

Garswood Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Outstanding



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

We carried out an announced comprehensive inspection at Garswood Surgery on the 3rd November 2015. Overall the practice is rated as good.

Our key findings were as follows:

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding. Staff understood and fulfilled their responsibilities to raise concerns and report incidents.
- The practice was clean and tidy. The practice had good facilities in a large purpose built building with disabled access and a lift to the first floor.
- The clinical staff proactively sought to educate patients to improve their lifestyles by regularly inviting patients for health assessments.
- There was a robust system in place to undertake audits at the practice and improve patient care.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- Patients spoke highly about the practice and the whole staff team. They said they were treated with dignity and respect and they were involved in their care and decisions about their treatment. Feedback from patients about their care was consistent and strongly positive.
- The practice sought patient views about improvements that could be made to the service, including having a Patient Participation Group (PPG).
- Information about services and how to complain was available and easy to understand. The practice proactively sought feedback from staff and patients, which it acted upon.
- There was a clear leadership structure with delegated duties distributed amongst the team and staff felt supported by management. The staff worked well together as a team.

Summary of findings

- Quality and performance were monitored.

We saw areas of outstanding practice including:

- The practice staff organised a number of community initiatives. Previously they had held a fundraising day for MacMillan cancer research and invited their patients and staff to help with the fundraiser. They had organised a coffee day in December 2015 for their patients and invited various groups to come and meet their patients during the event. Organisations such as the falls risk team and the memory clinic staff were due to attend to help raise awareness amongst their patients and the community in regard to the support and services they could offer.
- One GP had collected data over the last 20 years and carried out a yearly audit on patient deaths. They encouraged the practice to reflect each year on all deaths to look at any factors that could be preventable or reflect on the care given. Whilst no areas of concern were identified within the audits the staff had put a lot of work into reflecting and mitigating any risks. The data collated looked at any preventable factors for their death e.g. smoking, alcohol and helped increase awareness amongst GPs with health promotion and looking into the background of patients problems. The GP was due to present the data and research for publication this year.
- In 2014-2015 the practice won an award called a 'GOLD Quality Placement Award.' This was for mentoring and teaching undergraduate medical students from a local university and was based on undergraduate feedback regarding the quality of their placement and teaching.

- The practice introduced a tailor made recall system in 2007 which won an award in 2011 for its innovation. It offered a high quality system offering more checks than usual recall systems which ensured the clinical management of patients to be safe and robust. Almost every aspect of patient management with the exception of medication reviews was dealt with using the clinical systems diary facility. Patients were pro-actively managed to avoid deterioration in their health outcomes, for example: cholesterol, weight management and asthma management. Patients were seen holistically for their co morbidities in one appointment and birthday reviews offered a 'One stop shop' approach optimising appointments. The system helped the practices management of avoiding unplanned admissions and the proactive case management of vulnerable patients. The system facilitates the identification of patients who found it difficult to attend reviews and smear tests and as a result the practice had put in strategies to accommodate the needs of these patients with late and early morning appointments and home visits.

However there were areas of practice where the provider should make improvements:

- Ensure all staff files evidence the necessary checks such as references to show safe recruitment of staff.

Letter from the Chief Inspector of General Practice

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. The practice did not have an annual review of events but they did discuss them at regular intervals within staff meetings. Lessons were learned and communicated within the practice. The premises were clean and tidy. Safe systems were in place to ensure medication, including vaccines were well managed. There were sufficient numbers of staff. Recruitment checks were carried out and most staff files were well managed. Just one staff file lacked evidence of necessary checks such as two references that needed to be in place to show safe recruitment.

Good



Are services effective?

The practice is rated outstanding for providing effective services. The practice used innovative and proactive methods to improve patient outcomes. The practice proactively engaged patients to promote their well-being. The practice introduced a tailor made recall system which provided a high quality system which ensured the clinical management of patients to be safe and robust. The practice monitored its performance data and had systems in place to improve outcomes for patients. Staff routinely referred to guidance from the National Institute for Health and Care Excellence (NICE). Patients' needs were assessed and care was planned and delivered in line with best practice and national guidance. One GP had collected data over the last 20 years and carried out a yearly audit on patient deaths. They encouraged the practice to reflect each year on all deaths to look at any factors that could be preventable or reflect on the care given. The practice is an approved 'Yellow Fever' vaccination centre. (Yellow fever is a serious viral infection that can be prevented with a vaccination.)

