Newtown Surgery

Quality Report

Newtown Surgery
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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?	Outstanding

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

East Norfolk Medical Practice has a practice population of approximately 12200 patients.

We carried out a comprehensive inspection at Newtown Surgery on 7 October 2014.

We have rated each section of our findings for each key area. We found that the practice provided a safe, effective, caring, responsive and well led service for the population it served. The overall rating was good and this was because improvements had been made that had a positive impact on patient care.

Our key findings were as follows:

- We found evidence that the practice staff worked together to make on-going improvements for the benefit of patients.
- Each day there was an assigned duty doctor and a doctor on call to respond to any unexpected peaks in patient's requests to be seen. The feedback we received from patients informed us they could get appointments when they needed to.
- The practice was able to demonstrate a good track record for safety. Effective systems were in place for reporting safety incidents. Untoward incidents were investigated and where possible improvements made to prevent similar occurrences.
- We found that patients were treated with respect and their privacy was maintained. Patients informed us they were satisfied with the care they received.

We saw several areas of outstanding practice including:

- In April 2014 practice staff established the 'Service Development Group' Committee. The group consists of staff from each grade within the practice and external professionals. The purpose of the group was to implement changes that affect more than one staff grade. The meetings take place monthly and we saw they had investigated and made changes to the way that patients obtain their repeat prescriptions and how patients were informed about urine test results.
- The nurse practitioner offered open access by mobile phone to teenagers who were insulin dependent

Summary of findings

diabetics. They were able to text their blood test results if they had any concerns about management of their diabetes and the nurse practitioner would respond.

- A recent restructuring of management and administration staff resulted in more clinical time to invest in patient care. The staff skill mix was closely monitored. Clinical staff roles were analysed to ensure work and responsibilities were evenly distributed. If clinic sessions run late the cause is investigated and changes made to prevent future delays for patients.

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 services provided were safe and the practice had a good track record for safety. There was effective recording and analysis of significant events and evidence that lessons learnt were cascaded to all relevant staff for prevention of unnecessary recurrences. There were robust safeguarding measures in place to help protect children and vulnerable adults. There were reliable systems in place for safe storage and use of medicines and vaccines within the practice.

Are services effective?

Good

The service was effective because treatment was delivered in line with best practice standards and guidelines. Clinical audits were regularly carried out to ensure patient care was appropriate. The findings from some audits resulted in changes to patients' prescribed medicines. There was evidence of multi-disciplinary working and the practice had developed a proactive system for making improvements. Staff absences were covered in house, and no locum doctors were used.

Are services caring?

Good

We found and patients told us that practice staff were caring. The patients and patient participation group (PPG) members we spoke with were very complimentary about the service they received. The PPG acted as representatives for patients in assisting the practice staff in driving improvements to the services that patients receive. The comment cards patients had completed prior to our inspection provided positive opinions about staff and the care provided to them. We observed that staff interacted with patients in a polite and helpful way and they greeted patients in a friendly manner.

Are services responsive to people's needs?

Good

Staff were responsive to patient's needs. When patients made an appointment they were offered an appointment with their own GP unless the request was urgent. Practice staff demonstrated how they listened to and responded to patients. This was confirmed by the comments we received from patients.

The practice had reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Summary of findings

Patients we spoke with knew how to make a complaint. Complaints were recorded, investigated, responded to and we saw evidence where as a result, changes had been made. For example, the appointments system and ease in obtaining repeat prescriptions.

The nurse practitioner offered open access by mobile phone to teenagers who were insulin dependent diabetics. They were able to text their blood test results if they had any concerns about management of their diabetes and the nurse practitioner would respond.

Are services well-led?

Outstanding ☆

The systems that were in place confirmed that the service was well led. All staff worked closely together to innovate and promote continuous improvements. There was strong leadership with a clear vision and purpose. We found that all staff were encouraged and involved with suggesting and implementing ongoing improvements that benefitted patients. The PPG had influenced some changes.

Governance structures were robust and there were systems in place to effectively manage risks. Staff had identified the need for change and made improvements that benefitted patient care and treatment. Ongoing improvements were evidenced through the recently established 'Service Development Group' Committee.

