St Catherine's Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Catherine's Surgery on 28 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and 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.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

- There was a dedicated nurse practitioner who visited housebound patients and those at risks of hospital admissions who also carried out annual reviews and review of long-term conditions. The practice worked with the other four practices in the building on a rotational basis to provide urgent home visits

Summary of findings

everyday and they all shared access to patient records so that the GP could view and update patient records when undertaking urgent home visits.

- The practice provided two drop in clinics each week for children under the age of five. Patients can drop in and see either the GP who led in this population group or the advanced nurse practitioner.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There was a cascade system in place for major disasters where each member of staff had a contact card and were allocated responsibility for contacting key people.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

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.

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 meet patients' needs. For example, the practice participated in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.
- There are innovative approaches to providing integrated patient-centred care. For example, the practice held monthly safeguarding meeting between clinicians at the practice and community based staff.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, when the PPG raised concerns that the parking facilities were not being used appropriately, the practice raised this with the management company who recruited additional staff to monitor the parking spaces and ensure patients attending the practices in the building had parking priority.
- Patients can access appointments and services in a way and at a time that suits them. For example, in addition to extended hours and in response to patient feedback, the practice was open on Saturdays from 8am to 11.30am.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. There was a dedicated nurse practitioner who visited housebound patients and was supported by an assistant practitioner.
- The practice provided support to four local nursing and residential care homes. There was a dedicated team which comprised of a GP and a nurse practitioner who managed the care of patients in these homes. Weekly visits were provided to these homes and alternated between the GP and the nurse practitioner.
- The nurse practitioner also managed the care of patients on the high risks register and was supported by the lead GP, an assistant practitioner and a member of the administrative team.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 96% of the targets for care of patients with diabetes in 2014/15 which was above the clinical commissioning group average of 95% and national average of 89%.
- 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 those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- In addition to a named GP, the practice also had trained nurse practitioners and assistant practitioners who managed the care

Summary of findings

of patients with long-term conditions. Data for 2014/15 showed that the practice's profile for patient with a long-term condition was 62% compared to the clinical commissioning group of 55% and national average of 54%.

- The practice changed its process for recalling patients for annual long-term condition reviews following feedback from patients. The practice now recalled patients on the month of their birthday which patients found easier to remember when their reviews were due. Patients could also have their other long-term conditions reviewed at the same appointment.
- The practice ran chronic disease management clinic during the week led by a GP and supported by a team of nurse practitioners, assistant practitioners and healthcare assistants.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77% which was below the clinical commissioning group average of 84% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided two drop in clinics each week on Mondays and Fridays for patients under five years old. Those patients could drop in and see either the GP who led for this population group or the advanced nurse practitioner. The practice had initiated this in response to the lack of available health visitors to meet the needs of the local population especially around the branch surgery which was an area of higher deprivation. The purpose of this clinic was to ensure that all patients under five years old could be seen urgently without the need for triage before and after the weekend.
- We saw the practice also held monthly safeguarding meeting between clinicians at the practice and community based staff and showed positive examples of joint working with midwives, health visitors and school nurses.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age patients (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 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.
- The practice offered extended hours on Tuesdays and Thursdays and in addition to this, they were open on Saturday mornings. Saturday clinics were nurse led and patients could pre-book appointments to see the nurse practitioners or advanced nurse practitioner.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients and those with a learning disability. The practice shared an example with us on how they worked with other organisations to support a homeless patient to be housed on the same day due to concerns around their health.
- The practice offered longer appointments for patients with a learning disability. The practice supported two local learning disability homes.
- Practice data showed that 30% of patients with a learning disability have had an annual health check. The practice told us the GP who led on health check for patients with a learning disability had recently left the practice and they were in the process of identifying a dedicated GP to continue with health checks for patients in this group.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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. The Safeguarding GP lead ran safeguarding update training for staff once a year and other speakers were invited to attend the practice's protected learning time.
- The practice also held monthly safeguarding meeting between clinicians at the practice and community based staff.