Outstanding



Are services caring?

The practice is rated as good for caring. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed a strong patient-centred culture. We also saw that staff treated patients with kindness and maintained confidentiality. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. Staff helped people and those close to them to cope emotionally with their care and treatment. Data from the National

Good



Summary of findings

GP Patient Survey published July 2015 showed that patients rated the practice as comparable and exceeded in several aspects of care compared to local and national averages. Some staff had worked at the practice for many years and understood the needs of their patients well.

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 local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to treat patients and meet their needs including access to disabled facilities, hearing loop and translation services. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as good for being well led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure with delegated roles and staff felt supported by management. The practice had a number of policies and procedures to govern activity. 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 and had an active PPG. 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 good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. They kept up to date registers of patients' health conditions. Home visits were made to housebound patients to carry out reviews of their health. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice had identified older patients who were at risk of unplanned hospital admissions and developed care plans to support them.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions, treatment and screening programmes. The practice had a very effective system in place to make sure no patient missed their regular reviews for long term conditions. Home visits were undertaken to housebound patients or those residing in residential care or nursing homes. The practice had an in-house phlebotomy clinic and a GP led warfarin clinic which they also offered to their housebound patients.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Staff were knowledgeable about child protection and a GP took the lead for safeguarding. Staff put alerts onto a patient's electronic record when safeguarding concerns were raised. The practice offered family planning advice. Immunisation rates were comparable and sometimes exceeded local CCG benchmarking for all standard childhood immunisations. Urgent access appointments were available for under-fives. The practice had baby feeding and changing facilities available to patients. Patients were signposted to a health trainer working at the practice. The trainer would develop care and support needed for each individual patient to support them in good health.

Good



Summary of findings

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 this group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice offered extended hours, evening telephone appointments and early morning blood tests for working patients. 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. Health checks were offered to patients who were over 40 years of age to promote patient well-being and prevent any health concerns.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained of patients with a learning disability and annual health care reviews were provided to these patients. All staff were trained and knowledgeable about safeguarding vulnerable patients and had access to the practice's policy and procedures and had received guidance in this. The practice offered referrals to local food banks for patients and referrals to local carer's centres. They also supported patients with letters to their local housing offices.

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 referred patients to the appropriate services. The practice maintained a register of patients with mental health problems in order to regularly review their needs. The practice staff liaised with other healthcare professionals to help engage these patients to ensure they attended reviews and various specialists. The practice had onsite access to assessments with the Improving Access To Psychological Therapies (IAPT) team. They also promoted 'Positive Mental training' with access to audio downloads and CDs to offer self-help programmes for stress, depression and anxiety and for building confidence, coping and wellbeing. The practice also referred patients to the St Helens Chrysalis Centre (Local charity supporting adult women with mental health problems and domestic violence.)

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published on July 2015 showed the practice was performing in line with local and national averages and in some areas exceeding those averages. There were 317 survey forms distributed for Garswood Surgery and 116 forms were returned. This represents 2% of the patient population. The practice scored higher than average in terms of patients being treated with care and concern by their GP, getting to speak to their preferred GP, their overall experience at the practice and in making appointments. For example:

- 96.8% of respondents say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 89.2% and the National average of 86.6%.
- 99% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 95.9% and the National average of 95.2%.
- 62.4% of respondents who had a preferred GP usually get to see or speak to that GP compared to the CCG average of 59% and the National average of 60.0%.
- 92.8% of respondents find the receptionists at this surgery helpful compared to the CCG average of 85.8% and the National average of 86.8%.
- 92.2% describe their overall experience of this surgery as good compared to the CCG average of 84.2% and the National average of 84.8%.
- 79% describe their experience of making an appointment as good compared to the CCG average of 70.6% and the National average of 73.3%.
- 85% would recommend this surgery to someone new to the area compared to the CCG average of 75.9% and the National average of 77.5%.

- The results indicated the practice could perform better in areas regarding speaking to the nurse. For example:
- 82.4% of respondents say the last nurse they saw or spoke to was good at listening to them compared to the Clinical Commissioning Group CCG average of 92.6% and the National average of 91.0%.
- 81.6% say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the Clinical Commissioning Group CCG average of 91.5% and the National average of 89.6%.
- The practice had been responsive to this patient feedback and had as a result reviewed access to the appointments and clinics managed by the nurse. They had increased staff time for managing clinics and had reviewed recent 'Friends and Family Test' results which showed positive comments and increased patient satisfaction in this area.

