, Thursday and Friday from 8am until 6.30pm and Tuesdays from 7.30am until 6.30pm. In addition, the practice open from 6.30pm until 8.30pm one Wednesday per month. When the practice is closed services are provided via the 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before our inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2016.

During our inspection we:

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service and members of the patient participation group. A patient participation group is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- Observed how patients were being assisted and talked with carers and family members.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available which the practice manager completed.
- The practice carried out an analysis of the significant events and shared the outcomes with the relevant staff to ensure actions and learning points were carried out and embedded in practice. They also posted a notice on the staff board to remind staff to read the latest significant event outcomes and staff signed to confirm they had read it.

We reviewed safety records, incident reports, national patient safety alerts and staff told us these were discussed with the appropriate staff involved. Minutes of meetings were seen where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw where there had been a breach of confidentiality and the practice had investigated it and taken appropriate action. Patients had been contacted and the situation had been explained to them honestly and an apology given with procedures put in place to prevent a recurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding and the staff we spoke with were aware of who this was. The GPs provided reports to the local safeguarding meetings when requested and worked closely with the health visitors and other members of the multi-disciplinary team. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. They

were able to provide examples of when they would raise a concern and the process to follow. The GPs were trained to an appropriate level in children's safeguarding (level 3).

- A notice in the waiting areas advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. The practice had carried out a risk assessment to determine the need for staff to have a Disclosure and Barring Service check (DBS check). (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). As reception staff performing chaperone duties were not left alone with the patients the practice had decided following the risk assessment that a DBS check was not required for this staff group. All clinical staff had received a DBS check. The practice had a chaperone policy which stated the chaperone would stand outside the curtain. This was not in line with the guidelines of the General Medical Council which suggests chaperones should stand inside the curtain. The GPs told us they had discussed this and considered it best reflected the wishes of the patients when nurses were not available due to the sensitive nature of the procedure and the familiarity of staff who were non-clinical. They told us clinical staff would stand inside the curtain.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. They employed the services of a cleaning company and we saw cleaning schedules were in place. We noted the practice had a communications log with the cleaning company and had highlighted any issues for action and checked they had been completed. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits had not been completed, however, we saw evidence of good infection control procedures including the use of elbow taps, foot operated clinical waste bins and wipe able floors in the treatment rooms and the practice had carried out an informal audit and carried out some actions such as the replacement of bins. Clinical waste was appropriately stored and removed from the practice weekly.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored in a locked cupboard and there was a system for recording the prescriptions which were printed. There were also key pads on the doors where prescriptions were kept to restrict access. However, there was no system in place to record when GPs took a new prescription pad, although they were always required to access them via an allocated member of the administration team. Following the inspection the practice provided evidence to demonstrate that they had agreed a process for recording serial numbers of prescriptions and when they were removed and had shared this with relevant staff. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw up to date copies of these. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed records of two staff files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and the senior administrator was the lead for this. The practice had up to date fire risk

assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had employed the services of a company to carry out all legionella risk assessment and subsequent actions and we noted that work was still ongoing and being monitored.

- 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. We saw that when a previous nurse had left the practice, a meeting had taken place to determine how subsequent nursing duties would be managed.

Arrangements to deal with emergencies and major incidents

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

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

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 GPs told us they accessed NICE guidance and discussed clinical changes and issues as a result at their weekly practice meetings and during daily informal discussions. They used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 96% of the total number of points available, with 12% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets with the exception of palliative care as the practice was not having regular meetings 3 monthly with the multi-disciplinary team prior to March 2015. However, we noted at inspection that the practice were now including discussion about this group of patients in their collaborative care team meeting and saw minutes to confirm this. Data from 2014/15 showed;

- Performance for diabetes related indicators was 88% which was comparable to the CCG and national average of 92 % and 82% respectively.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was above the CCG and national average of 98%.
- Performance for mental health related indicators was 86% and comparable to the CCG and national average of 95% and 92% respectively.
- Clinical audits demonstrated quality improvement.