People experiencing poor mental health (including people with dementia)

Good

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

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2014 to 03/2015), which was above the clinical commissioning group (CCG) average of 86% and the national average of 84%.
- The percentage of patients with severe mental health problems who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (04/2014 to 03/2015) was 92% compared to the CCG average of 93% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living 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 were published in January 2016 and the results showed the practice was performing in line with local and national averages. Two hundred and ninety-six survey forms were distributed and 113 (38%) were returned. This represented about 1% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 84% and national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Patients commented on the caring nature of all staff and on the excellent service they receive at the practice. Some patients commented that the nurses were friendly, put them at ease and went the out of their way to help.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

- There was a dedicated nurse practitioner who visited housebound patients and those at risks of hospital admissions who also carried out annual reviews and review of long-term conditions. The practice worked with the other four practices in the building on a rotational basis to provide urgent home visits every day and they all shared access to patient records so that the GP could view and update patient records when undertaking urgent home visits.
- The practice provided two drop in clinics each week for children under the age of five. Patients can drop in and see either the GP who led in this population group or the advanced nurse practitioner.

St Catherine's Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to St Catherine's Surgery

St Catherine's Surgery is a GP partnership close to Cheltenham town centre. The practice is located on the ground floor within St Paul's Medical Centre which is a modern purpose built building and is wheelchair accessible with automatic doors. The practice also has a branch surgery which is located approximately two and a half miles away. We visited the branch surgery as part of this inspection.

The practice provides its services to approximately 9,950 patients under a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice delivers its services from the following two locations:

St Pauls Medical Centre,

121 Swindon Road,

Cheltenham,

Gloucestershire,

GL50 4DP

and,

Hesters Way Surgery,

The Healthy Living Centre,

Hesters Way Community Resource Centre,

Cassin Way,

Cheltenham,

GL51 7SU.

The practice partnership has three GP partners and three salaried GPs making a total compliment of approximately four and a half whole time equivalent GPs. There are three male and three female GPs. The nursing staff team include one advanced nurse practitioner, three nurse practitioners and one practice nurse who were all female. The practice also employs one health care assistant, two assistant practitioners and one pharmacist practitioner. The practice management and administration team includes a managing partner, a front of house manager, a deputy reception team leader and 13 administrative and reception staff. The practice is approved for training qualified doctors who wish to become GPs and for teaching second and third year nursing students

The practice population has a higher proportion of patients aged between 25 and 29, and 30 and 34 compared to local and national averages. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in sixth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 79 and 83 years, which is in line with the national average of 79 and 83 years respectively.

Detailed findings

The practice is open from 8am to 6.30pm Monday to Friday and 8am to 11.30am on Saturdays. Appointments are from 8.10am to 5.50pm (for routine appointments) and 6.20pm (for urgent appointments) Monday to Friday. Extended hours are available from 7.30am to 8am on Tuesdays and Thursdays.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hours services provided by South Western Ambulance Service NHS Foundation Trust and GDOC via the NHS 111 service.

St Catherine's Surgery was inspected in 2013 under the Care Quality Commission's (CQC) previous methodology and was compliant. This inspection is part of the CQC comprehensive inspection programme and is the first inspection of St Catherine's Surgery under the new methodology.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 April 2016. During our visit we:

- Spoke with a range of staff including five GPs, four nurses, one assistant practitioner, the practice manager and three members of the reception and administration team.
- We spoke with six patients who used the service and one member of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a patient who experienced a severe episode of diarrhoea died from an overdose of a diabetes specific medicine. The practice developed an information sheet for patients and care staff in nursing homes advising them of the dangers of this medicine when patients are suffering from diarrhoea and at risk of dehydration.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to child safeguarding level two. The lead GP for safeguarding ran safeguarding update training for all staff once a year during protected learning time and speakers were invited to raise awareness on safeguarding issues. We were told the practice had arranged for a speaker to attend their training session this year to talk about human trafficking and radicalisation.
- A notice in the waiting room and all consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Clinical staff undertaking chaperone had received a Disclosure and Barring Service (DBS) check and there was a risks assessment in place for non-clinical staff who undertook this role which stated that the member of staff would not be left alone in the room with the patient. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads

were securely stored and there were systems in place to monitor their use. Four of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions.They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. Health care assistants were trained to administer vaccines and medicines against a patient specific direction (PSD) on direction from a prescriber. A PSD is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. There was a cascade system in place for major disaster where each member of staff had a contact card and were allocated responsibility for contacting key people.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. We noted that exception reporting overall was 12% which was higher than the clinical commissioning group (CCG) average of 10% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 96% which was above the clinical commissioning group average of 95% and national average of 89%.
- Performance for mental health related indicators was 88% which was below the CCG average of 97% and the national average of the national average of 93%.