As part of our inspection process, we asked patients to complete comment cards prior to our inspection. We received 38 comment cards and spoke with five patients and five members of the PPG. Out of 48 comments, all patients indicated that they found the staff helpful, caring and polite and they described their care as very good. Patients told us that doctors and nurses were all 'lovely' and they were happy with the standard of care provided. Patients were very positive about the service they received from the practice. Just three of the comments raised related to issues in regards to accessing appointment, repeat prescriptions and seeing their GP of choice.

Areas for improvement

Action the service SHOULD take to improve

- Ensure all staff files evidence the necessary checks such as references to show safe recruitment of staff.

Summary of findings

Outstanding practice

We saw areas of outstanding practice including:

- The practice staff organised a number of community initiatives. Previously they held a fundraising day for MacMillan cancer research and invited their patients and staff to help with the fundraiser. They had organised a coffee day for December 2015 for their patients and invited various groups to come and meet their patients during the event. Organisations such as the falls risk team and the memory clinic staff were due to attend to help raise awareness amongst their patients and the community in regard to the support and services they could offer.
- In 2014-2015 the practice won an award called a 'GOLD Quality Placement Award.' This was for mentoring and teaching undergraduate medical students from a local university and was based on undergraduate feedback regarding the quality of their placement and teaching.
- One GP had collected data over the last 20 years and carried out a yearly audit on patient deaths. They encouraged the practice to reflect each year on all deaths to look at any factors that could be preventable or reflect on the care given. Whilst no areas of concern were identified within the audits the staff had put a lot of work in to help reflect and mitigate any risks. The data collated looked at any preventable factors for the death e.g. smoking, alcohol and helped increase awareness amongst GPs in health promotion looking into the background of patients problems. The GP was due to present the data and research for publication this year.
- The practice introduced a tailor made recall system in 2007 which won an award in 2011 for its innovation. It offered a high quality system different to usual recall systems which ensured the clinical management of patients to be safe and robust. Almost every aspect of patient management with the exception of medication reviews was dealt with using the clinical systems diary facility. Patients were pro-actively managed avoiding deterioration in their health outcomes for example: cholesterol, weight management and, asthma management. Patients were seen holistically for their co morbidities in one appointment and birthday reviews offered a 'One stop shop' approach optimising appointments. The system helped the practices management of avoiding unplanned admissions and the proactive case management of vulnerable patients. The system facilitates the identification of patients who found it difficult to attend reviews and smear tests and as a result the practice had put in strategies to accommodate the needs of these patents with late and early morning appointments and home visits.

Garswood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector and a CQC inspection manager. The team included a GP and practice manager specialist advisors and an Expert by Experience. (Experts work for voluntary organisations and have direct experiences of the services we regulate.) They talked to patients to gain their opinions of what the service was like.

Background to Garswood Surgery

Garswood Surgery is based in a purpose built building in a residential area of Wigan close to local amenities. The building is also occupied by other community healthcare services managed by the community trust and district nurses and community trust staff. There were 4570 patients on the practice list at the time of inspection. The average male life expectancy for the practice was 78 years compared to the National average of 79 years. The average female life expectancy for the practice was 82 years compared to the National average of 83 years. 70.5% of patients were in paid work or full-time education compared to the practice averages across England which was 60.2%. The practice has three partners, two of whom are male GPs and one female GP, one salaried female GP, one practice nurse, a health care assistant, a practice manager, reception and administration staff. The practice was a teaching practice that facilitated doctors in training including undergraduates, junior doctors and postgraduate GP training.

The practice is open Monday to Friday from 8am to 6.30pm with extended hours each Monday from 6.30-7.30pm. Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to contact the local out of hours service. Outside of this time the practice uses St Helens Rota. This is a conglomerate of GPs who provide out of hours cover.

The practice has a Personal Medical Services (PMS) contract. In addition the practice carried out a variety of enhanced services such as: avoiding unplanned admissions to hospital.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3rd November 2015. During our visit we:

- Spoke with a range of staff, the GPs, practice nurse, the practice manager, administration staff and spoke with patients who used the service.