A recent restructuring of management and administration staff resulted in more clinical time to invest in patient care. The staff skill mix was closely monitored. Clinical staff roles were analysed to ensure work and responsibilities were evenly distributed. If clinic sessions run late the cause is investigated and changes made to prevent future delays for patients.

All staff had recently attended a team building training day. The practice manager had made arrangements for staff to attend vision and strategy training as part of their performance management.

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

East Norfolk Medical Practice has a greater than average percentage of elderly patients. Patients aged 75 years or above knew who their named GP was. We evidenced that regular reviews involving patients and their representatives were in place.

Unplanned admissions and admissions to hospital were regularly reviewed and improvements made where possible. Flu vaccinations, pneumococcal and shingles vaccinations were offered to older patients. Housebound patients were visited by a practice nurse and these vaccinations provided for patients.

People with long term conditions

Good

Practice staff recognised the long term condition needs of its practice populations. Practice staff supported patients and carers to receive co-ordinated, multidisciplinary care. The practice held clinics for long term conditions such as diabetes, coronary heart disease and chronic obstructive pulmonary disease. Letters were sent to patients with long term conditions asking them to make an appointment for reviews.

Practice nurses regularly visited housebound patients in their own homes to monitor their health needs. Monthly multidisciplinary meetings were held where patients where these patients and other considered being at risk were reviewed.

The nurse practitioner had attended specialist training in diabetes and carried out regular reviews of this patient group.

Monthly diary checks were carried out and letters sent to patients with long term conditions reminding them their review was due.

Families, children and young people

Good

The nurse practitioner offered open access by mobile phone to teenagers who were insulin dependent diabetics. They were able to text their blood test results if they had any concerns about management of the diabetes.

The nursing team offered immunisations to children in line with the national immunisation programme. For those who did not attend on two occasions a letter was sent to the family and this information was passed onto health visitors.

Summary of findings

Midwives held ante natal and post natal clinics at the practice and practice staff had good links with health visitors. A full range of contraceptive services were provided. Chlamydia (fungal infection) screening was offered to patients under 25 years of age.

Working age people (including those recently retired and students)

Good

Appointments were available from 8:30am until 6pm each day. There were extended opening hours at Newtown Surgery to provide easier access for patients who work during the day. These appointments were offered two evenings a week until 7:30pm. for patients to be seen.

People whose circumstances may make them vulnerable

Good

Staff had identified patients who had learning disabilities and treated them appropriately. Those patients who failed to attend for their annual review appointment were contacted by phone. If they still failed to attend the nurse practitioner would contact their family or carer. We were told that the learning disabilities team would be contacted where patients continued to fail to attend their annual reviews.

The practice had sign-posted vulnerable patients to various support groups and third sector 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 and out of hours.

People experiencing poor mental health (including people with dementia)

Good

Care was tailored to patients' individual needs and circumstances including their physical health needs. Annual health checks were offered to patients with serious mental illnesses. Doctors had the necessary skills and information to treat or refer patients with poor mental health. The practice staff worked in conjunction with the local mental health team and community psychiatric nurses to ensure patients had the support they needed.

Summary of findings

What people who use the service say

We spoke with eight patients who varied in age and length of registration with the practice. One patient told us there were no problems with cultural differences. They informed us that staff were polite, helpful and knowledgeable about their needs. Patients told us they were involved with making decisions about their care and treatment. They all reported they were happy with the standards of care they received and one commented there had been a 'vast improvement' in the service since last year. Two patients told us the system for obtaining repeat prescriptions was very good.

We collected six Care Quality Commission comment cards from a box left in the surgery prior to the inspection. All comments made were very positive. One patient described their care as first class and the staff as very efficient. The comment cards told us reception staff were pleasant, friendly and helpful both on the telephone and face to face. Another patient advised that their confidentiality was always maintained.

The Patient Participation Group (PPG) had carried out an annual survey. PPG's are an effective way for patients and the practice to work together to improve services and promote quality care. The outcomes in the report dated April 2013 to March 2014 were positive.

