Dr C Barker & Partners (also known as Library House Surgery)

Quality Report

Avondale Rd, Chorley, Lancashire PR7 2AD
Tel: 01257 514 030
Website: www.libraryhousesurgery.com

Date of inspection visit: 21 January 2016
Date of publication: 11/02/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 6

What people who use the service say 10

Areas for improvement 10

Outstanding practice 10

Detailed findings from this inspection

Our inspection team 11

Background to Dr C Barker & Partners (also known as Library House Surgery) 11

Why we carried out this inspection 11

How we carried out this inspection 11

Detailed findings 13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 21 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.
- 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.

Areas of outstanding practice:

- The care was delivered from a family perspective with a dynamic team.
- The practice was working with other local practices and the community nursing team to actively support and mange people living in care and nursing homes to avoid unplanned admissions into hospital.
- The practice was working seven days a week to ensure continuity of care for its patients.
- There was a good supportive environment for staff with a positive atmosphere.

Summary of findings

- Deep vein thrombosis (DVT) clinics conducted at the practice for all referred patients (including patients registered with other practices). This service provided local clinics within a quick timescale and reduced the number of admissions into the local hospital.
- Good use of a locum induction pack that contained a comprehensive list of information and checks that were performed before any locum was used.
- Each GP and senior member of staff had defined clinical responsibilities in different areas such as safeguarding, elderly care and information governance.

The areas where the provider should make improvements are:

- Audit the prescription paper and pads to ensure the stock is accounted for.
- Consider the seating in the reception area for people with mobility issues.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed appropriately.
- Each GP and senior member of staff had defined clinical responsibilities in different areas such as safeguarding, elderly care and information governance.

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about 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.

- Practice staff reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

Summary of findings

- Patients said they found it difficult to make some appointments, especially for on the day urgent appointments. However, the practice had put actions in place to rectify this issue.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was working seven days a week to ensure continuity of care for its patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues 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.

- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 practice 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
- 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 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.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average for three of the five indicators. The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 77.4%, comparable to the England average at 77.5%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 69.2% which was below the England average of 78%. The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 99.7% with the England average at 94.5%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 72.5% with the England average at 80.5%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 96.4% with the England average at 88.3%.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.

Families, children and young people

Good

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, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages (01/04/2014 to 31/03/2015). For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.4% to 99.4% and five year olds from 84.1% to 97.6%.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three RCP questions (01/04/2014 to 31/03/2015) was 92.1% which was above the England average of 75.4%.
- 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's uptake for the cervical screening programme was 71.7% (March 2015). which was below the CCG average of 76.3% and the national average of 74.3%.
- 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, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- 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.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers 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.

People experiencing poor mental health (including people with dementia)

Good

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

- 73.8% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (01/04/2014 to 31/03/2015), which was below the national average (84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 92.3%, which was above the England average of 88.5%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 91.5%, which was above the England average of 89.6%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

- The practice carried out advance care planning for patients 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 on 7 January 2016 showed the practice was performing mostly in line with the local and national averages (242 survey forms were distributed and 106 (44%) were returned). This represented 0.6% of the practice's patient list.

- 41% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 75% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. However, four comment cards also had comments in relation to patients not being able to get through to the practice by telephone in the morning for on the day appointments and the availability of convenient appointments.

We spoke with eight individuals and had conversations with four groups of family and friends attending the mother and baby clinic (approximately 10 adults with 12 children) during the inspection. All the patients said they were happy with the care they received and thought staff were approachable, committed and caring. The patients we spoke with confirmed they had no problems getting through to the practice to make same day appointments.

Areas for improvement

Action the service SHOULD take to improve

- Audit the prescription paper and pads to ensure the stock is accounted for.
- Consider the seating in the reception area for people with mobility issues.

Outstanding practice

- The care was delivered from a family perspective with a dynamic team.
- The practice was working with other local practices and the community nursing team to actively support and mange people living in care and nursing homes to avoid unplanned admissions into hospital.
- The practice was working seven days a week to ensure continuity of care for its patients.
- There was a good supportive environment for staff with a positive atmosphere.
- Deep vein thrombosis (DVT) clinics conducted at the practice for all referred patients (including patients registered with other practices). This service provided local clinics within a quick timescale and reduced the number of admissions into the local hospital.
- Good use of a locum induction pack that contained a comprehensive list of information and checks that were performed before any locum was used.
- Each GP and senior member of staff had defined clinical responsibilities in different areas such as safeguarding, elderly care and information governance.

Dr C Barker & Partners (also known as Library House Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience who observed patient interactions in the waiting room areas and spoke with patients.

Background to Dr C Barker & Partners (also known as Library House Surgery)

Library House Surgery is based in Chorley, Lancashire and is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG) and has 16505 patients. The practice provides services under a General Medical Services contract.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical area is 75 years for males and 81 years for females, both of which are slightly below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register were generally similar to the average GP practice in England. There were a higher number of patients in the 65 to 69 year old age group.

