Staffa Health

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Staffa Health on 17 September 2015. Staffa Health provides services from a main surgery at Tibshelf and three branch surgeries at Pilsley, Stonebroom and Holmewood. Overall the practice is rated as outstanding.

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

- The practice had robust arrangements in place to deal with information about safety. Staff were aware of their responsibilities to report incidents and concerns and knew how to do this. Information about safety was thoroughly documented and monitored. The practice had systems in place to maximise learning from significant events and incidents.
- Risks to patients were assessed and well managed across the four practice sites. Staff could access information about health and safety online or via the staff health and safety noticeboard.
- The practice demonstrated the use of best practice guidance to assess patients' needs and plan their care. Staff had received relevant role specific training and further training needs were identified through an appraisal system and a training needs analysis.
- Feedback from patients was positive about the practice. Patients told us they were treated with dignity and respect and supported to make decisions about their care and treatment.
- The practice had developed clear and accessible processes to encourage patient feedback. Information on changes made as a result of patient feedback was shared with patients on noticeboards in the waiting area. The practice encouraged feedback from patients.
- Feedback from patients demonstrated that there was good access to the practice. Pre-booked appointments were available up to five weeks in advance with urgent appointments available on the same day. Patients could access appointments at any of the four sites.
- The practice had good facilities and was well equipped to meet the needs of patients.

Summary of findings

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

We saw several areas of outstanding practice:

- In response to high rates of emergency admissions linked to falls, the practice had introduced the Otago Falls Prevention programme. This had a positive impact on the practice patients and we saw evidence to demonstrate a decrease in the number of falls related admissions to hospital.
- The practice employed a care coordinator and a health needs support worker to ensure that multidisciplinary care their patients received was integrated and well-coordinated. This ensured an effective link between health services, social care services and the voluntary sector.
- The practice continuously improved the way it delivered services by proactively identifying learning from a range of sources. Sources included patient feedback, complaints, significant events and a rolling programme of audit.
- The practice ensured learning from significant events and complaints was maximised and shared with all staff. The practice had introduced a quarterly lessons learned newsletter for staff.
- The practice had a clear vision which was shared with staff and patients; we saw that this vision was reflected in the practice's plans for the future and was central to the care provided to patients.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. The practice had robust systems in place to manage information about safety. Staff were aware of, and fulfilled, their responsibilities to raise concerns and report incidents and near misses. The practice ensured that learning was identified and shared with staff. To ensure that opportunities for sharing learning were maximised the practice had introduced a lessons learned newsletter which was circulated to all staff. For example the newsletter shared learning with staff regarding a significant event involving a vaccination. The newsletter highlighted a new practice protocol in respect of this issue.

The practice had systems and processes in place to deal with emergencies and had a robust business continuity plan.

Risks to patients and staff were assessed and very well managed. A comprehensive range of information about health and safety was easily accessible to staff.

Are services effective?

Good

The practice is rated as good for providing effective services. Information we reviewed showed that outcomes for patients were in line with the locality. Staff had access to local and national guidelines and used these routinely to plan and deliver patient care.

Staff had received relevant role specific training and further training was planned as required. The practice undertook an annual training needs survey in addition to staff appraisals.

We saw evidence of effective multidisciplinary working with external organisations. For example, the practice employed a care coordinator who worked within a wider community support team to ensure their patients had the appropriate care in place following discharge from hospital.

We saw evidence that the practice was using clinical audit to drive improvements. For example, the practice had audited the prescribing of anticoagulants to patients diagnosed with atrial fibrillation.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. For example, 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

Summary of findings

Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

The practice provided a wide range of information about services which was easy to understand and accessible. We observed that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services. We saw that the practice had reviewed the needs of its population and initiated positive service improvements that were over and above its contractual obligations. This included the implementation of an exercise programme to prevent falls in older people which had resulted in a demonstrable reduction in admissions to hospital following falls.

The practice employed a health needs support worker and a care coordinator to improve the integration of care received by their patients.

It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). For example the PPG has suggested improvements to the chairs in the waiting area which the practice had acted upon.

Patients told us it was generally easy to get an appointment with a GP of choice; there was continuity of care and urgent appointments available on the same day. Patients could access appointments at any of the four branches of the practice.