During our inspection the practice manager and a GP provided the inspection team with information about the improvements they had made during the previous 12 months. It was evident they had listened to opinions made by patients, the Patient Participation Group (PPG) who acted as patient advocates. The PPG assisted clinical staff in meeting patient's needs and carried out extra surveys. For example, promotion of free NHS health checks to enable early diagnosis of conditions patients were unaware they had. Also a survey concerning patient's satisfaction with repeat prescriptions process was carried out to obtain specific areas of dissatisfaction. The improvements implemented had resulted in greater patient satisfaction. The eight patients we spoke with and the six comment cards we read were very complimentary about the standard of the services they received.

Outstanding practice

We found a number of areas where there was outstanding practices. These were:

- In April 2014 practice staff established the 'Service Development Group' Committee. The group consists of staff from each grade within the practice and external professionals. The purpose of the group was to implement changes that affect more than one staff grade. The meetings take place monthly and we saw they had investigated and made changes to the way that patients obtain their repeat prescriptions and how patients were informed about urine test results.
- The nurse practitioner offered open access by mobile phone to teenagers who were insulin dependent diabetics. They were able to text their blood test results if they had any concerns about management of their diabetes and the nurse practitioner would respond.
- A recent restructuring of management and administration staff resulted in more clinical time to invest in patient care. The staff skill mix was closely monitored. Clinical staff roles were analysed to ensure work and responsibilities were evenly distributed. If clinic sessions run late the cause is investigated and changes made to prevent future delays for patients.

The practice was recently rated as a centre of excellence for care provided to patients residing in care and nursing homes by the Clinical Commissioning Group. Two weeks prior to our inspection The Royal College of General Practitioners gave practice staff an award for their standards of personal care.

Newtown 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, a Specialist advisor who had experience in practice management and an expert by experience who had personal experience of using primary medical services.

Background to Newtown Surgery

East Norfolk Medical Practice (Newtown Surgery) provides primary medical services to approximately 12200 patients from converted residential premises.

At the time of our inspection there were nine GP partners at the practice, two male and seven females, some worked on a part time basis in providing sessions. Further sessions were provided by Registrars. Newtown Medical Practice is a training practice for GPs in training. There was a nurse practitioner, two practice nurses, two healthcare assistants and a phlebotomist. The practice manager, senior management assistant and reception manager were responsible for the management of 26 reception/ administration staff who worked varying hours.

The practice offered a range of clinics and services including chronic disease management, cervical smears, contraception, minor surgery, dressings, injections and vaccinations. Two health trainers provide regular clinics on healthy living and patients had access to a smoking cessation clinic.

When the practice is closed the out of hour's service is provided by South East Health, a medical agency commissioned by the NHS.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

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

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

Detailed findings

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 7 October 2014. During our visit we spoke with a range of staff including two GP's, the practice manager, the nurse practitioner, a practice nurse, a health care assistant, two reception staff and a cleaner. We also spoke with patients who used the service and three members of the Patient Participation Group (PPG) who acted as patient advocates in driving up improvements. We observed how people were being cared and how staff interacted with them and reviewed personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe Track Record

All areas of the practice have proved attention to detail in order to provide safe services. The practice demonstrated that it had a good track record on safety. We saw records that showed performance had been consistent over time and where concerns had arisen they had been addressed in a timely way. The practice manager showed us there were effective arrangements in place that were in line with national and statutory guidance for reporting safety incidents. Records were kept of all clinical and non-clinical incidents and the practice manager took them into account when assessing the overall safety record. We saw examples of where improvements had been made to prevent similar occurrences. The partners held annual review meetings of significant incidents to check that lessons had been learned and that appropriate actions had been taken.

Health and safety preventative measures were in place to reduce the risks on unnecessary injuries to patients and staff.

Learning and improvement from safety incidents

There was a system for recording, reporting and monitoring significant events which occurred at the practice. These were a process for analysing and learning from near misses. We were shown an incident where there was a missed referral. Immediate action was taken and the issue was discussed with the patient. The senior partner had recorded that this would be raised during the next monthly meeting to review if further action was needed to prevent a recurrence.