The practice had a higher percentage (60.5%) of its population claiming disability allowance than the England average (50.3%).

The service is provided by seven GP partners, a practice business manager, an assistant practice manager, an IT manager with responsibility for operations and health & safety, three advanced nurse practitioners, three nurses, one assistant practitioner, one healthcare assistant, two reception supervisors as well as a number of reception / administrative staff who also cover other duties such as dealing with samples and drafting prescriptions. The practice also works with specialist trainees and medical students.

The practice is based in a purpose built building with access for people with mobility problems. There is plenty of parking including specific parking bays for people with disabilities. The practice has a number of consulting and treatment rooms used by the GPs and nursing staff as well as visiting professionals such as health visitors.

The practice is open Mondays to Fridays from 8am to 6:30pm and at the weekends from 9:30am to 4pm. Appointments with the doctors are available from 8am to 11:30am and 3pm to 6:30pm from Monday to Friday and at weekends the surgery is closed between 12:30 to 1pm.In addition to pre-bookable appointments that can be

booked up to a week in advance, urgent appointments are also available for people that need them such as young children or the elderly. Online appointments, home visits and telephone consultation services are also available.

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 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 21 January 2016.

During our visit we:

- Spoke with a range of staff including GPs, the practice business manager, the assistant practice manager, the IT manager with responsibility for operations and health & safety, an advanced nurse practitioner, a nurse, a reception supervisor as well as a number of reception / administrative staff who also cover other duties such as dealing with samples and drafting prescriptions.
- Observed how patients were being spoken with and dealt with by the practice staff.
- 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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. There was a lead GP member 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 relevant to their role. All the GPs were trained to Safeguarding level 3 which is their required level of training.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The advanced nurse practitioner 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 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.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. 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.
- Prescription paper and pads were stored in a secure area and accessible to all staff. There was a system to record the serial numbers of prescription pads or prescription paper; however, there was no audit to ensure the stock matched the amount noted on the stock sheet.
- Systems were 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.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received 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). Three female patients told us they had requested chaperones when being seen by male GPs and all three confirmed the requests had been met.
- We reviewed 10 personnel files and found appropriate recruitment checks had been conducted for the majority of files including references, qualifications and the DBS checks. The practice had risk assessed staff that did not require a DBS check and was in the process of completing DBS checks for all the GP partners.

Monitoring risks to patients

Good

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was 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 that 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 (BLS) training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator, oxygen cylinders with adult and children's masks and 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 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 (2014/15) were 95.9% of the total number of points available, with 17.5% clinical 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.

Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the national average for three of the five indicators. The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 77.4%, comparable to the England average at 77.5%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 69.2% which was below the England average of 78%. The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 99.7% with the England average at 94.5%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 72.5% with the England average at 80.5%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 96.4% with the England average at 88.3%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less (01/04/2014 to 31/03/2015) was comparable to other practices at 89.4% with the national average at 83.7%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 92.3%, which was above the England average of 88.5%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 91.5%, which was above the England average of 89.6%.

Clinical audits

- We were shown four clinical audits completed in the last two years, all of these were full audit cycles where the improvements made were implemented and monitored. We reviewed an audit for deep vein thrombosis (DVT) clinics conducted at the practice for all referred patients (including patients from other practices). This service was commissioned by the CCG and provided a response rate of four hours and data showed the service reduced the number of admissions into the local hospital.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. Working with local commissioners the practice had taken action to bring about a reduction in unplanned admissions.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- 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.
- The practice could demonstrate how they ensured role-specific training and updating for most relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. 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.
- Staff confirmed they were given protected learning to enable them to conduct training and training in areas such as infection control which were covered during lunchtime training sessions.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Most staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- We saw good use of a locum induction pack that contained a comprehensive list of information and checks that were performed before any locum was used.

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 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The team met regularly for MDT discussions around palliative care.

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.

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, smoking and alcohol cessation. The practice also offered services for people who needed travel vaccinations, sexual health advice and immunisation advice. Other clinics included a deep vein thrombosis (DVT) clinic, antenatal clinics, clinics for people with chronic diseases, physiotherapy sessions and clinics for people with learning disabilities.

- The practice's uptake for the cervical screening programme was 71.7% (March 2015), which was below the CCG average of 76.3% and comparable to the national average of 74.3%.

Good

Are services effective?

(for example, treatment is effective)

- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages (01/04/2014 to 31/03/2015). For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.4% to 99.4% and five year olds from 84.1% to 97.6%.
- Flu vaccination rates for the over 65s (01/09/2013 to 31/01/2014) were 73.4% and at risk groups 51.9%. These were below the CCG and national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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.

All 24 Care Quality Commission patient 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 eight individuals and had conversations with four groups of family and friends attending the mother and baby clinic (approximately 10 adults with 12 children) during the inspection. Everyone 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 patients needed help and provided support when required.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice results were above the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 90%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 80% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Patients we spoke with consistently reported that GPs listened to them and two patients were able to give examples of medication being changed following discussions with their GP.