Information about how to complain and provide feedback was widely available and well publicised. The practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. Changes made as a result of feedback were shared with patients via posters in the waiting area.

Are services well-led?

Outstanding

The practice is rated as outstanding 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 and the partners.

The practice had policies and procedures to govern activity and had a rolling programme of meetings to ensure their clinical governance requirements were met. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and engaged externally with other PPGs within the locality.

Summary of findings

Staff had received comprehensive inductions, regular performance reviews and attended staff meetings and events. Staff were encouraged to make suggestions for improvements within the practice, including how the practice could deliver improved patient care.

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

Outstanding ☆

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. For example 79.2% of patients with rheumatoid arthritis had received a face to face review in the last 12 months. 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. It was responsive to the needs of older people, and offered home visits through a duty doctor system and rapid access appointments for those with enhanced needs.

The practice had dedicated nurse clinicians who provided structured care to local care homes to reduce the need for requests for urgent visits. The practice employed a health needs support worker to assist with the integration of care for elderly patients and those with multiple conditions who also faced social issues.

The practice provided a local falls prevention programme for older people identified as being at risk of falling. The service was provided by their own staff and had achieved good outcomes in reducing the number of admissions to hospital as a result of a fall.

People with long term conditions

Outstanding ☆

The practice is rated as outstanding 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. The practice was moving towards a system of integrated 'one stop' appointments for patients with multiple long term conditions and was adopting a care planning approach.

The practice had additional expertise in diabetes and one the GPs was a CCG lead in this area. The practice was one of the early providers of insulin initiation in primary care.

For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice employed a care co-ordinator who was a member of a wider community support team. The team met weekly to discuss patients who had been discharged from hospital or were at risk of admission.

Summary of findings

Families, children and young people

Outstanding

The practice is rated as outstanding for the care of families, children and young people. There were systems in place to identify and follow up children at risk, for example, children and young people who had a high number of A&E attendances. Staff were able to give examples of how they liaised with the health visiting team if they had concerns about a child. The practice held quarterly reviews of safeguarding issues

Immunisation rates were relatively high for all standard childhood immunisations and in line with rates across the CCG. The practice had mechanisms in place to follow up on children who did not attend for immunisations.

Appointments were available outside of school hours. The practice had aspirations to reintroduce a 'drop-in' clinic for teenagers at a nearby school. This had produced good outcomes but closed when the school relocated to new premises.

Working age people (including those recently retired and students)

Outstanding

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

The practice offered extended hours surgeries until 8.00pm two evenings per week in addition to opening on Saturday mornings from 7.00am until 12.00pm. A healthcare assistant was available on Saturday mornings to enable patients to access health checks.

The practice had a comprehensive website and patients could make prescription requests and book appointments online.

The practice was proactive in offering health promotion and screening clinics that reflected the needs of this population group. The practice hosted a number of services to benefit the needs of this population group including a wellbeing worker and weight management services.

People whose circumstances may make them vulnerable

Outstanding

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

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice employed a care coordinator to ensure that the needs of vulnerable patients were well managed in the community. The care coordinator and health needs support worker signposted patients to appropriate services in the community.

Summary of findings

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours

People experiencing poor mental health (including people with dementia)

Outstanding 

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multidisciplinary teams in the management of people experiencing poor mental health, including those with dementia. It carried out advanced care planning for patients with dementia. The practice hosted services to facilitate the needs of patients within this population group. For example the practice hosted talking therapy and a clinical psychiatrist used rooms within the practice to see practice patients.

Practice staff had recently undergone Dementia Awareness Training.

The practice had told patients experiencing poor mental health about how to access appropriate 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.

Summary of findings

What people who use the service say

We looked at the results of the national patient survey from July 2015. Questionnaires were sent to 278 patients and 104 people responded. This was a 37% response rate. The practice performed well when compared with others in the CCG respect of the following areas;

- 88% of respondents found it easy to get through to this surgery by phone compared with a CCG of 70% and a national average of 73%
- 76% of respondents usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%
- 88% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%

The survey identified areas where the practice could improve performance. However, performance in these areas was still in line with local and national averages;

- 88% of respondents said the last nurse they saw or spoke to was good at listening to them compared with a CCG average of 92% and a national average of 91%
- 69% of respondents were satisfied with the practice's opening hours compared with a CCG average of 71% and a national average of 75%
- 91% of respondents said the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 93% and a national average of 92%

We reviewed comments from NHS Choices. The rating for the practice across fours sites was 3.75 stars out of a possible five. There were 12 reviews left across the four practice sites in the last 12 months and these reviews were mixed.

We spoke with eight patients and two members of the patient participation group (PPG) during our inspection. Patients we spoke with were generally positive about the practice. They told us they found the practice clean and tidy and did not feel rushed during appointments. Patients told us they were treated with dignity and respect.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 128 comment cards. Feedback on the comment cards was overwhelmingly positive about the practice. Patients highlighted that staff were kind, helpful and polite and treated them in a caring manner. We received five comment cards which had mixed feedback about the practice. Three comment cards contained references to difficulties in accessing appointments and two cards contained negative feedback about treatment from medical staff.

Outstanding practice

- In response to high rates of emergency admissions linked to falls, the practice had introduced the Otago Falls Prevention programme. This had a positive impact on the practice patients and we saw evidence to demonstrate a decrease in the number of falls related admissions to hospital.
- The practice employed a care coordinator and a health needs support worker to ensure that multidisciplinary care their patients received was integrated and well-coordinated. This ensured an effective link between health services, social care services and the voluntary sector.
- The practice continuously improved the way it delivered services by proactively identifying learning from a range of sources. Sources included patient feedback, complaints, significant events and a rolling programme of audit.
- The practice ensured learning from significant events and complaints was maximised and shared with all staff. The practice had introduced a quarterly lessons learned newsletter for staff.

Summary of findings

- The practice had a clear vision which was shared with staff and patients; we saw that this vision was reflected in the practice's plans for the future and was central to the care provided to patients.

Staffa Health

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor a second CQC inspector, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Staffa Health

Staffa Health provides primary medical services to approximately 15879 patients through a personal medical services contract (PMS). Services are provided to patients from four sites. The practice operates from a main surgery at Tibshelf and has branch surgeries at Holmewood, Stonebroom and Pilsley.

The level of deprivation within the practice population is similar to the national average. Income deprivation affecting children and older people is below the national average.

The medical team is comprised of seven GP partners and three salaried GPs. The practice is an accredited training practice and at the time of the inspection the practice had four GP registrars and three F2 doctors working within the practice. (F2 doctors are qualified doctors with one year postgraduate experience) The practice employs a nurse manager, two nurse clinicians, eight practice nurses, two healthcare assistants and a phlebotomist.

The clinical team is supported by a full time practice manager, a finance officer, a care co-ordinator, four team leaders (one based at each site) and reception and administration staff.

The main practice site opens from 8.00am to 6.30pm on Monday, Wednesday and Friday, from 8.00am to 8.00pm on Tuesday and Thursday and from 7.00am to 12.00pm on Saturday. Patients can access appointments at any branch of the practice.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU).

Why we carried out this inspection

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

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.

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?

Detailed findings

- 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)

Before our inspection, 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 inspection on 17 September 2015. During the inspection we spoke with a range of staff (including GPs, nursing staff, the practice manager and reception and administrative staff) and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had a robust system in place for the reporting and recording of significant events. Staff we spoke with were aware of the procedure for raising a significant event using the template available on the practice's computer system. Staff told us they would also inform management of any incidents. We saw evidence that the practice considered a range of clinical and non-clinical events through their significant event reporting process. Appropriate complaints were also reviewed as significant events. The practice undertook analysis of significant events and complaints on a quarterly basis to detect themes or trends.

We reviewed records of significant events and complaints and minutes of meetings where these were discussed. The practice demonstrated an open and transparent approach to their investigation of incidents and events. We saw that learning was identified and shared to ensure that action was taken to improve safety within the practice. For example the practice had changed their procedures following an incident whereby a patient was administered a shingles vaccine when this was contraindicated. The practice had recently introduced a newsletter for all staff to share lessons learned which was circulated quarterly. The newsletter included learning from significant events and complaints as well a summary of a clinical case review and recently released guidelines.