We saw evidence that learning from incidents was shared with staff in a timely and appropriate way in order to reduce the risk of a similar incident occurring again. We saw evidence of robust communication processes with all relevant staff to ensure they were fully informed.

Official alerts about medical devices and medicines were shared with all clinical staff and where necessary actions had been taken.

Reliable safety systems and processes including safeguarding

The practice had policies and procedures in place to ensure that patients were safeguarded against the risk of abuse. There was a named GP lead for safeguarding and we saw that all staff had received training appropriate to their role. Staff demonstrated they knew where to access the policies for safeguarding adults and children. Staff we spoke with were clear about how to identify concerns and when to report them and to whom. We saw that information about the local authorities safeguarding contact details were readily available to staff. There was close co-operation with health visitors which helped to identify children and risk and keep them safe. Those on the at risk register were reviewed during the monthly multidisciplinary meetings. We saw posters on display advising patients who they needed to contact if they had concerns about safety.

The practice had a whistle blowing policy and staff demonstrated they were aware of it and their rights to use it if needed.

There was a written chaperone policy available for staff to refer to. Posters were on display advising patients of their right to request a chaperone. Nurses and health care assistants were used as chaperones but if they were not available reception staff would be asked to complete the task. A receptionist we spoke with confirmed they had received training before being allowed to chaperone patients. They demonstrated they had good knowledge of how they should carry out the task.

Medicines Management

Patients were able to order repeat prescriptions on-line, by fax, by email or via their local pharmacy. Two of the patients we spoke with said they were happy with the system.

We found that vaccines were stored within the recommended safe temperature range in a lockable fridge. Temperature checks were taken and recorded each day. Medicines were kept within locked cupboards.

Emergency medicines and equipment were kept in clinical rooms and staff knew where they were stored. We saw information that they were regularly checked and that the medicines remained in date and fit for administration.

Cleanliness & Infection Control

We saw that all areas of the practice were clean. Patients we spoke with told us the practice was always hygienic. There were systems in place to reduce the risk and spread of infection. We saw that personal protective equipment

Good

Are services safe?

(PPE) was in date including the privacy screening in clinical rooms. Staff we spoke with told us there were ample supplies of PPE. Hand sanitation gel was available throughout the practice and hand washing instructions above all wash hand basins including patient toilets.

We spoke with the nurse practitioner who was the designated lead for infection control. The Clinical Commissioning Group (CCG) had carried out audits of the premises every two years. The previous report had found some areas where action needed to be taken to make improvements. For example, covers to radiators were required and a more in depth cleaning schedule. We found that these works had been carried out. The nurse practitioner carried out monthly checks of the premises and any issues were written in the cleaner's communication book for them to action.

We spoke with one of the practice cleaners'. They had a clear understanding of when and how each part of the premises needed to be cleaned. Cleaning materials were stored safely. They told us they were supplied with all of the cleaning products they required. There were infection control policies in place and staff understood the importance of them.

There was a register maintained for recording employee's hepatitis B immune status. We found these were up to date.

We found a legionella risk assessment and recordings that confirmed water temperatures were recorded regularly and unused taps were flushed weekly.

Equipment

There were procedures in place for the safe maintenance of equipment. We saw that portable appliance testing had been carried out regularly on all electrical equipment.

Staffing & Recruitment

We found that the necessary information and checks had been carried out before employees had commenced working at the practice. We checked the personnel files for a range of staff and found that safe recruitment practices had been used.

The skill mix of staff had been used to calculate the grades and numbers of staff required to meet patient needs. We were informed that locum doctors were not used to cover absences. The practice manager told us staff covered for each other and may work extra shifts to prevent delays in patient care.

Monitoring Safety & Responding to Risk

There was a fire safety risk assessment in place. Staff had received regular fire safety training and participated in regular fire drills to maintain their knowledge of how to respond in an emergency.

The emergency lighting had been tested monthly and actions taken where defects found. Risk assessments of work stations had been carried out. We saw that fire escape routes were kept clear to ensure safe egress.