- We saw there had been two clinical audits completed in the last two years, specifically regarding atrial fibrillation and chronic obstructive airways which had resulted in positive outcomes for patients.
- The practice participated in local audits, national and local benchmarking, accreditation and peer review. For example the practice analysed local benchmarking regarding hospital admission rates and prescribing patterns and costs and also audited exception reporting rates regarding the QOF.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff informed us that there performance was reviewed after three and six months. We also saw there was an induction programme for locum GPs.
- We saw that the practice ensured role-specific training and updating for relevant staff for example, childhood immunisations and flu vaccinations and the staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice nurse was not trained in complex diabetes and the practice employed regular locum nurses with the appropriate skills to treat those patients. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals and support. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness and had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

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 patients to other services. Staff were all aware of the local 'dashboard' which informed them of hospital admissions and out of hours and A & E attendances. The practice told us that patients who repeatedly attended were discussed at the multi-disciplinary meetings where appropriate

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- We saw that consent was obtained recorded in the patients records for all invasive procedures.

Supporting patients to live healthier lives

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

- 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 smoking. One of the GPs supported patients regarding weight reduction and one of the nurses was undertaking smoking cessation training. Any patient who required support from other agencies were signposted appropriately

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. They followed up patients who did not attend for their cervical screening test in accordance with the national guidance. The practice also offered chlamydia screening for those patients aged 16 to 25 years and kits were advertised in the reception area. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Patients told us it was beneficial having one of the GPs who could speak some of the Asian languages as this had helped them understand their long term condition.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 88% to 93%.

Flu vaccination rates for the over 65s were 66%, and at risk groups 53%. These were also comparable to CCG and national averages.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed members of the reception staff assist patients when they attended for their appointment. We saw they treated patients courteously, were helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff told us they used a vacant consulting room for patients who wanted to discuss sensitive issues or appeared distressed.

We received 35 patient Care Quality Commission comment cards, 29 of these 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. Some patients provided specific examples where the GPs had been particularly responsive, understanding and thorough regarding their presenting condition and reported they been treated with compassion.

We spoke with four members of the patient participation group. They also told us they were very happy with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff were very helpful and provided support when required. A patient participation group (PPG) is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Results from the national GP patient survey of 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was generally comparable to the CCG and national averages for its satisfaction scores on consultations with GPs and nurses but with some areas reporting slightly lower satisfaction levels. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.

- 77% said the GP gave them enough time (CCG average 85%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 83% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 89% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

Care planning and involvement in decisions about care and treatment

We spoke with six patients on the day of the inspection who told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Some of the patients commented that they did not feel rushed and discussions were held at an appropriate level for them to understand. Patient feedback on the comment cards we received was also positive and aligned with these views, although the national survey results were below the CCG and national averages regarding involvement in planning and making decisions about their care and treatment.

For example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%)
- 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The GP partners also spoke different

Are services caring?

languages which patients commented about positively. The automated patient check in system was also available in different languages. There was a hearing loop in the reception area to assist patients with hearing difficulties.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, we saw information regarding the Alzheimer's Society and cancer support services.

We saw that the practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients who were carers and there was a noticeboard in the reception area that provided information to direct carers to the various avenues of support available to them. One of the patients we spoke with confirmed that the practice was aware they were a carer and took this into consideration when discussing treatments.

Staff told us that if families had suffered bereavement, the practice sent them a letter of condolence and their regular GP would decide on what level of contact would be appropriate and offer support accordingly.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours from 7.30am on a Tuesday and one Wednesday evening a month from 6.30pm until 8.30pm. These were for pre-bookable appointments that could be made up to two weeks in advance and were especially useful for patients who worked during normal opening hours.
- Twice a week on a Monday and Friday morning the practice held an open surgery from 8am until 10.30am for patients to see a GP for those who had not been able to make an appointment. This had been introduced specifically in response to patient feedback regarding availability of appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Telephone appointments were available for patients who could not attend the practice.
- There was a ramp leading up to the entrance of the practice to enable access for patients using mobility aids as well as access to disabled toilet facilities. The waiting area, corridors and doors were all wide enough to accommodate wheelchairs and pushchairs. There was a hearing loop in the reception area and translation services were available.
- Consultation and treatment rooms were available on the ground floor for patients who could not use the stairs.
- There were baby changing facilities available and there was a notice in the waiting area that advised nursing mothers that they could request a private room to breastfeed their baby.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with appointments available during these hours. Additionally the practice provided extended surgery hours