Information from a range of sources was used to monitor safety, including Medicines Healthcare Products Regulatory Agency (MHRA) alerts. The practice had systems in place to ensure that information received such as patient safety alerts and medicines alerts were shared with relevant members of staff. The practice logged alerts received on a spreadsheet and recorded action taken.

Overview of safety systems and processes

The practice demonstrated clear and robust systems for the management of safety within the practice which kept patients and others safe. These included:

- Staff were aware of arrangements in place to safeguard children and vulnerable adults and knew where to access the relevant policies and procedures to support them in their roles in this area. Staff demonstrated that they understood their responsibilities and had received training at a level relevant for their role. The practice's policies and procedures reflected relevant legislation as well as local requirements. There was a GP partner as the lead for safeguarding and staff we spoke with were aware of whom the lead was. GPs attended safeguarding meetings if possible and provided reports as required for external agencies.
- Notices were displayed in the waiting room and consultation rooms to advise patients that staff could act as chaperones if required. All staff who acted as chaperones had received training and had a disclosure and barring check (DBS). (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).
- Effective procedures were in place for identifying, assessing and managing risks to patient and staff safety. The practice had a health and safety policy which was available to all staff on the practice computer system. In addition to this, there was a health and safety noticeboard within a staff area of the practice. Electrical equipment had been checked to ensure that it was safe to use and records showed that clinical equipment had been checked to ensure if was working properly. The practice had a range of risk assessments in place to monitor health and safety on an ongoing basis including areas such as fire and legionella. We saw that the practice had undertaken risk assessments in response to a safety alert regarding the risk to children posed by loop cords on blinds and taken action to minimise risk.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The nurse manager was the infection control 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 areas of improvement identified.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice engaged with the CCG employed pharmacist and the

pharmacy team to undertake regular medication audits 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.

- Systems were in place to ensure recruitment checks were carried out and the six files we reviewed showed that appropriate checks had been undertaken prior to employment. For example files contained proof of identification, references, qualifications and registration with the appropriate professional body. We saw evidence that the appropriate checks through the Disclosure and Barring Service (DBS) had been undertaken by the practice. The practice had a procedure in place to ensure ongoing checks of professional registrations for staff where these were required.
- 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. All staff worked across the different practice sites and one GP acted as the duty doctor each day. Their role was primarily to undertake the home visits for all four sites and then help to deal with any remaining urgent patients. We saw evidence that the practice regularly reviewed staffing and made changes to meet demand.

Arrangements to deal with emergencies and major incidents

In the event of an emergency staff could use an alert function on the telephone system to summon help or assistance. 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. Staff knew where emergency medicines were located and these were stored securely. All the medicines we checked were in date and fit for use.

A comprehensive business continuity plan was in place to enable the practice to deal with major incidents such as power failure or a loss of water supply. The plan had been updated in 2015 and indicated that copies were held with all staff either in hard copy or electronically. The plan included emergency contact numbers for staff, other providers and suppliers.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Evidence based guidance and standards were used to assess patients and deliver treatment. Guidance included local commissioning guidelines and National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice ensured that clinical staff were kept up to date through a rolling programme of meetings and training sessions. Implementation of guidelines was monitored within the practice through check of records and a system of audits. For example the practice undertook audits in respect of soft tissue and joint injections which demonstrated that 97% of patients had experienced no side effects from the procedure.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

Data showed that the practice had achieved 95.4% of the total number of points available in 2014/2015 which was comparable to the CCG average of 95% and national average of 94.5%. The practice's exception reporting rate was 11.9% was similar to the CCG and national rates. (The exception reporting is based on the number of patients which are excluded by the practice when calculating their QOF achievement).

Practice performance in most areas was good. For example:

- Performance for asthma related indicators was 100% which was similar to the CCG average of 98.1% and the national average 97.4%.
- The practice had achieved 100% of points available for chronic obstructive pulmonary disease (COPD) related indicators which was above the CCG average of 97.3% and the national average of 96% (COPD is the name for a collection of lung diseases).
- The practice had achieved 100% of points available for rheumatoid arthritis related indicators which was above the CCG average of 97.9% and the national average of 95.4%.