Data from 2014/15 showed that the practice exception rate for four clinical domains was significantly higher that the CCG and national averages. For example, the exception rate for diabetes was 18% which was higher than the CCG average of 12% and national average of 11%. We discussed the QOF exception rate with the practice and we were told that some patients were excepted on the grounds that the target for certain chronic disease would have an adverse impact on the patients other long-term conditions. We found the practice had good systems and processes for exception coding.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit in atrial fibrillation included reviewing patients who had been exception reported for QOF to ensure this was still relevant and reviewing patients who were on anti-coagulant and anti-platelet therapies to ensure that there had been specialist input for those patients.

Information about patients' outcomes was used to make improvements such as improving atrial fibrillation diagnosis and using NICE guidance to ensure those patients were receiving the recommended therapies.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One of the nurses had completed a diploma in diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could 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.

Good

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice held monthly safeguarding meetings between clinicians at the practice and community based staff.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the nursing team.
- The practice ran chronic disease management clinic during the week led by a GP and supported by a team of nurse practitioners, assistant practitioners and healthcare assistants.

The practice's uptake for the cervical screening programme was 77%, which was lower to the CCG average of 84% and 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 demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 69% to 94% compared to the CCG averages of 72% to 96%; and five year olds ranged from 87% to 95% compared to the CCG averages of 90% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Good

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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.

The practice shared an example with us on how they worked with other organisations to support a homeless patient to be housed on the same day due to concerns around their health and well-being.

All of the 16 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.

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

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

Good

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 228 patients as carers (About 2.3% of the practice list). Carers were offered annual health checks and referred to social prescribing for additional support as appropriate. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice participated in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.

- The practice offered extended hours on a Tuesday and Thursday morning from 7.30am for working patients who could not attend during normal opening hours. In addition to extended hours, the practice was open from 8am to 11.30am on Saturdays. Saturday clinics were nurse led and patients could pre-book appointments to see the nurse practitioners or advanced nurse practitioner.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. There was a dedicated nurse practitioner who visited housebound patients and those at risks of hospital admissions.Weekly visits were provided to nursing and care homes which alternated between the GP and the nurse practitioner.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice provided two drop in clinics each week on Mondays and Fridays for patients under the age of five. Those patients could drop in and see either the GP who led for this population group or the advanced nurse practitioner. The practice realised that there was a lack of available health visitors to meet the needs of the local population and held this clinic as a response. The purpose of this clinic was to ensure that all patients under five years old could be seen urgently without the need for triage before and after the weekend.
- The practice changed its process for recalling patients for annual long-term condition reviews following feedback from patients. The practice now recalled patients on the month of their birthday which made it easier for patients to remember when their reviews were due. Patients would also have their other long-term conditions reviewed at the same appointment.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice also participated in a CCG led initiative called choice plus which allowed additional emergency slots to be available for patients to be seen at either The Chapel, which was next door to the main practice or within the same premises at the branch surgery. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments were from 8.10am to 5.50pm (for routine appointments) and 6.20pm (for urgent appointments) Monday to Friday. Extended hours were available from 7.30am to 8am on Tuesdays and Thursdays. In addition to extended hours, the practice was open from 8am to 11.30am on Saturdays. Saturday clinics were nurse led and patients could pre-book appointments to see the nurse practitioners or advanced nurse practitioner. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

Good

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

The practice worked with the other four practices in the building on a rotational basis to provide urgent home visits every day and they all shared access to patient records so that the GP could view and update patient records when undertaking urgent home visits. 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. 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 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 information was available to help patients understand the complaints system and there was a poster and complaint forms in the waiting area, details were also on the practice's website.

We looked at eight complaints received in the last 12 months and found that all complaints were dealt with in a timely manner, with openness and transparency. Lessons were learnt from individual concerns and complaints, and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, when a patient complained about the attitude of a locum GP at the practice, the practice cancelled all future shifts for this GP.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The practice manager and the lead partner told us that as a result of the staff survey, they arranged an away day for the partners of the practice to reflect on the areas raised by staff and to plan for future improvements.

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 and 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 patients 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.
- 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG raised concerns that members of the public who parked in the car park were not necessarily attending any of the practices in the premises, and therefore, resulted in patients being late for appointments due not being able

Are services well-led?

Good

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

to find car parking spaces. The practice raised this with the management company who employed additional staff to oversee the car park and ensure patients coming to the practice had parking priority.

- The practice had gathered feedback from staff through an annual staff survey and generally 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.

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. The practice also participated in a clinical commissioning group led initiative called choice plus which allowed additional emergency appointment slots to be available for patients to be seen at either The Chapel, which was next door to the main practice or within the same premises at the branch surgery. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients.