

Dr Moya F Duffy and Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Moya F Duffy and Partners, also known as Oak Vale Medical Centre, on 5 November 2015. Overall the practice is rated as good.

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.

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

- Systems were in place to ensure incidents and significant events were identified, investigated and reported. All staff were aware of what constituted a significant event and they fulfilled their responsibilities to raise concerns and to report

incidents. Information about safety was recorded, monitored, appropriately reviewed and addressed although action plans were not routinely used to monitor changes implemented.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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 readily available in document form for patients.
- The practice had recently introduced a new system for booking appointments with GPs known as 'Doctor First'. The practice explained that patients were satisfied with these changes because they could have direct access to a doctor's advice without the need for a face to face appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice including:

- The practice routinely sends a birthday card to all patients each year reaching their 75th birthday. This was known as the 'Forget-me-Not' initiative. Within the card there was also a patient health questionnaire for them to complete and return. This initiative has helped to identify potential physical problems and mental health issues, such as dementia and mild cognitive impairment (MCI).
- Reception staff were identified as a 'dementia buddy' for patients and carers with this condition. Reception staff had put together a resource pack with useful

information to support patients and families with dementia. Plans were in place to invite patients and carers into the practice to discuss the contents of the pack and to signpost them to agencies across the community that could support the families.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Review the records made of serious events and incidents to ensure that risks have been appropriately identified and actions plans have been put into place.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Staff with chaperoning responsibilities had a Disclosure and Barring Service (DBS) check completed. Risks to patients were assessed and well managed although improvements were needed to the reporting of incidents.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was strongly positive. We observed a patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and well supported by the practice. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as outstanding for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.

We heard the practice routinely sends a birthday card to all patients each year reaching their 75th birthday. This was known as the 'Forget-me-Not' initiative. They received a birthday card from the practice which included a health questionnaire for them to complete and return. This project has helped to pick up potential physical problems and mental health issues, such as dementia and mild cognitive impairment (MCI). All patients scoring 13 or more are followed up by a GP and referral to secondary care if required.

During the autumn and winter months of 2014/2015 the practice signed up for a local enhanced service, known as Community Geriatric Assessment (CGA's). The practice exceeded the numbers identified with completing over 400 assessments and the CCG shared the work they had achieved with other practices across the area. These assessments enabled the practice to identify patients with early onset dementia, or MCI, which may well have gone undetected. All GPs attended training with the local Geriatric Consultant which included increasing their understanding of the importance of having Anticipatory Care Plans (ACP's) in place for older patients identified at risk.

In addition to this work a number of reception staff were identified as a 'dementia buddy' for patients and carers with this condition. Reception staff had identified themselves that there was a lot of information available to support these families and they pulled this together a pack of useful resources and contacts. Plans were in place to invite patients and carers into the practice to discuss the contents of the pack.

Outstanding



People with long term conditions

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex

Good



Summary of findings

needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice takes a proactive approach towards flu and pneumonia, inviting patients on the telephone and by letter to attend a special walk-in clinic, some held on Saturdays, some evenings too and opportunistically when they come to surgery.

Families, children and young people

The practice is rated as good for the care of families, children and young people. All patients were able to register for on-line access. They can download the app to book or cancel appointments. Other facilities were also available such as, ordering repeat medication, viewing allergies and vaccination history, all from patient's computers, laptops, tablets and phones.

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. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

The practice has spacious waiting areas and consultation rooms to accommodate prams and young children. There were reading and play areas for children. Breast feeding was encouraged and nappy changing facilities were available. Expectant mums can be seen each week for their antenatal care by the community midwife, which were based in the practice. Any problems or concerns that were identified by the midwife would be addressed by any of the doctors in the practice. At the time of the inspection the practice had just begun the baby and child immunisation and vaccination programme delivered by practice nurses. For teenagers and young people the practice offered sexual health advice and most forms of contraception.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances and had carried out annual health checks for people with a learning disability. They offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The lead GP regularly provided comprehensive home visits for patients with severe mental illness and hard to reach patients. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This was taken from the National Patient Survey in July 2015 and compliments received by the practice. We also reviewed the 39 Care Quality Commission (CQC) comment cards patients were invited to complete. The evidence from all these sources showed that patients were satisfied with how they were treated and confirmed that this was with respect, dignity and compassion.

The comments made by patients in the comments cards described the practice as a caring and supportive practice. Patients we spoke with said that staff treated them with dignity and compassion, reception staff were friendly and approachable and the GPs and nursing staff were supportive to patients. During our inspection we spoke with four members of the Patient Participant Group (PPG). They told us the practice worked closely with them to develop the services for patients. For example, the group fed back to the partners their views about the layout of the new building, how patients might overhear conversations with reception staff and how the new appointment system was working.

The NHS England GP Patient Survey, published in July 2015, gives more up to date information on the service

provided by the practice. There were 342 surveys sent to patients and 116 were returned. This survey showed that the practice was mostly in line with comparisons made of practices of a similar size in this area and in England. For example:

- 88% of respondents described the overall experience of their GP surgery as fairly good or very good, compared with 87% across the Clinical Commissioning Group (CCG) and 85% nationally.
- 87% of respondents said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern, compared 88% across the CCG and with 85% nationally.
- 88% said the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care, compared to 88% across the CCG and 85% nationally.
- 93% of responses showed that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern, compared to 92% across the CCG and 90% nationally.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the records made of serious events and incidents to ensure that risks have been appropriately identified and actions plans have been put into place.

Outstanding practice

- The practice routinely sends a birthday card to all patients each year reaching their 75th birthday. This was known as the 'Forget-me-Not' initiative. Within the card there was also a patient health

questionnaire for them to complete and return. This initiative has helped to identify potential physical problems and mental health issues, such as dementia and mild cognitive impairment (MCI).

- Reception staff were identified as a 'dementia buddy' for patients and carers with this condition. Reception

Summary of findings

staff had put together a resource pack with useful information to support patients and families with

dementia. Plans were in place to invite patients and carers into the practice to discuss the contents of the pack and to signpost them to agencies across the community that could support the families.

Dr Moya F Duffy and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The inspector was accompanied by a specialist GP and Practice Manager Advisor.

Background to Dr Moya F Duffy and Partners

Dr Moya F Duffy and Partners (known locally as Oak Vale Medical Centre) is registered with the Care Quality Commission to provide primary care services. It provides GP services for approximately 6388 patients living in the Childwall area of Liverpool. The practice is situated in a new building and covers two floors with lift access for patients. The practice has seven GP partners, both male and female. They also have a number of salaried GPs and they take GP trainees. The practice has a practice manager, office manager, administration staff and practice nursing team. Dr Moya F Duffy and Partners holds a General Medical Services (GMS) contract with NHS England.

The practice is open Monday – Friday 8am to 6.30pm with the phone lines opening for appointments starting at 8am. Extended hours are available on a Wednesday evening till 8pm. Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hour's service provider (Unplanned Care 24), local NHS walk in centres and NHS 111 for help.

Why we carried out this inspection

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

How we carried out this inspection

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

Detailed findings

- 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)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 5 November 2015.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face before and during the inspection. We looked at survey results and reviewed CQC comment cards completed by patients to share their views of the service. We spoke with the GPs, nurses, administrative staff and reception staff on duty. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We explored how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. We looked at several examples of how the practice dealt with significant events, the system was effective however they did not routinely identify an action plan to monitor that actions were taken to ensure that the correct level of response was applied to the event. We reviewed safety records, incident reports and minutes of meetings where these were discussed. There was an open and transparent approach and a system in place for reporting and recording significant events.

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

Overview of safety systems and processes

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

- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. Staff were appropriately trained for this role and they had received a Disclosure and Barring Check (DBS) which was confirmed by the practice following our inspection. (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).
- Arrangements were in place to safeguard adults and children 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- Recruitment checks were carried out and the three staff files we reviewed showed tGPs had their criminal records checks done as part of their Performers List checks and the practice were using checks rather than obtaining an additional DBS check when the GP begins working for the practice.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice undertook a number of sessions for minor surgical procedures each week. The treatment room was well equipped and single item equipment such as addressing packs and surgical instruments were in place. We saw that robust monitoring systems had been put into place to ensure the results of the specimens obtained were reviewed in a timely way. The practice used single use equipment for invasive procedures for example, taking blood and cervical smears.
- The practice had systems in place to ensure regular and appropriate inspection, calibration, maintenance and replacement of equipment. Suitable equipment which included medical and non-medical equipment, furniture, fixtures and fittings were in place. Staff confirmed they had completed training appropriate to their role in using medical devices. We saw evidence that clinical equipment was regularly maintained and cleaned.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular

Are services safe?

medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. We found that GPs routinely carried a range of drugs for use in acute situations when on home visits.

- Comprehensive plans to deal with any emergencies that may occur, which could disrupt the safe and smooth running of the practice, were available. A detailed business continuity plan was in place. The plan covered business continuity, staffing, records/electronic systems, clinical and environmental events. Reception staff we spoke with were knowledgeable about the business continuity plans and described how they had used the

plan when telephone and IT systems failed. Staff told us they had training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR) and other emergencies such as fire and floods.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

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 approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Weekly meetings were held with the clinical staff during which time any new guidance would be discussed.