The practice demonstrated that they were aware of areas for improvement and had improved performance in respect of diabetes and hypertension related indicators. For example, the practice had achieved 81.4% in 2013/14 for diabetes related indicators and this had increased to 87.2% in 2014/15.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been 12 clinical audits completed in the last two years. We reviewed two completed audits where the improvements made were implemented and monitored. For example the practice had undertaken an audit in respect of patients with atrial fibrillation and the prescribing of anticoagulant therapy. The objective of the audit was to ensure compliance with the area prescribing guidelines with a wider objective of reducing the incidence of stroke amongst patients with a diagnosis of atrial fibrillation. Re-audit showed improvements in the number of patients being prescribed anticoagulation therapy and a partial achievement of a reduced incidence of stroke.

The practice worked closely with a pharmacist who was based within the practice one day per week. The practice had an established relationship with the pharmacist and had applied for CCG funding with the pharmacist to enable them to undertake medication reviews and deal with prescribing queries. The pharmacist worked with the practice to implement cost saving measures and this had resulted in a saving for the practice. The pharmacist was well supported by the practice and attended meetings where possible. The practice demonstrated good performance in respect of prescribing, for example they prescribing rates for antibiotics were below the CCG average.

Information about patients' outcomes was used to make improvements such as the introduction of a falls prevention programme for patients. This was run and delivered by the practice and had achieved positive outcomes. The CCG were considering roll out of the service across the area.

Effective staffing

Discussions with staff and reviews of records demonstrated that staff had the skills, knowledge and experience to deliver effective care and treatment.

Good

Are services effective?

(for example, treatment is effective)

The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. Inductions were well planned and timetabled to cover all areas of the individual's role and the operation of the practice. Feedback from recently inducted staff was positive and demonstrated that they had received a clear and comprehensive induction which enabled them to feel supported in their role.

The practice used appraisals and meetings to identify the learning needs of staff. In addition to this the practice employed a training administrator who undertook an annual training needs analysis of staff to plan a programme of training. The training administrator had written bids to gain funding for training for the practice and had been successful in gaining funding for the past two years. Staff received ongoing support throughout the year through one-to-one meetings, coaching and mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.

Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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. Incoming correspondence was received by each site and was reviewed by a doctor on receipt prior to it being scanned. Any immediate action was taken as needed. Scanning and coding were undertaken separately unless the GP who received the correspondence had coded it at the time. The system in operation had meant that there was backlog of correspondence to be scanned and coded. The practice told us they were aware of issues with the system for managing incoming correspondence and had plans in place to change this.

Staff demonstrated close and effective working relationships with other health and social care services to ensure they understood and met the needs of patients and to plan ongoing care and treatment. The practice employed a care coordinator who organised the weekly community support team meetings which were attended by a GP, social worker, community matron and district nurses. The care coordinator reviewed discharges from hospital and worked to identify patients who were at high risk of admission to hospital. The community support team worked together to empower patients to become better at self-management of their conditions and to lower their risk of unplanned admissions to hospital.

Consent to care and treatment

Staff demonstrated knowledge of the consent and decision-making requirements relevant to their roles. This included an understanding of the legislation and guidance such as the Mental Capacity Act 2005. Mental capacity assessments were undertaken where these were required and outcome recorded. In respect of care and treatment provided to children, staff undertook assessments of capacity to consent to treatment in line with guidance and legislation. The practice monitored their process for seeking consent through audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice had systems in place to identify patients who may be in need of additional support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those who required diet and lifestyle advice. The practice had a health needs support worker who could signpost patients to relevant services. The practice also hosted a range of services on the premises which patients could access including a weight management service and a psychologist.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78% which was comparable to the CCG average of 77.5% and better than the national average of 74.3%. 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. We saw evidence that the practice reviews screening rates and discussed how they could improve screening rates further.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89.7% to 100% and five year olds from 94.6% to 99.5%.

The practice held regular flu clinics in the winter and was proactive in their promotion of these. Flu vaccination rates for the over 65s were 76.4% and at risk groups 61.9%. These were above the national averages of 73.2% and 52.3% respectively.