Detailed findings

- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record

St Helens Clinical Commissioning Group (CCG) reported no concerns to CQC about the safety of the service. The practice used a range of information to identify risks and improve patient safety. There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff. They did not have an annual review meeting to look at any themes regarding significant events. However the practice held weekly clinical meetings for all doctors including trainees to discuss significant events and any on-going audits. The staff we spoke with were aware of their responsibilities to raise concerns, knew how to report incidents and could access information about events through their intranet systems.

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:

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. Staff demonstrated they understood their responsibilities and staff had received training relevant to their role. The practice had developed their own safeguarding templates for children and adults to make sure all staff used the correct codes in identifying vulnerable patients. They had also developed a code for active surveillance that they could use for lower levels of concern or when awaiting a safeguarding referral.
- A notice was displayed advising patients that staff would act as chaperones, if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) One staff member had developed a chaperone template that each chaperone completed after all examinations to help identify if patients was happy with their examination. They extended the template to include specific details such as where the chaperone stood and what examination

took place. All male GPs used chaperones for female intimate examinations. Staff who acted as chaperones were trained for the role and staff had received a Disclosure and Barring Services (DBS) check.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Staff we spoke with told us there was enough equipment to help them carry out their role and that equipment was maintained and in good working order.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. Comments we received from patients indicated that they found the practice to be clean. The practice had an infection control lead. There was an infection control protocol in place and staff had received up to date training. The practice reviewed infection control audits and acted on any issues where practical.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. They had developed a close working relationship with the pharmacy next door. The pharmacy had offered their recommendations in regard to the practices 'recall' system. They felt the practice ensured that those patients with issues regarding concordance with their medication were automatically recalled so their prescriptions could be reordered and sent to the pharmacy for dispensing. They felt this process ensured that patients having difficulties with their medications or difficulties ordering their medications had a safe, efficient system in place to help reduce any medication errors. They had identified at least six patients who benefited from the practices recall system with managing their medications. They also arranged a clinical meeting with the pharmacist every four weeks to help updates GPs with any out of stock queries and any training issues with scripts generated by registrars. Regular 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. A recent audit took place for patients on bisphosphonate (drugs that slow down or prevent bone damage) treatment over the

Are services safe?

last 5 years to see if they needed a 'drug holiday.' This was in response to recent changes highlighted with NICE (National Institute for Health, Care and Excellence) guidance. All patients had been reviewed to see if their treatment needed to be amended. One GP was involved in the NICE guidance development group around prescribing reviews and elderly care 2015. Regular stock checks and recorded temperature checks were carried out to ensure that medications were appropriately stored, in date and there were enough available for use.

- Recruitment checks were carried out and the staff files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. One staff file had just one reference in place, although the practice manager acknowledged this and advised they would ensure the correct records were put in place.
- The practice staff showed us records to demonstrate that arrangements were in place for planning and

monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and 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 and consent

The practice carried out assessments and treatment in line with NICE (The National Institute for Health and Care Excellence) guidelines and had systems in place for staff to access to ensure all clinical staff were kept up to date.

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register.

The practice reviewed unplanned admissions of patients identified at risk of hospital admission. This work helped reduce the pressure on A&E departments by treating patients within the community instead of hospital. Care plans were in place for these patients.

Protecting and improving patient health

The practice had developed a number of initiatives to proactively engage patients to promote their health and well-being. We were provided with several examples of this:-

The practice had introduced a tailor made recall system in 2007 which won an award in 2011 for its innovation. The customised 'recall system' helped ensure patients attended appointments. The practice showed several examples of how this system had provided a very efficient process that benefited their patients' health and well-being. Staff discussed two examples where patients did not receive appointments from hospital for two weeks. The practice were able to chase up their appointments on their patients behalf. Staff were able to show examples of how their recall system picked up things that would have been missed otherwise.

Almost every aspect of patient management with the exception of medication reviews was dealt with using the clinical systems diary facility. Patients were pro-actively managed avoiding deterioration in their health outcomes for example: by reviewing their cholesterol, weight management and asthma management. Patients were seen holistically for various conditions in one appointment

and birthday reviews offered a 'One stop shop' approach optimising their appointments. The practice managed all recalls and did not close them off until the requested action and review had taken place unless the GP approved a change to the recall.

One example with the effectiveness of the recall system was in the use of their audit for the change of contraceptive implants in November 2015. The audit showed that 18 patients were reviewed. At least nine patients who were due a change of their implant had not made an appointment before the required date and had been prompted by the recall system with reminders issued to them. The practices recall system showed various examples as to how it had improved the quality, efficiency and effectiveness of patient care.

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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Palliative care patients were supported by the practice to choose where they wanted to be cared for including their wishes if needing support to be cared for in their own home.

Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Home visits were undertaken to housebound patients. Patient comments were very positive about the support and advice given to them when attending the warfarin clinic and the fact they had access to the clinic at the practice.

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-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Coordinating patient care

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 risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. Incoming mail such as hospital letters and test results were read by a clinician and then scanned onto



Are services effective?

(for example, treatment is effective)

patient notes by reception staff. One GP had taken on the role of summarising all patients' records to ensure they had the most up to date and accurate information relevant to each patient. Arrangements were in place to share information for patients who needed support out of hours.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. QOF results from 2014-2015 showed the results being 96.7% of the total number of points available with an exception score of 3.6%. 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. QOF information showed the practice was meeting its targets for health promotion and ill health prevention initiatives. QOF information showed the practice was meeting its targets for health promotion and ill health prevention initiatives. This practice was not an outlier for any QOF targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was higher than the national averages. For example, the percentage of patients with diabetes, on the register, who have had influenza immunisation. The Practice rate was 96.76% and the National rate was 93.46%.
- Performance for mental health related assessment and care was higher than the national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months. The Practice rate was 88% and the National rate was 83.82%.

All GPs and nursing staff had access to a variety of clinical audits carried out at the practice including those carried out by the CCG pharmaceutical advisor. One GP over the years had published research in many peer reviewed journals. They had also collected data over the last 20 years and carried out a yearly audit on patient deaths. They encouraged the practice to reflect each year on all deaths to look at any factors that could have

been preventable or reflect on the care that had been given. Whilst no areas of concern were identified within the audits the staff had put a lot of work in to help reflect and mitigate any risks. The data collated looked at any preventable factors for the death e.g. smoking, alcohol and helped increase awareness amongst GPs in health promotion and increased awareness of looking into the background of patients problems. The GP was due to present the data and research for publication this year.

A recent audit of 'vitamin D' levels in patients showed a very high rate of deficiency. This audit was done by a GP registrar and they had noted that no one else had published these rates and there was no national policy in regard to what constituted low levels and what GPs should do about these levels. The audit was published as a letter in the BJGP (British Journal of General Practice) to help increase awareness. The practice had discussed the evidence and their plans in response to the audit findings.

During the weekly clinical meetings one GP would present anything new or interesting e.g. from a journal. This was also one of the ways the GPs kept up to date by sharing information and GPs feedback on any meetings they had attended that they thought might be helpful for others.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff had access to appropriate training to meet their learning needs and were happy with the training on offer. All of the administration team had achieved an NVQ (National Vocational Qualification) training certificate. Staff had received training that included safeguarding, fire procedures, basic life support, infection control and the Mental Capacity Act. Staff felt well supported and there was good evidence that staff development was clearly managed.



Are services effective? (for example, treatment is effective)

- In 2014-2015 the practice won an award called a 'GOLD Quality Placement Award.' This was for mentoring and teaching undergraduate medical students from a local university and was based on undergraduate feedback regarding the quality of their placement and teaching.
- All GPs were up to date with their yearly appraisals. (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 GP continue to practise and remain on the performers list with NHS England.) There were annual appraisal systems in place for all other members of staff.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients. Curtains were provided in consulting rooms and treatment room doors were closed during consultations so that patients' privacy and dignity was maintained during examinations and consultations.

From 48 patient comments received, all patients indicated that they found the staff helpful, caring and polite and they described their care as very good. Staff showed caring behaviours in going the extra mile for their patients. For example staff had on occasions visited the local hospice to pick up specialist equipment to improve the comfort and care for their patients. Staff described various ways they had each supported patients who they were aware of who needed their support. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Some staff had worked at the practice for many years and knew their patients well. We also spoke with five 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.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices 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 also a carer. There was a carer's register and they had identified 143 patients who were carers. The practice had developed a notice board for carers with lots of information and supportive contacts such as local carers groups. When somebody was identified at registration or picked up by staff that the patient was a carer they were given a pack which included a leaflet with (CCG Support) and "Information to Carers."