There was a health and safety policy in place and staff knew where to access it.

Arrangements to deal with emergencies and major incidents

We saw a copy of the business continuity plan. It included the contact details of services who could provide emergency assistance. The practice manager and senior partner kept a copy in their homes to ensure there was access to the document in any eventuality.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and evidence we reviewed confirmed these actions were aimed at ensuring that each patient was given support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate. We saw that both national and local guidelines were available, accessible on the computer.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work which allowed the practice to focus on specific conditions. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

The Quality and Outcomes Framework (QOF) is a system for remuneration of practices where good quality care was provided for their patients. It helps to fund further improve the quality of health care delivered. It forms part of the General Medical Services (GMS) contract. We found that the latest results were above the national average.

We saw evidence that clinical audits were carried out and where the results affected patient care this was acted upon. The first audit dated January to December 2011found that there were unsatisfactory numbers of patients who had attended for their six week follow up check. The practice staff increased the reminder letters they sent to patients. The repeat audit dated January to December 2012 resulted in a 22% increase of attendance for six week post treatment checks. More recently the practice staff were carrying out satisfaction surveys as a means of identifying where areas could be further improved.

Other audits concerned the prescribing of a medicine to pregnant women. They were dated 2012 to 2013 and 2013 to 2014. The results of the first audit instigated actions such as advice to patients about the effects of the medicine on pregnant women and recording of the advice given in the patient's notes. Staff also ensured regular medicine reviews were carried out. Further audits concerned specific prescribed medicines and whether GP's were prescribing in line with National Institutes Clinical Excellence (NICE) guidance. We saw that where changes to patient care had been made these were discussed during partners and clinical staff meetings to ensure all relevant staff were made aware of required changes to patient care.

Doctors in the practice undertook minor surgical procedures in line with their registration and NICE guidance. The staff were appropriately trained and kept up to date. They also regularly did clinical audits on their results and used these as part of their learning.

We saw the practice had the necessary equipment to enable clinicians to investigate and diagnose typical conditions patients may present with. The equipment was in good order and had regularly been recalibrated.

Effective staffing

During the inspection we checked to see if patients received care from staff who had attended appropriate training, professional support and development. For new staff there was a grade appropriate induction for them to follow. Staff we spoke with told us they had annual appraisals. They told us they felt supported and could make positive contributions to how the practice was run. For example, a member of the administration team had suggested the duty doctor worked from a separate room to avoid disturbance and to have a quiet area for making phone calls. A business plan was developed and the suggestion was implemented.

We checked and found that the GP's were up to date with their revalidations and nurses had maintained their registrations.

Good

Are services effective?

(for example, treatment is effective)

The working relationships with community services were robust. There were monthly multidisciplinary meetings to discuss all patients with complex needs and those considered to be at risk. These meetings were minuted.

We found that test results were arranged appropriately and actions taken where abnormalities were detected. All notifications, hospital discharge letters and information received from other health care providers were reviewed on a daily basis and action taken where necessary such as, requesting a patient to make a follow up appointment.

Information Sharing

The practice manager and other staff we spoke with told us they had good relationships with other health providers. Where necessary they shared patient care. For example, staff worked with Macmillan nurses. Patients we spoke with told us they had been referred to hospitals and they had been given choices about which one. We spoke with administrative staff who told us that referral letters were sent out within three days at the latest and urgent referrals were sent on the same day they were requested.

The two GP's we spoke with told us they had good working relationships with community services, such as district nurses. There was good evidence of joint working relationships and their ability to make contact with each other at short notice when a patient's condition changed to enable provision of appropriate care.

Consent to care and treatment

The patients we spoke with told us they had been involved with decisions about their care and treatments. They told us they had been provided with sufficient information to make choices and were able to ask questions when they were unsure.

We found that patients who had minor surgery had the procedure explained to them and the potential complications before they signed the consent form. We were shown consent forms that had been signed by patients.

Health Promotion & Prevention

The practice manager told us all new patients were offered a health check and a review of any illness and medicines they were taking.