on Tuesday from 7.30am to 8am and one Wednesday evening a month. Pre-bookable appointments could also be booked up to two weeks in advance and urgent appointments were also available for people that needed them as well as open surgery on Mondays and Fridays between 8am and 10.30am.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 77% of patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 68% of patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them and gave positive responses regarding the open surgery times on Mondays and Fridays.

Listening and learning from concerns and complaints

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

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

We looked at all complaints received in the last 12 months and found they had been dealt with appropriately in a timely manner in an openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We saw that patients had been contacted and an apology offered and accepted where appropriate. For example, we saw where the practice had offered to meet with a patient and address their health concerns following a complaint

Are services responsive to people's needs? (for example, to feedback?)

regarding staff attitude. We saw the practice also sought feedback from the Friends and Family Test and had a suggestion box in reception to gain feedback from patients. Members of the PPG told us that the practice has also shared complaints and concerns with the group.

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 vision to deliver individual, safe, high quality care and promote good outcomes for patients. Staff we spoke with told us they felt the practice focussed on personalised care and felt the GPs demonstrated this vision which was shared throughout the practice.

We saw that the practice had identified, in advance, areas which may have impacted on achieving their vision. For example, they were aware the practice manager was leaving and had identified an existing staff member to support, train and develop in the role.

Governance arrangements

The practice had two GP partners who had agreed and shared the governance arrangements and responsibilities which supported the delivery of the strategy and good quality care. For example, each GP has taken a lead for specific areas, such as safeguarding, information governance and prescribing. There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

- The GPs had assessed the level of skills necessary to provide the necessary services, for example, long term conditions and had ensured the services of regular locum nurses to support the role of the permanent practice nurse.
- Practice specific policies were implemented and were available to all staff and staff were offered regular training relevant to their role.
- A comprehensive understanding of the performance of the practice was maintained
- Clinical audits were carried out which were used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice worked closely together and took an active role in the running of the practice involving the practice administrator who was developing into the role of practice manager. The practice administrator told us

they had been well supported by the GPs and practice manager and both they and another member of staff had been encouraged and supported to undertake a management course to enable them to carry out their role more effectively.

The GPs prioritised safe, high quality and compassionate care and were visible in the practice and staff told us they were approachable and supportive. Staff told us that the practice had introduced an incentive scheme to promote a healthy approach to their work where they were rewarded for staying well and not being absent from work.

The GPs were 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 safety incidents. When things went wrong the practice gave affected patients support, information and a verbal and written apology. They kept written records of interactions and reviewed issues that had occurred on a regular basis.

There was a clear leadership structure in place and staff felt supported by management. Staff told us the practice manager and senior administrator kept them informed of all issues in the practice and they held team meetings during their regular protected learning time .

Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time with the practice manager or senior administrator and felt confident in doing so. Staff said they felt respected, valued and supported by the partners and manager in 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. A patient participation group (PPG) is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- There was an active PPG which met regularly. They assisted the practice to carry out patient surveys and

Are services well-led?

Good 

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

submitted proposals for improvements to the practice management team. For example, higher chairs with arms were available in the waiting area. These were purchased with funds raised by the PPG. The practice introduced online services for patients such as appointment booking and repeat prescription requests in response to the PPG suggestions.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Both GPs were up to date with their appraisal and one of the GPs was an appraiser. The nursing staff in the practice were encouraged to develop and undertake training to support their practice and the GPs supported this financially. For example, one of the nursing staff had recently undertaken smoking cessation training and the senior administrator was going to undertake a management course which had been encouraged and supported by the GPs. Clinical staff told us that the GPs stressed the importance of following correct guidance for all clinical work.