The GPs and practice nurse we spoke with were clear about the rationale for the treatments they were prescribing and providing. They confirmed they had access to clinical guidelines on the practice intranet, for example, guidance such as the appropriate management and use of medicines. Each patient attending the practice had their needs assessed and interviews with the GP demonstrated they considered current legislation, standards and nationally recognised evidence-based guidance. Consistency and continuity of planned care was achieved between the day and out-of-hour's service for patients with complex and end of life care needs.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 100% of the total number of points available, with 9.1% exception reporting. QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% compared to the national of 88%
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average at 87% compared to 83%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment. There had been a number of clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, one of the GPs had undertaken an audit of the practice two week waiting time for cancer referrals. This was undertaken in October 2014 and again in June 2015. The audit noted the type of referral made, whether the referral was appropriate and in line with NICE guidelines. The full referral process was reviewed during the audit and patient information posters were displayed in the reception area to increase patient awareness of the different types of cancers that were known. The audit showed an increase in the number of referrals that had been made across this time period with improved patient outcomes as a consequence. The GPs also identified a number of changes to practice were required in terms of the follow up of patients after patients had been referred to hospital. This would allow the GP to know if they had attended hospital and helped identify those diagnosed with cancer more quickly providing the necessary support at an earlier stage.

Effective staffing

Staff told us that their training and development needs had been discussed. We saw evidence that confirmed all staff had completed training in a number of different areas. This included training for adult and children safeguarding, how to chaperone, basic life support, fire safety, information governance and infection control.

All GPs were up to date with their yearly continuing professional development requirements and all had been revalidated or received a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the

Are services effective?

(for example, treatment is effective)

GP continue to practise and remain on the performers list with NHS England). The nursing team had been appraised annually. We saw learning needs had been identified and documented action plans were in place to address these.

All the GPs we spoke with, told us they had attended meetings with the clinical lead. These meeting occurred on a daily basis during which time all patient referrals were discussed and each week a formal clinical meeting would take place. They also told us they had access to the senior partners and could approach them if they had concerns or needed advice. We found that all staff had completed annual appraisals where learning needs were discussed and actions plans were in place.

Coordinating patient care and information sharing

We found that staff had all the information they needed to deliver effective care and treatment to patients. All new patients were assessed and patients' records were set up. This routinely included paper and electronic records with assessments, case notes and blood test results. We saw that all letters relating to blood results and patient hospital discharge letters were reviewed on a daily basis by doctors in the practice. We found that when patients moved between teams and services, including at referral stage, this was done in a prompt and timely way. Patient summaries were in use at the practice. This is an electronic record that is stored at a central location. The records can be accessed by other services to ensure patients can receive healthcare faster, for instance in an emergency situation or when the practice is closed. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Consent to care and treatment

The practice had systems in place to seek patients consent for certain procedures, for instance for vaccinations. Staff we spoke with understood their responsibilities for this and why written consent was required in line with legislation and national guidance. We saw that healthcare professionals adhered to the requirements of the Mental Capacity Act 2005 and the Children Act 1989 and 2004. Capacity assessments and Gillick competency of children and young people, which check whether they have the maturity to make decisions about their treatment, were an integral part of clinical staff practices. We found that clinical staff understood how to agree 'best interest' decisions for patients who lacked capacity and sought approval for treatments such as vaccinations from children's parent or legal guardian.

Health promotion and prevention

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 96%, which was higher than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those patients who needed to reduce their weight and alcohol consumption. All patients were then signposted to a health trainer working at the practice. The trainer would develop a 12 week care plan identifying the care and support needed for each individual patient to support their recovery and return to good health. A dietician was available on the premises along with a smoking cessation advisor also.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Consultations took place in designated rooms with a couch for examinations and screens to maintain privacy and dignity. We observed staff were discreet and respectful to patients despite the reception area being open plan. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Staff told us that if patients wanted to speak to the receptionist or practice manager in confidence, they would be taken to a private room.

We reviewed the most recent data available for the practice on patient satisfaction. This was taken from the National Patient Survey in July 2015 and compliments received by the practice. We also reviewed the 39 Care Quality Commission (CQC) comment cards patients were invited to complete. The evidence from all these sources showed that patients were satisfied with how they were treated and confirmed that this was with respect, dignity and compassion. Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. We also spoke with four members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were in line with other practices nationally and across the Clinical Commissioning Group (CCG). The practice results were as follows for their satisfaction scores on consultations with doctors and nurses:

- 86% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%

- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. Patient feedback on the comment cards we received was also positive and aligned with these views. Patients commented that clinical staff at the practice took the time to make sure they fully understood their treatment options.