Patients who were due for health reviews were sent a reminder and if necessary contacted and asked to make an appointment. Patients were asked about their social factors, such as occupation and lifestyles. These ensured doctors were aware of the wider context of their health needs.

Patients were encouraged to take an interest in their health and to take action to improve and maintain it. We saw a variety of health and welfare information displayed in the waiting area. Many were in leaflet format for patients to take away with them.

The practice had two staff who were health trainers. Regular clinics were held for patients to attend and receive advice about healthy living standards. There was information in the waiting area about exercise and fitness classes that were available in the locality for patients to access.

Chlamydia (fungal infection) screening was offered to patients under 25 years of age.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We observed that reception staff greeted patients in a polite and courteous manner. When appointments were made by telephone we overheard receptionists giving patients choices and respected when patients were unable to attend on some days.

We observed patients being treated with dignity and respect throughout the time we spent at the practice. We saw that clinical staff displayed a positive and friendly attitude towards patients.

The six comment cards we received gave us very positive feedback about the relationships they had with various grades of staff. No-one we spoke with or any of the written comments were negative about the way that staff approached them.

Patients confirmed they knew their rights about requesting a chaperone but they commented this service was offered to them by clinical staff. Some people had used the chaperone service and reported to us they felt quite comfortable during the procedure.

There was a privacy and dignity policy in place and all staff had access to this. We saw that all clinical rooms had window blinds and privacy screening. Clinical staff told us the consulting room door was kept closed when patients were being seen. We observed staff knocking on doors and waiting to be called into the room before entering.

Care planning and involvement in decisions about care and treatment

We found that patient care was an absolute priority and was embraced by the whole practice team. Patients were able to see their named doctor. When they rang for an appointment they would be offered this service. This provided continuity of care and patients told us they liked the service. If it was an urgent appointment the patient may be seen by a different doctor.

The eight patients we spoke with told us that staff gave them time by explaining their health matters until they felt fully informed and understood about the needs for care or treatments. Two patients told us that staff waited until they had agreed before a procedure commenced. One patient said they were informed 'step by step' during the procedure which made them feel at ease.

The Mental Capacity Act 2005 governs decision making on behalf of adults and applies when patients did not have mental capacity to make informed decisions. Where necessary patients had been assessed to determine their ability prior to best interest decisions being made. Staff we spoke with had an awareness of the Mental Capacity Act and had received training.

Clinical staff understood the key parts of legislation of the Children's and Families Act 2014 and were able to describe how they implemented it in their practice. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

We found that customer care was a priority and was embraced by the whole team with care treated as a priority.

Patient/carer support to cope emotionally with care and treatment

We saw posters on display in the waiting area informing patients of the contact numbers of agencies where carers could make contact for support and advice.

The respective GP contacts bereaved families and offers a range of services they may feel to be appropriate for the family to access. There were also bereavement counselling services available at the local hospital. GP's were able to access this service by using a referral system.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood the different needs of the local population and took appropriate steps to tailor the service to meet their needs. The practice had a higher than average older population group on their list. We were shown the measures the provider had taken to target patients with diabetes and their regular reviews. The nurse practitioner had attended specialist training in diabetes. Teenagers with insulin dependent diabetes were able to send a text to the nurse practitioner if they were worried about controlling their diabetes.

Staff carried out a monthly diary check of patients who had long term conditions and sent them a letter to remind them their review was due. Those who did not attend (DNA) were sent another reminder letter. Patients were sent text messages to remind them to attend for the appointment they had made.

We found that patients with learning disabilities or mental health conditions were offered an annual health review. Patients aged 85 and over were also offered annual health checks. Patients between the age of 40 and 74 years of age were actively encouraged to have a health check. The practice nurses visited housebound patients in their homes to review their care needs and to offer flu vaccinations. Non-residents were seen as temporary patients.

There was an active Patient Participation Group (PPG) who interacted regularly with practice staff through the regular meetings they held. PPG's are an effective way for patients and surgeries to work together to improve services and promote quality care. The minutes told us that both parties kept each other informed. We evidenced that improvements had been made as a result of the last patient survey. The report was dated 2013 to 2014.

