

The Ryan Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Ryan Medical Centre on 18 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients were complimentary about the overall quality of service they received but some said that they found it difficult sometimes getting through to the practice by telephone, especially in the early morning. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was good awareness of where the practice needed to improve the services it provided and action plans were implemented successfully to address these areas.

We saw areas of outstanding practice including:

- The practice used innovative and proactive methods to improve outcomes for patients who lived in residential and nursing care homes. They worked collaboratively with two other local GP practices and between them employed an advanced nurse

Summary of findings

practitioner (ANP) to provide a dedicated service to these patients. This included weekly on site 'clinics', where patients' health care needs were reviewed and early intervention treatment provided as required. Care home staff benefited from this regular guidance and support and the impact was a reduction in GP call outs to the care homes and unnecessary admissions to hospital.

- The practice provided a 'Sit and Wait' service. Patients could just drop in to see the practice nurse for blood tests, blood pressure monitoring, dressings, contraception checks and regular injections such as vitamin B12.

- The practice offered pre-bookable GP appointments every Sunday morning.

There were areas of practice where the provider needs to make improvements

- The practice should ensure its recruitment policy reflects the current regulatory requirements, and includes the recruitment of locum GPs.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and managed. There were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. The practice scored 88.1% for the Quality and Outcomes Framework (QOF) data for 2013 -2014. This identified that some patient outcomes were below average for the locality. However, QOF data provided by the practice for 2014-2015 showed a significant and comprehensive improvement in performance. The practice had scored 98.1%. This indicated outcomes for patients had improved. Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for some aspects of care. 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 and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were

Good



Summary of findings

identified. Data and patient comments identified that telephone and appointment access could be difficult at times. The practice had implemented ways to extend availability of GP appointments to improve access and continued researching ways to improve telephone access. The practice worked collaboratively with other GP surgeries to improve outcomes for patients who lived in residential and nursing care homes and could demonstrate that the employment of an advanced nurse practitioner had impacted positively on unplanned admissions to hospital. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision and strategy. Plans were in place to develop the service further by providing additional clinical facilities with a view to extend the range and availability of services provided. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings. There were some systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and was responsive to their needs. There were rapid access appointments for those with enhanced needs and home visits when required. Patients over the age of 75 were allocated a named GP and care plans were in place for those patients considered at risk of unplanned admission to hospital. Patients living in the residential and nursing care homes benefited from weekly on site nurse led clinics, where their needs were reviewed and treated promptly by an advanced nurse practitioner. There were policies in place, staff had been trained and were knowledgeable regarding vulnerable older people and how to safeguard them.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice nursing team had lead roles in the management of chronic diseases. Patients had health reviews at regular intervals depending on their health needs and condition. The practice maintained and monitored registers of patients with long term conditions including cardiovascular disease, diabetes, asthma and chronic obstructive pulmonary disease. These registers enabled the practice to monitor and review patient conditions effectively and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Staff demonstrated a good understanding and were proactive in safeguarding and protecting children from the risk of harm or abuse. The practice had a clear means of identifying in records those children (together with their parents and siblings) who were subject to a child protection plan. The practice had appropriate child protection policies in place to support staff and staff were trained to a level relevant to their role. The practice offered a full range of childhood vaccinations and had systems in place to follow up children who did not attend for these.

Good



Summary of findings

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 had adapted its opening hours so that morning appointments were available between 07.30 and 8am and opened on a Sunday morning for routine planned appointments. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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 living in vulnerable circumstances including those with a learning disability. Patients on the learning disability register were offered annual health checks. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice signposted and supported vulnerable patients to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. The practice monitored patients with poor mental health according to clinical quality indicators and in line with good practice guidelines. The practice worked with multi-disciplinary teams and other mental health services in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

We spoke with three patients at the time of our visit and telephoned one member of the patient participation group after our visit. All spoke positively of the care and treatment they received. They told us that they had no problems getting an appointment at the surgery, although one person said they were aware that this was an issue for some other patients.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our visit. We received 43 comment cards, 41 of these were all positive about the standard of care received and a number of them referred to the GPs by name and gave examples of where the practice had supported them with their health care needs. Patients said they felt listened to and involved in decisions about their treatment. Two comment cards referred to difficulty getting appointments when ringing in the morning whilst two cards commented that they believed the situation had improved in recent months. One comment card referred to the online appointment booking facility and Sunday surgeries as being positive improvements.

The national GP patient survey results published in July 2015 showed the practice was scoring higher than average in some aspects of the service they provided. For example:

- 74% of respondents usually wait 15 minutes or less after their appointment time to be seen; Local (CCG) average: 68% National average: 65%
- 97% of respondents say the last nurse they saw or spoke to was good at explaining tests and treatments; Local (CCG) average: 91% National average: 90%
- 92% of respondents say the last nurse they saw or spoke to was good at involving them in decisions about their care; Local (CCG) average: 87% National average: 85%

However; results indicated the practice could perform better in certain aspects of its service delivery including making an appointment. For example:

- 45% of respondents find it easy to get through to this surgery by phone; Local (CCG) average: 68% National average: 73%
- 56% of respondents describe their experience of making an appointment as good; Local (CCG) average: 74% National average: 73%
- 62% of respondents are satisfied with the surgery's opening hours; Local (CCG) average: 76% National average: 75%

Please note there were 112 responses out of the 264 questionnaires sent out for the GP patient survey. This represents approximately 1.07% of the patient population registered at the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should ensure its recruitment policy reflects the current regulatory requirements, and includes the recruitment of locum GPs.

Outstanding practice

- The practice used innovative and proactive methods to improve outcomes for patients who lived in residential and nursing care homes. They worked collaboratively with two other local GP practices and between them employed an advanced nurse

practitioner (ANP) to provide a dedicated service to these patients. This included weekly on site 'clinics', where patients' health care needs were reviewed and early intervention treatment provided as required.

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Care home staff benefited from this regular guidance and support and the impact was a reduction in GP call outs to the care homes and unnecessary admissions to hospital.

- The practice provided a 'Sit and Wait' service. Patients could just drop in to see the practice nurse for blood tests, blood pressure monitoring, dressings, contraception checks and regular injections such as vitamin B12.
- The practice offered pre-bookable GP appointments every Sunday morning.

The Ryan Medical Centre

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 and a specialist advisor who was a practice manager.

Background to The Ryan Medical Centre

The Ryan Medical Centre is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice has 10406 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area reflects the England average for males at 79 years and is 82 years for females which is below the England average of 83. The practice patient population over the age of 65 was significantly higher (21.8%) than the CCG and England average at 18.6% and 16.9% respectively. The patient population for the over 75s was also higher than the CCG and England averages. The number of patients with long standing health conditions (66.2%) was also significantly higher than the England average (54%).

The practice opens Monday to Friday 8am to 6pm but closes at 1pm on Thursdays. However GP and nurse pre bookable appointments were available each day between 7.30am and 8am. In addition the GP practice opens on

Sunday mornings for routine appointments. Patients requiring a GP outside of normal working hours are advised to contact the out of hour's service provided by Chorley Medics.

The practice has five GP partners three male and two female and one female salaried GP. The practice employs a practice manager, four practice nurses, one health care assistant, teams of receptionists, administrators, and a prescription management team. The practice also jointly employs an advanced nurse practitioner with two other practices. The practice is a training practice for experienced qualified doctors in their third year of training to be a GP.

The practice provides online patient access that allows patients to book appointments, order prescriptions and update their personal records.

The practice is housed in a purpose built modern building that is accessible to people with disabilities.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. 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, and to look at the overall quality of the service 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 (QOF) framework data, this relates to the most recent information available to the CQC at that time or to the data supplied by the practice.

Detailed findings

How we carried out this inspection

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

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

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

- Older people

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

We reviewed information available to us including information from other organisations such as the Clinical Commissioning Group (CCG) and NHS England and information from CQC intelligent monitoring systems. We carried out an announced inspection visit on 18 August 2015 and spoke to staff and patients, reviewed patient survey information and reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. The practice prioritised safety and used a range of information to identify risks and improve patient safety. This included reviewing reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Minutes of meetings provided evidence that incidents and complaints were discussed, and where appropriate, actions and protocols identified to minimise re-occurrence of the incident or complaint. The practice could therefore show evidence of a safe track record over the long term. For example, the staff we spoke with told us that procedures had been adapted so that a GP was available to contact the anti-coagulant clinic if needed when patients had their INR (international normalisation ratio) blood checked.

Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The practice policies were accessible to all staff. These clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner was the lead member of staff for safeguarding. The GP provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities in relation to safeguarding and all had received training relevant to their role.
- A notice was displayed in the waiting rooms advising patients that a chaperone was available if required. All staff who acted as chaperones were trained for the role. A risk assessment regarding the requirement for non clinical staff, who acted as a chaperone, to have a disclosure and barring check (DBS) was in place (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). Following discussion
- the practice manager agreed the inclusion of additional information within the risk assessment clarifying the boundaries of the role of the non clinical chaperone would mitigate further any potential risk to patients.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and fire safety checks were carried out. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Procedures were followed to ensure appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead for the practice. They confirmed that this was a relatively new responsibility; however they had recently carried out an infection control audit. Areas identified for improvement had been actioned.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Controlled drugs were stored securely and monitored appropriately. The practice had a GP lead for the management and monitoring of medicine prescribing. Clear robust protocols were in place for all staff to follow in relation to prescribing and repeat prescribing of medicines. This ensured staff were aware of their responsibilities and boundaries in relation to prescriptions. The practice's performance in prescribing medicines was monitored closely and action plans implemented to improve where data indicated this was necessary. Medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was acting in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment records we looked at contained evidence that in the main appropriate recruitment checks had been undertaken prior to employment of staff. This

Are services safe?

included proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). However the files seen were not always consistent in the content of information requested, potentially compromising the safety of the process. The practice recruitment policy did not reflect the current regulatory requirements, nor include the recruitment of locum GPs.

- There was a system in place to record and check professional registration of the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration for clinical staff was up to date and valid.
- Staff told us there were enough staff to maintain the smooth running of the practice. Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. The staff worked well as a team and as such supported each other in times of absence and unexpected increased need and demand.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had suffered a flood approximately four years ago and the business continuity plan was implemented with good effect.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice achieved a score of 98.1% or 426.78 points out of the total of 435 points for 2014 /15. This information was provided by the practice. This was a significant improvement on QOF data for 2013/14 where the practice scored 88.1%. The practice explained why they thought the record of performance in 2013/14 had decreased and they had reviewed where they needed to improve and taken action to address this.

The data available to us from 2013/14 showed that the practice was an outlier for some clinical targets. However data supplied by the practice for 2014/15 showed significant improvement in performance in all areas. For example data from 2013 /14 compared to data 2014/15 showed:

- Performance for heart failure atrial fibrillation related indicators was below the CCG and national average in 2013/14. However for 2014/15 the practice scored 100% for the indicators related to atrial fibrillation.
- Some performance indicators for diabetes was also below the CCG and national average. For example patients with diabetes who had received a foot examination was 61.69 % in 2013/14. However the practice confirmed that significant improvements had been made for 2014/15 in all diabetic indicators with a total of 81.01 points achieved out 86.

The GPs we spoke with confirmed that clinical audits were carried out and we saw some of these including around the prescribing of Citalopram (anti-depressant) and an audit of blood monitoring with epilepsy medication. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. All staff spoke highly of their working environment and the support they received from the GP partners and practice manager.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. Trainee GPs confirmed they benefited from a comprehensive induction when they started working at the practice.
- 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 these learning needs and to cover the scope of their work. All staff had had 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 in-house training and eLearning. A planned programme of in house training was available and the practice benefited from 10 half day sessions per year to focus on the practice, team and personal development.
- GPs were all involved in revalidation, appraisal schemes and continuing professional development. We saw that staff were up to date with annual appraisals, which included looking at their performance and development needs. Staff told us they had good access to training and support to undertake further development in relation to their role.

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 care and risk assessments, care plans, medical records and test results.

Are services effective?

(for example, treatment is effective)

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital. The practice used innovative and proactive methods to improve outcomes for patients who lived in residential and nursing care homes.

They worked collaboratively with two other local GP practices and between them employed an advanced nurse practitioner (ANP) to provide a dedicated service to these patients. The ANP organised and managed weekly on site 'clinics' at five care homes where patients' health care needs were reviewed and early intervention treatment provided as required. Care home staff benefited from the guidance, support and training provided by the ANP which in turn improved outcomes for patients. The impact of the ANP role was a reduction in GP call outs to the care homes and data shown to us identified that all those patients who experienced an unplanned admission to hospital had done so because it was appropriate and unavoidable. 2% of all patients on the practice's unplanned admission register had a care plan in place. All patients on this register were contacted within 72 hours following discharge from hospital so their needs could be reviewed and care plan could be updated. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act

2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and help with social issues.

The practice had a comprehensive screening programme. There was a policy to offer telephone reminders for patients or their parents/carers who did not attend for their vaccinations or cervical screening test. Data for 2013/14 showed that 79.79% of females between the aged of 25-64 had received a cervical screening test within the last five years. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, data from 2013/14 showed childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.3.1%% to 97.9% and five year olds from 86.6.9% to 97.9%. Data supplied by the practice for 2014/15 indicated that over 75% of patients received their seasonal flu vaccination.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

41 out of the 43 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with three patients on the day of the inspection and one member of the patient participation group (PPG) just after the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice performance was comparable to the CCG and England averages for consultations with doctors and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 91% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were 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 89% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. One of the former GP partners set up a charity (Tender Nursing Care) which was managed and operated from the GP practice. This offered free night sitting and night care support to patients to enable their carer's some rest and respite.