New patients registering with the practice were provided with a comprehensive registration pack which included a general health questionnaire, an alcohol questionnaire and a pregnancy questionnaire. Facilities for patients to check their weight and blood pressure were available in a screened off area of the waiting room. NHS health checks were offered for patients aged 40-74 and new patient registration health checks were offered where required.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During the inspection we observed that members of staff interacted with patients in a polite and friendly manner. Members of staff were courteous and helpful towards patients at the reception desk, on the telephones and around the practice.

Staff told us they would lock the door during sensitive examinations to ensure these were not interrupted. Curtains were provided in the treatment rooms to ensure that patients' privacy and dignity was maintained during examinations, investigations and treatments. 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.

The vast majority of the 128 completed CQC comment cards we received were extremely positive about the service experienced. Patients said they had no complaints about the service they received from the practice and that they were always treated with dignity and respect by the staff. We spoke with two members of the patient participation group on the day of our inspection. They told us they were very pleased with the care they received from the practice and felt their privacy and dignity was respected. Comment cards reflected positively on the compassionate care and support provided by the practice staff when this was required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was performing at a similar level to local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 89% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decisions about their care and treatment. Patients said issues were properly explained to them and they were offered the opportunity ask questions. This aligned with patient views expressed in completed comment cards.

Views expressed in comment cards and from patients we spoke with assured us that patients were listened to and were given sufficient time in consultations to consider information and options.

The national GP patient survey 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:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Information was displayed in the patient waiting area and in the patient handbook which told patients how they could access local and national support groups and organisations. The practice employed a health needs support worker who could signpost patients to relevant local support organisations.

The practice had a carers' policy and system in place to aid the identification of carers. The practice held a carers' register which enabled the practice to include details on

Good

Are services caring?

their computer system which identified individuals as carers. The practice had a named carers' champion who promoted carers' support within the practice. All carers were encouraged to have a flu vaccination annually.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card where appropriate. Contact was followed by a consultation or by giving advice on accessing support services.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice demonstrated that it had a strong track record over time of being responsive to the needs of its population. The practice had planned services to improve outcomes for patients in the area. For example the practice had introduced the Otago Falls Prevention Programme. (The Otago Falls Prevention Programme originated in New Zealand as a targeted exercise program for women aged 80 and over who were considered to be at high risk of falling). The practice considered the drivers to develop a local programme including data which demonstrated that the practice had a higher emergency falls rate per 1000 practice population and a higher percentage of falls to all emergency admissions than other practices in the CCG area. Participants were identified and invited to undertaken a 12 week exercise programme in the local village hall delivered by a qualified instructor (employed by the practice). A nurse clinician also carried out a medication review and health check. Individuals were also visited at home to identify any risk factors. Results showed that prior to undertaking the programme, 92% of participants had one or more fall in the previous two years. The practice audited a random sample of 38 patients in April 2015, all patients having completed the programme between three and 18 months previously. Since completion of the programme, 79% of the sample had not experienced a fall. Emergency falls rates and the percentage of falls to all emergency admissions had fallen to below the CCG average. The CCG were considering rolling this programme out across the CCG area. The practice informed us that they have been invited to be a member of Frailty Steering Group and that evidence collected from their work in this area will be fed into the group to assist in the development of a comprehensive falls pathway. In addition to the reduction in falls the practice told us the programme increased wellbeing through providing social contact for an isolated population.

The practice employed a health needs support worker to facilitate the coordination of patient care and ensure that patients were signposted to other services as necessary. The service provided a link between the practice and other agencies such as social services, occupational therapy and voluntary organisations. The health needs support worker undertook around eight to ten home visits per week and handled around 18-20 new referrals each month. Home visits were undertaken jointly with other professionals where this was required. For example the health needs support worker had visited a patient at home along with a health visitor due to previous child safeguarding concerns.

In addition to employing a health needs support worker, the practice employed a full time care coordinator. The role of the care coordinator was to coordinate the care provided to patients by the wider community support team. On average, the community support team had between 60 and 70 patients under their care. The care coordinator acted as the first point of contacts for all of the patients on the register or for their carers. The practice provided a dedicated telephone line to enable direct contact with the care coordinator.