There were two main areas identified for improvements. One was the appointments system which had been improved and the practice manager said that monitoring was on-going and the system was being adjusted from time to time to refine it. Patients we spoke with confirmed there had been improvements made. The second area identified for improvement was the systems for ordering repeat prescriptions. We saw that this had been effectively dealt with through the practice's 'Service Development Group' because the changes had involved more than one staff group. Patients' commented that it was now easier to obtain repeat prescriptions.

Following a previous patient survey senior staff had responded positively to the feedback they received. The telephone system was changed in line with patient's requests.

We saw the minutes of the PPG monthly meetings held with senior staff for 9 July 2014. It was agreed that arrangements would be put in place immediately regarding urgent prescription enquiries. The duty doctor would send an urgent task to the appropriate GP to ensure it would be dealt with promptly. If the GP was not available the duty doctor would deal with it.

The National Patient Survey results from 2013 informed us that most patients were satisfied with the service they received. For example, patients who described their overall experience as good or very good was 89.9 percent and those who would recommend the practice were 91.2 percent. The individual comments that patients had made in the NHS choices website were very positive about the standards of care they received.

Prescribing of repeat prescriptions was appropriately monitored. There was a designated staff member who carried out regular audits on prescribing performance. Where improvements could be made to this service systems were agreed and put in place.

At Newtown Surgery access to the practice was via a ramp and automatic doors to assist patients with restricted mobility. These had been requested by the PPG and the members we spoke with told us senior staff had responded promptly to their request. There were accessible toilet facilities and corridors were wide enough to accommodate wheelchairs. All consulting rooms were located on the ground floor.

The practice had reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified. Clinical staff attended the CCG meetings and from these identified areas where on-going improvements could be made.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We observed that senior staff were very accessible to patients and staff and were focussed on improving the service in any way they could.

Practice staff provided a service to patients who lived in a local sheltered housing scheme. Patients were registered with a named GP and that GP carried out weekly visits to the housing scheme to reduce the need for patients to attend the practice. This promoted an effective service and continuity of care for the residents.

Practice staff provided a service to several care and nursing homes. These homes had an allocated named GP who visited their respective homes on a weekly basis and when requested to attend. Patients received a streamlined service.

There was a duty doctor on who worked every day to deal with administration tasks, collate the home visits and to see patients who had requested same day appointments with their named GP but who was not available. The duty doctor was also able to accommodate higher than normal demands for patient appointments. This was backed up by a doctor who was on call every day who could be called into the practice to deal with exceptionally high demands.

Tackling inequity and promoting equality

The practice staff were aware of different cultures patients may have had and how to respect them when carrying out health assessments and offering treatments. Staff had a sensitive approach to such things as family planning, terminations and patients who fasted. Any specific cultural or religious beliefs were included in the health records so that staff approached patients in an appropriate way.

When patients whose first language was not English requested an appointment reception staff automatically gave them a double appointment and arranged for a telephone interpreter service. This enabled effective communications and facilitated patients in understanding their health needs.

Access to the service

Appointments were available from 8: am until 6:30pm each day. Newtown Surgery offered extended hours two evenings per week until 7:30pm for the convenience of people who could not attend during the day. The eight patients we spoke with told us they could make appointments for when they needed them. Appointments could be made with a doctor or the nurse practitioner for minor ailments. The practice manager told us they regularly checked the appointments system to ensure they were able to meet patient demands.

Patients could make appointments by telephone, on line or in person. When patients made appointments they were offered an appointment with their own GP unless the request was urgent.

Reception staff told us that patients who requested to be seen urgently were offered a same day appointment. Requests for appointments for children were treated as urgent so that they were seen the same day.

We asked some patients how long they usually waited when they arrived for their appointments. One commented that they had waited too long but this was due to an emergency and they said they fully understood this. Other patients told us they were seen on time or shortly afterwards.

A blood sampling service was available at both sites. Patients were required to make an appointment for this service unless the need for a blood sample was urgent.

Requests received for home visits were triaged by the duty doctor to check the visit was essential. Arrangements would be put in place for home visits to be carried out on the dame day.