The practice showed various examples of how they engaged with their local community and worked with them on occasions to help improve the local area. For example in previous years they had tried to support the local community groups by backing them to get a local bus route

reinstated. They attended meetings and wrote to the relevant departments to help support patients requests. The staff also wrote on behalf of patients that requested their support with housing needs and wrote on their behalf to the local council offices.

The practice staff organised a number of community initiatives. Previously they held a fundraising day for MacMillan cancer research and invited their patients and staff to help with the fundraiser. They had organised a coffee day for December 2015 for their patients and invited various groups to come and meet their patients during the event to help raise money for their local hospice. Organisations such as the falls risk team and the memory clinic staff were invited and due to attend to help raise awareness amongst their patients and the community in regard to the support and services they could offer them.

Results from the national GP patient survey showed patients were happy with how they were treated. Patient comments made throughout our inspection aligned with the positive results of this survey. The practice was above average for some of its satisfaction scores. For example:

- 99% of respondents said they had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 95.9% and a National average of 95.2%.
- 95.8% say the last GP they saw or spoke to was good at treating them with care and concern compared with the CCG average of 86.2% and a National average of 85.1%.
- 96.8% of respondents say the last GP they saw or spoke to was at giving them enough time compared with the CCG average of 89.2% and a National average of 86.6%.
- 92.8% find the receptionists at this surgery helpful compared with the CCG average of 85.8% and a National average of 86.8%.
- 92.2% describe their overall experience of this surgery as good compared with the CCG average of 84.2% and a National average of 84.8%.

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 and had sufficient time during

Are services caring?

consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 97.8% of respondents said the last GP they saw or spoke to was good at listening to them compared with the CCG average of 89.3% and a National average of 88.6%.
- 90% say the last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 83.1% and a National average of 81.4%.
- 96.1% say the last GP they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 86.5% and a National average of 86.0%.
- 62.4% with a preferred GP usually get to see or speak to that GP compared with the CCG average of 59% and a National average of 60.0%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. The practice offered a range of enhanced services such as dementia assessments, avoiding unplanned admissions to hospital and providing tests for patients at the practice to avoid delays in care and hospital appointments.

The practice staff were innovative in their vision to develop ways to meet their patients' needs. They encouraged patients with long-term conditions to be more involved in self-management of their health, with suitable support from health care professionals.

There was an active Patient Participation Group (PPG) which met on a regular basis and submitted proposals for improvements to the practice management team. Records and a discussion with staff and PPG representatives showed that the practice had responded to patient feedback by making changes to the operation of the practice and facilities provided. For example they had reviewed the reception area which was open plan to try and support patient's confidentiality, they roped off the waiting area immediately in front of the reception window to allow patients privacy and the phone was taken away from the front desk to help with patient confidentiality. They were aware of the need for further review of some patient's comments in regard to accessing phones at the practice and access to appointments. Representatives from the PPG told us they felt listened to and involved in the operation of the practice. As a result of PPG comments more staff were allocated to managing the phones in the mornings.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Home visits were available for elderly and housebound patients. This included home visits to undertake long term condition reviews and vaccinations.
- The practice had strategies in place to identify long term conditions early and therefore improve patient care.
- Extended hours services were provided one day a week each Monday evening up until 7.30pm.

- Urgent access appointments were available for children and those with serious medical conditions.
- The building was purpose built and had disabled facilities with electronic opening entrance doors, a dropped kerb in the car park, car parking designated spaces, disabled toilets and evacuation chairs.
- Staff had identified patients with diverse needs and would email patients who had hearing impairments to help assist with communicating information about the practice.
- Translation services were available. The practice had access to Language Line and Google translate.
- The practice had various notice boards including carer's information, PPG updates, health promotion material and sign posting contact details for lots of organisations.
- The GPs had access to their local food bank and could make referrals for their patients
- GPs would refer patients in need to the local women's centre called 'Chrysalis' which helped women with domestic violence or other issues.
- The staff had installed a computer and keyboard in reception for patients to access the website.
- The practice had onsite access to assessments with (IAPT) Improving Access to Psychological Therapies. They also promoted 'Positive Mental training' with access to audio downloads and CDs to offer self-help programmes for stress, depression and anxiety and for building confidence, coping and wellbeing.