We saw that the practice planned and delivered services to take into account the needs of different patient groups. This ensured that patients were offered a flexible service in addition to having choice and continuity of care. Examples of this included:

- Patients could access appointments at any of the practice's four sites
- Appointments were offered from 8.00 each weekday morning and two evenings per week until 8.00pm. Pre-booked appointments were available on Saturday mornings between 7.00am and 12.00pm.
- Urgent appointments were available on the same day and home visits were undertaken by the duty doctor as required.
- There were disabled facilities available, a hearing loop and translation services could be accessed by practice staff if required. The practice had commissioned an Equality and Human Rights Project Manager to undertake an accessibility review of all practice premises to ensure these were suitable.
- A nurse-led minor injuries service was provided for patients who did not require the full services of an A&E department.
- The practice had dedicated nurse clinicians who provided structured care to local care homes to reduce the need for requests for urgent visits.
- Appointments with the healthcare assistant for health checks were available on Saturday mornings to facilitate

access for working patients. Evidence showed that the practice offered seven appointments each Saturday morning. For example 26 patients had received health checks in a period of four weeks.
- The practice was working to reintroduce a 'drop-in' service for teenagers. This has previously been provided with good outcomes but had closed when the neighbouring school relocated.
- Staff had undergone dementia awareness training.

The practice was committed to providing an integrated service for its patients and worked closely with external colleagues across health and social care. The practice employed a care coordinator who was part of the wider community support team. The team facilitated care across health and social care and its aim was to avoid unnecessary admissions to hospital.

The practice hosted a range of services to benefit its patients:

- Allied health professionals including; physiotherapists, speech and language therapists, psychologists and a weight management service.
- Citizens Advice Bureau
- Continence clinic
- Talking therapies

Access to the service

The practice was open between 8.00am and 6.30pm each weekday. The practice offered extended hours until 8.00pm on Tuesday and Thursday evenings. Appointments with doctors started at 8.30am for GPs and were offered until 5.50pm or 7.50pm according to the day of the week. In addition to this pre-booked appointments were available on Saturday mornings from 7.00am until 12.00pm.

Patients could access appointments at any of the four practice sites and we saw evidence that access to the service was regularly monitored through audits. The majority of clinical staff worked at more than one practice site and staff could speak to reception to find out which doctor was available in which location. Pre-booked appointments could be booked up to five weeks in advance. Urgent appointments were available on the day with more slots available in line with demand. The practice had systems in place to ensure that when each clinician's individual urgent appointments had been filled, all remaining urgent requests went onto one shared list which was shared out and assessed via triage to determine care required and where patients could travel.

All requests for home visits were handled by one call handler across all four sites. The home visits were undertaken by the duty doctor who used an electronic tablet device to enable access to clinical information whilst off-site.

The National GP Patient Survey showed patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%
- 88% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 72% of patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 76% of 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 robust system in place for handling complaints and concerns. The practice's complaints policy was in line with contractual obligations for GPs in England and procedures were in line with recognised guidance. There was a designated person within the practice responsible for handling complaints.

The practice had a wide range of information available to enable patients to access the complaints systems. This included posters, leaflets, information on the practice website in addition to information in the practice handbook.

The practice complaints leaflet detailed the complaints procedure and provided details of services who could support individuals in making their complaints. The leaflet also contained a tear-off form for patients to complete if they wished to highlight any compliments, comments, concerns or complaints.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

We looked at 32 complaints received in the last 12 months and found that the practice had responded to complaints in a robust and timely manner. The practice demonstrated openness in responding to complaints. The practice also displayed a 'We're listening' poster in the waiting area which informed patients about changes made.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example the practice had recently introduced a 'Lessons Learned newsletter' which was shared with all staff. This identified leaning from complaints including a change to policy following the loss of medical forms. Staff told us that the circulation of the newsletter helped to ensure that they were all aware of learning.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's philosophy and principles were shared with patients via the practice's website and outlined within the patient handbook. The patient handbook was issued to all new patients when registering with the practice and copies were available in the reception area. The principles stated that the practice aimed to give patients the advice and information needed to achieve and maintain better health; and the best healthcare possible using the resources available. Staff we spoke with were aware of the vision and values of the practice and were engaged with these. We saw evidence that the practice delivered care and treatment in line with their principles and philosophy.