Regular meetings were held to review GP rota sessions. Statistics were gathered to assist in determining patient needs. We saw the meeting minutes dated 8 July 2014 where a number of changes had been made that would be implemented in September 2014. For example, extra sessions for one GP, full use of available telephone consultations and ensuring sufficient time was allocated to the care homes.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice.

The practice leaflet informed patients of how to make a complaint. It included the contact details of NHS England if the complainant was not satisfied with the outcome of the investigation. On receipt of a complaint an

Good

Are services responsive to people's needs?

(for example, to feedback?)

acknowledgement letter would be sent to the complainant. An investigation would be carried out and a response sent to the complainant including any resultant actions that staff had taken to prevent similar recurrences. Practice staff we spoke with told us the outcome and any lessons learnt were discussed during practice meetings.

We saw the practice's log and annual review of complaints it had received. The review recorded the outcome of each complaint and identified where learning from the event had been shared with staff.

Are services well-led?

Outstanding ☆

(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. We found details of the vision and practice values were part of the practice's business plan. These values were clearly displayed in the waiting areas. The practice vision and values included offering a friendly, caring good quality service that was accessible to all patients.

We spoke with eight members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. They told us they felt an integral part of the team and were actively encouraged to make suggestions for making further improvements. The practice manager told us they would continue striving to improve the service.

A recent restructuring of management and administration staff resulted in more clinical time to invest in patient care. The staff skill mix was closely monitored. Clinical staff roles were analysed to ensure workload and responsibilities were evenly distributed. If clinic sessions run late the cause is investigated and changes made to prevent future delays for patients.

The practice had a statement of purpose and mission statement and these were made available to patients in the patient leaflets and by posters on display.

Governance Arrangements

There was a clear governance structure at the practice that provided assurance to patients and Clinical Commissioning Group (CCG) that the service was operating safely and effectively. There were clearly defined lead roles for areas such as safeguarding and regularly checking that the clinic sessions met patient's needs. Responsibilities were equally shared between all respective staff to ensure a fair workload was in place.

All staff had recently attended a team building training day. The practice manager had made arrangements for staff to attend vision and strategy training as part of their performance management.

Leadership, openness and transparency

The practice manager and staff we spoke with articulated the values of the practice. All were confident and knowledgeable when discussing equality. Whilst speaking with the practice manager and staff the importance of quality was evident to us throughout the inspection. Senior staff had dedicated time for leadership, culture and delivering the desired outcomes that impacted positively on the quality of patient care.

Practice seeks and acts on feedback from users, public and staff

We found there were strong, positive relationships between practice staff and the Patient Participation Group (PPG). We looked at the minutes from the PPG meetings; these were held every two months. The minutes dated 1 September 2014 informed us there was a good informing process between both parties to keep everyone updated. They also included progress against any areas where improvements had been made such as, the appointments system.

During our visit we spoke with three members of the PPG. They were very positive about the relationship they had with practice staff and felt their recommendations were listened to and acted on.

Staff we spoke with told us they felt well supported and were able to express their views about the practice. They said they were encouraged to make suggestions for improvements and these were taken seriously by senior staff.

Management lead through learning & improvement

We saw evidence that learning from significant events took place and changes implemented to reduce similar occurrences. We saw there were processes in place for practice staff to audit and review significant events and appropriate action plans had been implemented.

In April 2014 practice staff established the 'Service Development Group' Committee. The group consists of staff from each grade within the practice and external professionals. The purpose of the group was to implement changes that affects more than one staff grade. The meetings took place monthly and we saw they had investigated and made changes to the way that patients obtain their repeat prescriptions and how patients were informed about urine test results. This demonstrated that continuous improvements were being sought, worked upon and implemented as part of the practice's vision.

The improvements made were such that senior staff had been requested to give presentations to other practices to

Are services well-led?

Outstanding ☆

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

enable them to move forward. It was evident that senior staff had continued to search for further areas of improvement on an on-going basis. They provided an excellent example of clinicians and managers working closely as one team to innovate and promote continuous improvements.