Staff told us that if families had suffered bereavement, then the patients GP was notified and appropriate support offered as required. Information about bereavement support services was displayed in the practice waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice monitored the service it provided and listened to patients. It was responsive to patients' needs and evidence was available demonstrating it was responding to challenges and forward thinking to develop and improve the level of service provided. Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- The practice offered pre-bookable GP and practice nurse appointments from between 07.30 and 8am Monday to Friday and opened every Sunday morning. This assisted patients who could not attend during normal opening hours.
- The practice provided a 'Sit and Wait' service. Patients could just drop in to see the practice nurse for blood tests, blood pressure monitoring, dressings, contraception checks and regular injections such as vitamin B12.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Telephone consultation, triage and urgent access appointments were available daily.
- There were disabled facilities and translation services available.
- The practice was reviewing its telephony service to improve telephone access to the surgery.

Access to the service

The practice was open from 8am to 6pm Monday to Friday, except for Thursdays when it closed at 1pm. Urgent appointments were available each day as well as pre-bookable appointments which could be booked one week in advance and these could be booked online. A Sunday morning surgery was also available for pre-bookable appointments.

Patient survey information and comments on two of the returned comment cards indicated that on occasion patients struggled to get through to the surgery on the telephone and getting an appointment could be difficult. The senior GP partner and practice manager confirmed they were aware of patient's concerns and had tried to

extend the service they provided by offering the early morning and Sunday morning service. They also confirmed they were reviewing the practice's telephony service, although they did have ten phone lines already and a call queuing facility in place. One patient wrote on the CQC comment card that they believed the situation had improved in recent months. On the day of our inspection we reviewed appointment availability and observed that there were still appointments available for that day and for the next two days.

Results from the national GP patient survey showed that patient's satisfaction with access to the surgery and appointments was on below local and national averages. For example:

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 45% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 56% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 74% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Listening and learning from concerns and complaints

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

We saw that a summary complaint leaflet was available to help patients understand the complaints system.

Staff confirmed that they responded to patient's concerns, attempted to rectify the issue if able and offered them the opportunity to complain through the practice's procedure. Evidence was available to demonstrate that all complaints were reviewed at practice meetings and logged as significant events. An annual review was also carried out, although these were not analysed to identify potential themes. The practice manager confirmed that the complaint recording log would be amended to include this additional analysis.

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

We looked at a sample of complaints received in the last 12 months and found and these were responded to in accordance with the practice's policy. Staff spoken with confirmed that they were informed of any changes to practice as a result of complaint investigations.

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 high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the practice values. The practice displayed its strategic framework plan and staff were aware of the practice's vision, values and future development.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff were aware of the practice's whistleblowing policy but all spoken with felt any issue could be discussed openly without fear or repercussion. The Clinical Commissioning Group (CCG) enabled the practice to hold ten afternoons per year for staff training and development. The practice used all these. Staff told us

that the lunch time period provided daily opportunity to discuss issues informally and these were seen as a valuable support to all staff members. The staff also held team away days.

Staff were motivated, they said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. As a result of patient feedback the practice planned to improve the patient reception area to create a more private space for patients to discuss their concerns. The practice manager analysed feedback from patients and produced reports on this with actions to improve service delivery.

Innovation

The practice was very proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk patients. They had been selected by the CCG to participate in a pilot scheme to identify optimum practice for integrated team working in the community.

The practice team was forward thinking promoted local collaborative working with neighbourhood partners in health and social care with a view to providing care and treatment seven days a week to improve outcomes for patients in the area. They worked with other practices and employed jointly with two other GP practices an advanced nurse practitioner to monitor, review and treat patients accommodated in five nursing and residential care homes. The CCG were interested in the effectiveness of this model of care.

The practice had been successful in their Primary Care Infrastructure Fund bid to develop their GP practice further. Plans were in the early stages to extend the practice building to increase the number of consultation rooms and change the reception area to create more patient privacy.

Are services well-led?

Good 

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

The practice recognised future challenges and areas for improvement. Complaints were investigated, reviews of significant events and other incidents were completed and learning was shared from these with staff at meetings to ensure the practice improved outcomes for patients.