The practice manager had developed a robust work plan for the practice which identified areas for development within the practice. The practice held monthly senior management team meetings and regular development meetings to monitor progress and develop plans for the future.

Governance arrangements

The practice had a clear system of governance in place which effectively supported staff to deliver quality care and treatment and to improve systems and processes.

Robust structures and procedures were in place within the practice to meet their clinical governance requirements and these included:

- A clear management and staffing structure with clinical staff having lead roles in specific areas. The practice shared information with patients about the lead roles allocated to clinical staff in the patient handbook and on the practice website. All staff were aware of their roles and responsibilities.
- Each branch had a team leader responsible for day to day operational management of the site and line management of administrative staff. Team leaders reported to the practice manager and we saw effective systems of communication were in place.
- The practice had a comprehensive range of practice specific policies which were available to all staff electronically and supported them in their roles.
- The practice had a detailed understanding of their performance as a practice. Evidence indicated that the practice reviewed their performance regularly through a rolling programme of meetings, including performance monitoring meetings and senior management meetings.
- In addition to monitoring performance through meetings, the practice had a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions which ensured that patients and staff were kept safe. A member of the administration team assisted with the management of health and safety.

Leadership, openness and transparency

We saw the partners, associate GPs and the practice manager had the experience, skills, capacity and capability to run the practice and ensure high quality care. GPs had special interests and additional qualifications in a wide range of areas. The practice focussed on providing care that was safe, high quality and compassionate.

GPs and management were visible within the practice and staff told us they were approachable and had an open door policy. The practice encouraged a culture of openness and transparency and all members of staff said they felt listened to by senior staff. There was a low turnover of staff within the practice and staff were supported to develop and progress in their roles.

We saw evidence that a number of practice staff had lead roles external to the practice. For example, one of the partners was a member of the governing body board of the CCG. The practice worked effectively with the CCG to respond to patient need. For example, the practice were involved in the roll out of a new initiative around 'wellness planning' focussed at maintaining and promoting patient health.

The practice was open and transparent about areas of challenge. For example, the practice identified that it was a challenge to maintain a full service over four sites in

Are services well-led?

Outstanding ☆

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

respect of managing patient expectations and communication. The practice also identified that car parking was an issue at their main site but had been looking at solutions to ease this.

We saw that that the practice had regular meetings for all staffing groups and staff told us they had the opportunity to raise issues at meetings. Staff said they were respected and listened to and that suggestions they made were valued by the practice. The practice was planning an away day for staff to determine a new vision set of values.

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. For example the practice had posters and leaflets in the waiting area which encouraged patient feedback in person, via telephone or online. In addition the practice handed out cards to patients to encourage them to leave reviews about them on the NHS choices website. The practice had posters displayed in the waiting area which told patients about the feedback they had received and what action they had taken.

The practice had an active patient participation group (PPG) which undertook patient surveys and submitted proposals for improvements to the practice management. The PPG met every two months and meetings were always attended by the practice manager. GPs attended meetings when invited to discuss items with the group as required. The PPG has been involved in changes to the seating the reception area following patient feedback. This involved the provision of chairs which were higher. The PPG were represented on the interview panel for the appointment of the practice manager and published regular information for patients about their work. The practice shared themes and trends it received from patient feedback with the PPG to seek solutions to issues.

The practice sought to gather feedback from staff through meetings, appraisals and discussions. Staff said they felt comfortable in giving feedback and would not hesitate to discuss concerns or issues. Staff felt engaged with the practice and had the opportunity to make suggestions about how it was run.

Innovation

We saw that there was a strong and well established focus on learning and improvement at all levels within the practice.

The practice was involved a number of areas of innovation. For example:

- The practice was a pilot site of the Virtual Ward/ Community Support Team to improve integration of health and social care services
- The practice introduced the Otago Falls Prevention Programme following identification of higher rates of admissions from falls amongst its practice population
- The practice had plans for involvement in a number of new initiatives including the British Heart Foundation's House of Care pilot, Wellness Plans and the Map of Medicine.

The practice was an accredited training practice and feedback from trainees we spoke to was extremely positive. Staff said they felt well supported and that they had received comprehensive inductions into the practice. The aligned with views expressed by other members of staff which demonstrated that the practice had a strong commitment to learning and development.