Access to the service

The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice. One day a week they offered extended opening times providing flexibility to meet their patient needs. They had one GP, a registrar GP and nurse with appointments until 7.30pm. They also offered telephone slots in the evening on a Monday for workers. The duty doctor system reviewed if an urgent appointment was needed and the doctor would triage and offer an appointment the same day if clinically needed. The appointment system was responsive to their patient's

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

needs, e.g. they had developed specific guidance for reception staff to help triage urgent needs and used detailed protocols to make sure patient received timely appointments.

Results from the national GP patient survey published July 2015 (based on data from July 2014 – March 2015) showed patient's satisfaction. For example:

- 83% find it easy to get through to this surgery by phone compared to the CCG average of 68.2% and National average of 73.3%.
- 93.9% say the last appointment they got was convenient compared to the CCG average of 92.4% and National average of 91.8%.
- 79% describe their experience of making an appointment as good compared to the CCG average of 70.6% and National average of 73.3%.
- 73.4% feel they don't normally have to wait too long to be seen compared to the CCG average of 60.2% and National average of 57.7%.
- 77.7% say the GP surgery currently opens at times that are convenient compared to the CCG average of 73.4% and National average of 73.8%.

- During our inspection, positive comments were made by patients and representatives of the PPG about improvements in accessing appointments and in getting through to the practice staff, although there were still some comments from a couple of patients regarding accessing appointments with their doctor of choice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in reception. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. We looked at a sample of complaints made over the last 12 months and found they had been handled satisfactorily and dealt with in a timely way. Complaints were discussed at staff meetings so that any learning points could be cascaded to the team.

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

Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. The practice had a mission statement that set out a clear vision to patients to deliver high quality care and laid out what they could expect such as:

‘We promise to treat everyone as an individual, with no discrimination of race, gender, social class, religion, sexual orientation or appearance’; ‘Our patients will be treated as people, not just a medical condition or disability’ and ‘We plan care which emphasises the patient’s needs, respects their dignity and their right to strict confidentiality and that care will be delivered to the highest standard.’ Positive comments shared by patients reflected the visions set out by the practice and a theme raised by several patients was that they liked the approach and respect given by staff at the practice and they felt that they were always treated as an equal.

Governance arrangements

There was a clinical governance policy in place. Staff told us they felt well supported by management and confident that they could raise any concerns. Policies were updated and accessible to everyone. Staff we spoke with were aware of how to access the policies and any relevant guidance to their role.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions. A system of reporting incidents without fear of recrimination and learning from outcomes of analysis of incidents actively took place.
- A system of continuous clinical audit cycles which demonstrated an improvement on patients’ welfare.
- Clear methods of communication that involved the staff team and other healthcare professionals to disseminate best practice guidelines and other information via clinical meetings, PPG meetings and with members of the multi-disciplinary teams.

- Proactively engaging patients in the delivery of the service.
- The GPs and all other clinicians were supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, effective 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.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and they all felt respected and listened to. Regular team meetings took place and minutes showed that open communication was encouraged amongst the whole staff team. The clinical staff met every week to discuss clinical issues although they were not always minuted. Once a month there was a whole team meeting where feedback was given in regard to incidents, practice business and any other information.

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 an active PPG which met regularly throughout the year and engaged with the practice staff to raise proposals for improvements to the practice. The practice had also gathered feedback from staff through regular staff meetings and informally as required. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff felt well respected and told us that every staff member was listened to and encouraged to speak up in regard to any topic or suggestion that they wanted to raise. The practice manager operated an open door policy and was accessible to all staff.

Are services well-led?

Good 

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

Management lead through learning and improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. We looked at a sample of staff files and saw that regular appraisals took place. Staff had access to a programme of induction, training and development. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles.

The practice team was forward thinking and had introduced several initiatives to improve outcomes for

patients. For example, the practice staff continued in reviewing their recall system. They felt the system helped them to continue to provide an efficient and robust method to ensure patients' needs and health care were safely managed.

One GP was very proactive in their development of research and had collated an extensive amount of data in regard to their audit covering patient deaths. The data collated looked at any preventable factors for their death e.g. smoking, alcohol and helped increase awareness amongst GPs in health promotion and of looking into the background of patients problems. The GP was due to present their data and research for publication this year.