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

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 91%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%

Staff told us that translation services were available for patients who did not have English as a first language. Notices were in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was a carer or if they had been identified as socially isolated. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was a Patient Participation Group (PPG) and we spoke with four members on the day of the inspection. The PPG worked well with the practice and represented patients' views, they told us that the practice was a 'listening' practice and they valued the work they undertook. The group had quarterly meetings with the practice and good information exchange took place. The GPs were frequent attenders at the meetings. We were told that the practice listened to the views of the PPG and were given examples of how improvements had been made as a result of feedback from the PPG. For example, the group raised concerns that patient conversations with receptionist could be over heard and a pole and 'queue' sign was added in the reception area. The PPG carried out annual patient surveys and encouraged comments and concerns to be raised by patients and staff with information around the practice advising how they could do this. The group also held monthly drop in meetings for patients to attend, they reported that often GPs called into the meetings for an update on the work the group was completing.

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these. This included a home visit from the practice pharmacist to review the medications of housebound patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- Smoking cessation and health promotion services were available.
- The practice had a health trainer who worked with patients on a weekly basis providing health promotion support such as weight loss and engaging in a healthier lifestyle.
- There was a weekly antenatal clinic held at the practice with the community midwife in attendance.

- Online booking of appointments and ordering of repeat prescriptions

We found the practice routinely sends a birthday card to all patients each year reaching their 75th birthday. This was known as the 'Forget-me-Not' initiative. They received a birthday card from the practice which included a health questionnaire for them to complete and return. This project has helped to pick up potential physical problems and mental health issues, such as dementia and mild cognitive impairment (MCI). All patients scoring 13 or more were followed up by a GP and a referral to secondary care was made if required. During the autumn and winter months of 2014/2015 the practice signed up for a local enhanced service, known as Community Geriatric Assessment (CGA's). The practice exceeded the numbers identified with completing over 400 assessments and the CCG shared the work they had achieved with other practices across the CCG. These assessments enabled the practice to identify patients with early onset dementia, or MCI, which may well have gone undetected. All GPs attended training with the local Geriatric Consultant which included increasing their understanding of the importance of having Anticipatory Care Plans (ACP's) in place for older patients identified at risk. In addition to this work a number of reception staff were identified as a 'dementia buddy' for patients and carers with this condition. Reception staff had identified themselves that there was a lot of information available to support these families and they pulled this together a pack of useful resources and contacts. Plans were in place to invite patients and carers into the practice to discuss the contents of the pack.

Access to the service

We found that the patients could access the right care at the right time to meet their needs. The practice had recently introduced a new system for booking appointments with the GPs. known as 'Doctor First'. We heard that when patients call the practice to book an appointment their details are taken and a call back is made by the GP on call. The GP then undertakes an initial clinical assessment and makes a decision to determine if the patients' need an appointment or if they can be given advice or treatment over the phone. The practice explained that patients were satisfied with these changes because they could have direct access to a doctor's advice without the need for an appointment. Patients we spoke with during our inspection aligned with this view, although a few

Are services responsive to people's needs?

(for example, to feedback?)

patients expressed the view that having to speak with a GP before an appointment was made was not convenient for them. We were told that the practice had seen an increase in the number of patients who now had access to GP time and advice with the new system and they consider it to be an effective way of addressing the demands of an increasing patient list size. The GPs told us that waiting times for patient appointments had reduced and all patients receive a call back from the GP on the same day they make the call to the practice. At the time of our inspection they had begun the process of formally evaluating this new way of working.

The practice was open between 8am to 6.30 pm Monday to Friday. Extended hours surgeries were offered each Wednesday evening extending the appointment time to 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed mainly higher, comparable and in one case lower than local and national averages. For example:

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 79%.

- 86% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 73% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system including information displayed in the reception area and in the practice information leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint. We looked at the complaints that had been made in the last 12 months and found that these had been handled appropriately. Lessons were learnt from 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 mission statement and vision to deliver progressive, comprehensive family centred healthcare with principles of providing friendly, caring and compassionate care for all. There was a clear leadership structure and staff felt supported by management. We spoke with staff with differing roles within the service and they were clear about the lines of accountability and leadership. They spoke of good visible leadership and full access to the senior GPs and practice manager. All staff told us they enjoyed working at the practice and they felt valued in their roles. Staff felt supported, valued and motivated and reported being treated fairly and compassionately. They reported an open and 'no-blame' culture where they felt safe to report incidents and mistakes.

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:

- A comprehensive understanding of the performance of the practice was in place
- There was a programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- 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
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The documentation for this required improvement.

Leadership, openness and transparency

The management model in place was supportive of staff. Staff we spoke with said they enjoyed working at the

practice, many had worked there for a long period of time. Annual and more regular team events took place and this included the whole practice. Staff spoke positively of these events and how valued and supported they felt working here. The practice had a strong team who worked together in the best interest of the patient. All staff were aware of the practice Whistleblowing Policy and they were sufficiently confident to use this should the need arise.

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. There were clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Staff told us that regular team meetings were held. We also noted that team away days were held every year and staff spoke positively of this. Staff said they felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. There was a PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The group had a notice board in the patient reception area displayed useful patient information and the minutes of meetings that had taken place. The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.