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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Patients consistently reported that both GPs and Nurses fully explained treatments and medicines.

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.

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.8% of the practice list as carers (2014/2015). 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 at their convenience.

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. For example:

- The practice had sufficient space and flexibility for the current number of patients being treated. The practice was purpose built and the patient areas were all on one floor with accessibility for people with mobility issues. Administration and meeting rooms were located on the first floor. We noted the front doors were heavy and people in wheelchairs struggled at times. The practice had conducted an audit in relation to the disability discrimination act (DDA) and were looking into options such as installing automatic doors or leaving the doors open with a hot air curtain.
- The patient population was increasing and the practice had plans in place to expand the number of treatment rooms and storage area as well as refurbish the current building from April 2016.
- The surgery had access enabled toilets and a hearing loop was available at the reception area for patients who required one. There was plenty of parking including specific parking bays for people with disabilities.
- We saw three patients with mobility issues struggling to get up out of the seating in the reception area. Some used a "rocking" motion to gain momentum whilst others had to use adjacent seating to lever themselves up. This was because the seating was all the same height and size and none of the seating had arms attached.
- The practice was working with the local care and nursing homes on a routine basis. The GPs were signposted to any patients who required follow up to avoid unplanned admissions to hospitals.
- Longer appointments were available for people with a learning disability. Home visits and telephone consultations were available for older patients / patients who would benefit from these. Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

The practice was open Mondays to Fridays from 8am to 6:30pm and at the weekends from 9:30am to 4pm. Appointments with the doctors were available from 8am to 11:30am and 3pm to 6:30pm from Monday to Friday and at weekends the surgery was closed between 12:30 to 1pm. Patients could express a preference for a particular doctor, however, if that doctor was not available, especially if booking an urgent appointment, an appointment with another doctor was offered.

In addition to pre-bookable appointments that could be booked up to a week in advance, urgent appointments were also available for people that needed them such as young children or the elderly. Out of hours cover was provided by the NHS 111 service. Online appointments, home visits and telephone consultation services were also available.

Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 44% of patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 43% of patients said they always or almost always see or speak to the GP they prefer (CCG average 64%, national average 59%).

People told us on the day of the inspection they were not always able to get appointments when they needed them and sometimes getting an appointment with their named GP was very difficult. The practice staff were aware of the access issues and were planning to improve access by increasing the number of telephone lines into the reception area with the introduction of a new telephone system. The practice had been monitoring peak calling times and had adjusted the staff rota to provide additional cover during these times. The practice was also planning to expand and recruit more GPs so patients could access their named GP.

Two patients who were working stated that the range of appointments available were suitable for them, especially at the weekends.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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.
- Information was available to help patients understand the complaints system in the form of patient leaflets.
- Staff confirmed they responded to patient's concerns, attempted to rectify the issue if able and offered them the opportunity to complain through the practice's procedure.
- The practice had received 18 complaints in the previous 12 months including verbal complaints. We looked at three of these complaints and found they had been acknowledged, investigated and responded to appropriately.
- Lessons were learnt from the concerns and complaints and action was taken to as a result to improve the quality of care.

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.

"Library House Surgery strives to deliver high quality primary healthcare to all patients. This is done in a safe environment where all patients are treated with dignity and respect whilst fully involved in decisions about their care."

The practice had a mission statement which staff knew and understood the values. The aims and objectives were:

- "The patient will always come first, treated with dignity and respect".
- "We aim to provide NHS general medical services of the highest quality".
- "Our services will continually improve and develop".
- "We will consistently engage with our patients to help shape our future provision".
- "Our team will always be appropriately qualified and trained".
- "We believe that prevention of disease through good patient education, engagement and advice is crucial."

The practice had a 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 which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A schedule of meetings for the year had also been planned so staff knew in advance when and where to attend.
- Each GP and senior member of staff had defined clinical responsibilities in different areas such as safeguarding, elderly care and information governance.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 in doing so and felt supported if they did.
- 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.

Are services well-led?

Good

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

- The GPs and the practice business manager all had an open door policy. Staff said they felt well supported at work and could approach their manager if they had any problems.
- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. A member of the PPG told us they attended monthly practice meetings and felt the practice was open and honest in dealing with mistakes or significant events.
- The national GP patient survey published in July 2015 and January 2016 contained some areas for improvement such as access to the surgery via the phone. The practice had reviewed the areas requiring improvement and put these into action.

Continuous improvement

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

- The practice was working with the local care and nursing homes on a routine basis. The GPs were signposted to any patients who required follow up to avoid unplanned admissions to hospitals.
- The practice was a designated training practice for medical students. There was good support for the trainees and appropriate supervision.
- The practice was working seven days a week to ensure continuity of care for its patients.
- Deep vein thrombosis (DVT) clinics conducted at the practice for all referred patients (including external). This service provided local clinics within a quick timescale and reduced the number of admissions into the local hospital.