Billinge Medical Practice

Quality Report

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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Billinge Medical Practice on 25 May 2016. Overall the practice is rated as 'Good.'

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

- There was an open and transparent approach to reporting and recording significant events.
- Safeguarding processes were in place and followed by staff.
- Risks to patients were assessed and well managed, apart from those relating to the premises. The practice did not have an electrical installation certificate to show safe management of the building.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and complaint records showed good responses to formal complaints. However the policy was kept at reception and some concerns from patients on NHS choices had not been reviewed.
- Patients were happy with improvements at the practice although some patients commented that trying to get through to the practice by phone was difficult and that they found this frustrating.
- Some patients said they found difficulties accessing appointments but the majority were happy with improvements being made. Urgent appointments were available the same day.
- The practice had appropriate facilities and was equipped to treat patients and meet their needs. The branch surgery needed improvements to the environment including the need of a disabled access toilet. The buildings was clean and tidy.
- There was a clear leadership structure and staff felt supported by management. The practice acted positively in response to feedback from patients and staff.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider MUST make improvements are:

- The registered person did not have a robust system for identifying, assessing and managing risks associated with the building. They did not provide evidence of an up to date electrical certificate for the premises to show the building was fit for purpose and safe for patient and staff use.

The areas where the provider should make improvements are:

- They should review access and availability of the complaints procedure.
- A risk assessment should be undertaken to ensure that all reasonable adjustments have been made to the practice for disabled people when accessing services.
- They should update patient information including accessing open hours at the practice and branch surgery.
- The provider should ensure that a detailed planned preventative maintenance and refurbishment plan is put into place which covers both the main practice site and their branch surgery.

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?

Requires improvement

The practice is rated as requiring improvement for providing safe services. There was an effective system in place for reporting and recording significant events. When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice had defined processes and practices in place to keep patients safe and safeguarded from abuse. Infection control procedures were well managed. They had an action plan detailing what improvements were needed within the current environment but this did not include the practice branch surgery. The practice did not have an electrical installation certificate to show safe management of the building.

Are services effective?

Good

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages. Some staff were unaware of the exception reporting within the practice and some exception reports were higher than local CCG and national averages. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for staff. Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand however some aspects needed updating such as advertising accurate access to opening times. We saw staff treated patients with kindness and respect, and maintained patient information and confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Practice staff reviewed the needs of its local population. Some patients noted improvements to the practice and said they were able to make an appointment with a named GP with urgent

Summary of findings

appointments available the same day. However other patients felt they had difficulties accessing the practice via phone and in getting appointments when they wanted them. The practice had adequate facilities in its main building but the branch surgery would benefit from refurbishment. Information about how to complain was available and patients received clear detailed responses to any concerns they had raised.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a vision to deliver good quality care and promote good outcomes for patients. Staff were clear about their responsibilities in putting their patients first. There was a governance framework which supported the delivery of good quality care. The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents. This information was shared with staff to ensure appropriate action was taken. There was a focus on learning and improvement at all levels. The practice proactively sought feedback from staff and patients, which it acted on. The practice had a Patient Participation Group (PPG).

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Practice nurses visited housebound patients to deliver health care such as annual flu jabs, or to deliver shingles or other immunisations. They also attended the local over 60's club to administer flu vaccinations and discuss health promotion in a convenient and sociable setting for the patients. The practice had identified those patients at risk of unplanned hospital admission and had agreed care plans in place for these patients. The practice was involved in work to support patients in the 'Local authority winter warmth scheme.' The practice provides an in-house anti-coagulation service, the majority being elderly which helps them avoid having to travel to hospital on a regular basis. The practice have completed over 500 health checks on patients over 75 years. The checks encompass all aspects of their health including their medication and social circumstances.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients who failed to attend appointments were contacted by phone and/or sent reminder letters up to three times before being classified as declining treatment. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. Indicators for the care of diabetic patients were in line with local and national averages.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. The percentage of women aged 25-65 whose notes record that a cervical screening test has been performed in the last five years, was 81% compared to the local clinical commissioning group (CCG) average of 83% and national average of 81%. Appointments were available outside of school hours. We saw positive examples of joint working with midwives, health visitors and

school nurses. The practice had a weekly midwife-led ante-natal clinic. Immunisation rates were in line with local and national averages. GPs offered six weekly baby developmental checks and all baby immunisations on site.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. 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. The practice offered early morning appointments from 8.10am and Saturday mornings. Patients are offered telephone consultations for those patients who preferred to call the GP.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients who had special needs such as patients with dementia, learning disabilities and palliative care. The practice offered longer appointments for patients with a learning disability and annual multi-disciplinary health checks to the 45 patents registered with the practice. The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The practice lead on safeguarding worked on a regular basis with health visitors and community matrons in order to share information on patients at risk. Practice staff regularly attended local 'Gold standard framework meetings (GSF).' They worked closely with the local hospice who had recently been to present talks and updates on the GSF.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 73%, which was comparable with the national average of 84% and CCG average of 85%. The practice regularly worked with

multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. They had a register of 74 patients identified with dementia. The practice carried out advance care planning for patients with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice had a system in place to follow up patients who did not attend appointments. Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had signed up to be 'Dementia Friends.'

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below national averages in some areas related to patient satisfaction.

In total 276 survey forms were distributed and 115 were returned. This represented approximately 1% of the practice's patient list.

- 63.7% find the receptionists at this surgery compared to the national average of 86.8% and CCG average of 85.5%.
- 37.58% of patients found it easy to get through to this practice by phone compared to the national average of 73.26% and the CCG average of 67.78%.
- 80% say the last appointment they got was compared to the national average of 91.8% and the CCG average of 92.7%.
- 52% feel they to be seen compared to the national average of 57% and the CCG average of 58%.

The practice was aware of these negative results and an action plan was in place which had addressed some of these issues since the publication of the survey. The practice had carried out their own patient questionnaire in 2015 with 50 responses were received. They had developed a detailed action plan to show what actions they had taken in response to patient views. They had arranged for reception staff to undergo training in customer service skills. The practice acknowledged a smaller percentage of patients were still expressing problems accessing the phone system. They have set about researching a call queuing system to help overcome the lack of engaged tone when all the phone lines were busy.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards and we spoke with seven patients during this inspection. In total 43 patients were positive about the practice, they offered their opinions and suggestions about various aspects of the service. Five patients felt that they had problems with the attitude of some of the reception staff. Some patients acknowledged positive changes and improvements in accessing appointments and the phone line, 14 patients felt they still experienced delays in accessing the practice via phone and on occasions accessing appointments.

Areas for improvement

Action the service MUST take to improve

The provider did not provide evidence of an up to date electrical certificate for the premises to show the building was fit for purpose and safe for patient and staff use.

Action the service SHOULD take to improve

- They should review access and availability of the complaints procedure.
- A risk assessment should be undertaken to ensure that all reasonable adjustments have been made to the practice for disabled people when accessing services.
- They should update patient information including accessing open hours at the practice and branch surgery.
- The provider should ensure that a detailed planned preventative maintenance and refurbishment plan is put into place which covers both the main practice site and their branch surgery.

Billinge Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to Billinge Medical Practice

Billinge Medical Centre is based in Billinge and falls within St Helens Commissioning Group (CCG). The building is purpose built. The medical centre is run by a partnership made up of three GPs, all male GPs. The partnership GPs are supported by one salaried female GP. They have one practice manager, three practice nurses, two health care assistants and a team of administration and reception staff. The practice also offers a branch surgery called Orrell Surgery which serves the local community in Billinge and Orrell and is positioned on the main high street set next to a line of shops.

The male life expectancy for the area is 80 years compared with the national average of 79 years.

The female life expectancy for the area is 83 years compared with the national average of 83 years. There were 10260 patients on the practice list at the time of inspection.

The practice is open from 8am to 7pm Tuesday, Wednesday and Friday and 8am to 6pm Mondays, 8am to 2pm Thursday and Saturday 8am to 11am. The Saturday extended hours are alternated with the practices branch surgery. General practitioners start appointments from 8.10am throughout the day up to closing times.

Patients requiring GP services outside of normal working hours are referred on to the St Helens Rota who are the local out of hour's provider. minor surgery and enhanced services such as health assessments for patients with learning disabilities. The practice has a General Medical Services (GMS) contract.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 May 2016 and also visited the practices branch surgery. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice manager, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

• Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

• Older people

• People with long-term conditions

• Families, children and young people

• Working age people (including those recently retired and students)

• People whose circumstances may make them vulnerable

• People experiencing poor mental health (including people with dementia)

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, and an apology.
- The practice carried out a thorough analysis of the significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had defined systems and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and they had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection/ child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Nominated staff were identified as 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. The last infection control audit undertaken in 2015 showed evidence that action was taken to address any improvements identified as a result and showed good compliance with infection control standards. Areas for improvement were largely around environmental factors, for example, carpets and wallpaper were in place in some of the clinic rooms. The practice had plans for refurbishment of these rooms at the branch site, but they did not have defined dates of when the work would be carried out.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however there was no recording system regarding their storage. Staff told us they had never had reason to use them over the last few years. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed a sample of staff personnel files and found 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 checks through the Disclosure and Barring Service.

Monitoring risks to patients

There were a number of procedures in place for monitoring and managing risks to patient and staff safety. For example;

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available to all staff. The practice had up to date fire risk assessments and carried out regular fire alarm checks. Electrical equipment was checked to ensure the equipment was safe to use and

clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The provider did not provide evidence of an up to date electrical certificate for the premises to show the building was fit for purpose and safe for patient and staff use.

- 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 enough staff were on duty. However the lead GP noted the practice had a number of GP vacancies potential vacancies at the time of inspection, including the current cover for maternity leave. In the short term the practice manager had increased the use of locum doctors over the past two months to help increase the availability of appointments for their patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- The practice had adequate arrangements in place to respond to emergencies and major incidents. There was an instant messaging system 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 available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 97.5% of the total number of QOF points available. We noted there were a few areas where exception reporting was slightly higher than both CCG and national averages, and that was in relation to diabetes. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had clear guidance and procedures that staff were following including the use of three letters to patients to encourage them to attend check-ups.

This practice was an outlier for the use of hypnotics. However the practice had carried out further work and audits in trying to improve their response and treatment with patients over the last 12 months. The practice staff produced on going reviews of work in progress of data for 2016 which showed marked improvements to previous percentages for 2014-15 and staff were confident that levels were increasing each month.

Data from 2014-15 showed:

Performance for diabetes related indicators was similar to the national average:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64mmol/mol or less in the preceding 12 months, was 88. (CCG average 82%, national average 77%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140.80 mmHg or less, was 79%. (CCG average 81%, national average 78%.)
- The percentage of patients with diabetes, on the register, who had received an influenza immunisation in the preceding August to 31 March 2015 was 99% (CCG average 96%, national average 94%).
- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 87%. (CCG average 83%, national average 80%.)
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months – 1.4.2014 – 31.3.2015 was 81% (CCG average 82%, national average 88%).

Performance for mental health related indicators was similar to CCG and national averages:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (1.4.2014 – 31.3.2015) was 94%. (CCG average 92%, national average 88%).

  There was evidence of quality improvement including clinical audit.

- There had been one full clinical audit completed in the last 12 months and several recent audits in 2016 with plans for re-audits in the next 12 months to help show where improvements had been implemented and monitored.
- The practice engaged in regular clinical and internal audit to monitor quality and to make improvements. They could improve their audit by developing a programme of prospective audits, which are agreed, completed and tailored to the needs of the practice.

Good

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, following an audit of prescribing patterns of 99 patients taking the medication zoplicone in May 2016, 8% of patients had been supported in the reduction of this medication.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as computer logins, computer training, resuscitation, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training necessary for their role. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at meetings.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, mentoring, and facilitation and support for revalidating GPs. Most staff had received an appraisal within the last 12 months. GPs had input into nurse appraisals. Staff we spoke with told us that they were fully supported within the practice both with their training needs and via the management team.

Staff received training that included: safeguarding, fire safety awareness, health and safety and basic life support. Staff had access to and made use of e-learning training modules and in-house training. Managers acknowledged the need to update their training records to better reflect the training needs and training undertaken by all of the staff team.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

This included risk assessments, care plans, medical records, investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. The practice facilitated child development assessments and ante natal clinics each week. The district nurses visited the practice throughout the week.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

Good

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. 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. The practice had systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under five year olds ranged from 95% to 97% compared with the CCG averages 91% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

- We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments.
- We noted that consultation and treatment room doors were closed during consultations. Patients told us that doors were always kept closed and they felt that their privacy was always maintained.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. An action plan developed in partnership with the PPG in 2016 raised the need for more privacy at the reception desk. The practice introduced wait signs and boxed an area for patients checking into reception.

We received 36 comment cards and we spoke with seven patients during this inspection members of the Patients Participation Group (PPG). In total 43 patients were positive about the practice. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Some patients offered their opinions and suggestions about various aspects of the service and acknowledged some positive changes to the service over the last year. Five patients felt that they had problems with the attitude of some of the reception staff. Some patients acknowledged positive changes and improvements in accessing appointments and the phone line, 14 patients felt they still experienced delays in accessing the practice via phone and on occasions accessing appointments.

Following the results of the National GP patient survey for 2015 the practice had carried out a patient survey in 2015 and they had also developed an action plan in partnership with their PPG group which also identified the above common themes. The practice had showed they were responding to patient feedback and continued to work on main themes. They had arranged training in customer care services for their staff because of negative feedback about staff attitude. The practice told us that they were looking to make improvements to the call handling system in place at the practice and were researching the need for changes to their current phone system.

Results from the national GP patient survey showed most scores were slightly lower and comparable to the local CCG and national averages.

Results from the survey showed:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 88%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 90%).
- 63% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%).
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%).

Care planning and involvement in decisions about care and treatment

During the inspection patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patient results were lower than CCG and national averages for 2015. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 67% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 86%.

Good

Are services caring?

The practices own survey and engagement with patients showed that they had listened to patients and were taking action to try and improve patient opinions. They had arranged customer care training for staff and were looking at the current vacancies that they had within the practice.

Patient and carer support to cope emotionally with care and treatment

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language although this information was kept at reception and patients would have to ask for the details.
- Patient information leaflets and notices were available in the patient waiting area which 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. Patients whose record identified them as being a carer could be offered a double appointment to ensure they had sufficient time within which to discuss their healthcare needs. Written information was available to direct carers to the various avenues of support available to them and a carer's notice board was on display in the waiting area.
- Practice staff had signed up as dementia champions and were trained in supporting people with this condition. They had a register of 74 patients identified with dementia.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population to identify improvements to services where these were identified.

- There were longer appointments available for patients who may need this, for example, for patients with a learning disability, for patients who were carers or for those patients who knew they needed to discuss more than one medical issue.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Practice nurses visited housebound patients to deliver health care such as annual flu jabs, or to deliver shingles or other immunisations. They also attended the local over 60's club to administer flu vaccinations and discuss health promotion in a convenient and sociable setting for the patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available for those who needed them. The branch surgery did not have disabled access for toilets and they had recently been denied planning permission to build a ramp outside the entrance to the practice.

Access to the service

The practice is open from 8am to 7pm Tuesday, Wednesday and Friday and 8am to 6pm Mondays, 8am to 2pm Thursday and Saturday 8am to 11am. The Saturday extended hours are alternated with the practices branch surgery. General practitioners start appointments from 8.10am throughout the day up to closing times.

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

- 55% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 37% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Staff had engaged with their patients following the national GP patient survey results and had displayed their responses to actions they had taken to patient feedback. In 2015 the practice had changed the layout of their appointments to help provide more appointments that could be booked on the day. Staff recognised that they did have a vacancy for a GP and they were also covering for maternity leave. However over the past few months they had increased the use of locum GPs to help provide increased access to appointments. The practice manager advised they would be looking at auditing their appointments system to help them to continually develop appropriate numbers of appointments to meet their patient demand. They had recently responded to a request from their PPG to display the number of appointments where patients had not turned up for their appointment.

Patients told us that there had been some improvements in accessing appointments when they needed them some told us they were experiencing problems trying to get through to the practice by phone. The practice was looking at changes to the telephone system that would make it easier for patients to call the surgery.

The patient information leaflet provided basic information and gave no information to advise patients what a branch surgery was and advice regarding access to both practices. We noted that in the main practice and the branch surgery that the practices opening times were not always clearly displayed or accurate regarding the opening times and extended hours. The patient leaflets which gave this information were kept at reception and patients would have to ask for a copy rather than accessing them in the waiting areas. The practice made these changes on the day of the inspection.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. Information on

Good

Are services responsive to people's needs?

(for example, to feedback?)

how to complain was not available in the waiting area, but was provided on request. Reception staff had access to patient leaflets with advice on how to make a complaint.

We looked at complaints received in the last 12 months and found these had been dealt with in a timely way. The practice encouraged openness and transparency when with dealing complaints, focussing on lessons learnt from individual concerns and complaints, and from analysis of any trends. We saw that action was taken as a result to improve the quality of care for patients who used the practice and apologies were given to patients when staff had identified this response. In response to low scores regarding receptionist and comments left on NHS Choices, the practice had carried out a survey with their patients and engagement with their PPG. They advised patients that they had arranged training for staff in customer care services.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver good quality care and promote good outcomes for patients.

- The practice staff shared this vision and worked hard to support clinicians in delivering a high quality service to patients. Staff we spoke with were clear about their commitment to provide patients with good quality care and that their patients came first.
- The practice had some action plans which they were developing, including for example, the upgrading of consulting rooms to better meet infection control standards and improved disabled access to their branch surgery building. However there were no specific dates or timescales for when planned actions were taking place for refurbishment. Also there were no specific dates regarding recruitment to increase GP capacity although staff acknowledged national recruitment problems and continued to book locum staff.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The GPs used evidence based guidance in their clinical work with patients. The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.

The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).

The practice had policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Policies were up to date and had regular review dates. The practice held monthly practice meetings during which time governance and risk management issues were discussed. Risks that had been identified were discussed and actions taken. We looked at minutes from the last three meetings and found that performance, quality and risks had been discussed.

The governance framework outlined the structures and procedures in place and ensured that:

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The management team had a good understanding of the performance of the practice and met to review practice performance and patient outcomes. However not all clinical staff were aware of the developments within the practice including the management of exception reporting.
- A programme of continuous clinical audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However the electrical installation certificate for the building was not in place to show updated electrical checks and management of the overall two buildings.

Leadership and culture

- The partners in the practice had the experience, capacity and capability to run the practice and ensure good quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and took the time to listen to all members of staff.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.
- The practice had systems in place to give affected patients support and a verbal/ written apology that was transparent and open in approach.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.

Are services well-led?

Good

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Some staff were not always aware of the developments within the practice although they felt happy with their direct managers and in how they personally were being managed.

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

The practice encouraged and valued feedback from patients and staff. The practice had gathered feedback from patients through surveys and complaints received. The practice displayed a lot of information accessible to patients in the reception area to help keep them informed although some patients were not aware of updates, especially those patients that chose to visit the branch surgery rather than the main practice. The practice responded to the results of patient's surveys and displayed actions they had taken in response to their comments to staff attitudes, appointments and accessing the phones.

The practice had formed a PPG and were looking at recruiting more members. The PPG group had not met regularly across the last 12 months and there were plans to try and develop a larger group and look at further developments for their meetings. The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December. Their results were very positive however the practice had not published their results or shared them with patients.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on learning and improvement at all levels within the practice. Staff told us they felt well supported and we could see the staff engaged with training within the CCG and events managed for practice nurses via their primary care forums. Training records needed to be reviewed to provide evidence of updated training necessary for each staff member's role.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person could not demonstrate that the practice and its branch surgery had an up to date electrical installation certificate in place.** **This was in breach of regulation 12(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**