

Church View Medical Centre

Quality Report

Broadway Road
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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	

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 26 November 2014 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Church View Medical Centre on 7 March 2018. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned as our inspection programme to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Practice staff were responsive and accommodating to patient's individual needs.

The areas where the provider **should** make improvements are:

- Review the way training records are kept so that they provide good oversight of the training needs and achievements of staff.

Summary of findings

- Review systems for ensuring prescription paper and prescription pads are held securely and tracked in line with national guidance..
- Review governance arrangements to ensure the dispensary activities were in line with practice protocols and standard operating procedures.
- Review security of the dispensary regularly and put actions in place to maintain safety in this area.
- Review the oversight of risk assessments with a planned approach to developing or updating.
- Review the practices oversight of chemicals used at the practice in regard to Control of Substances Hazardous to Health (COSHH) and the management of legionella.

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

Church View 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 specialist adviser.

Background to Church View Medical Centre

Church View Medical Centre is located at Broadway Road, Broadway, Ilminster, Somerset TA19 9RX.

The service has approximately 2,386 patients registered from around the local and surrounding areas, including Horton, Ilminster, and Hatch Beauchamp. Patients can access information about the service at www.chuchview.gpsurgery.net.

The registered location is located in a residential area in Broadway. There is adequate car parking and disabled parking bays to the side of the building. The building is purpose built with patient accessible facilities on the ground floor and a lift to the first floor. The practice has a dispensary and was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

The practice partnership consists of two GP partners, one male and one female. The practice employs two part time practice nurses and one part time health care assistant. The practice has a practice manager who is supported by a team of management staff, reception staff, administrators and secretary. There are four members of dispensing staff to provide a service during the practice opening hours.

The practice is open Monday, Wednesday and Friday 8.30am -1.00pm and 2.00pm - 6.00pm; on Tuesdays until

7pm. The practice is part of a new initiative across Somerset whereby patients can make appointments at extended times (up until 8pm at night Monday-Friday and on Saturday mornings) at other practices across the local area. Practices working together to deliver extended access to appointments in this local area are: Springmead, Tawstock, Essex House, Church View, The Meadows, Summervale and West One. The practice does not provide out of hour's services to its patients, this is provided via NHS111 Contact information for this service is available in the practice and on the practice website. The practice provides support to patients living in two care homes in the local area.

Church View Medical Practice is part of the CLICK Federation, a group of GP practices who have agreed to work collaboratively, for the benefit of the patients, the local population, local health services and the wider NHS. This includes sharing aspects of services including an Emergency Care Practitioner, pharmacist and a GP service to undertake Nursing Home Patient reviews.

The practice has a General Medical Services (GMS) contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

Demographic data from 2015/2016 that is available to the CQC shows:

The age of the patient population was similar to the national averages for patients under the age of 18 years at 15%, the national average being 21%. For patients over 65 years the practice has 37% with the national average being 17%.

Other Population Demographics included that 69% of the practice population have a long standing health condition, which was above the national average of 54%. Also 52% of patients were in paid work or full time education which was below the national average of 62%. Information from the

Detailed findings

Index of Multiple Deprivation 2015 (IMD): showed the practice population is at 15 (the national average is 24). The lower the number the more affluent the general population in the area is.

Income Deprivation Affecting Children (IDACI): is 10% (the national average 20%)

Income Deprivation Affecting Older People (IDAOPI): is 10% (the national average 21%).

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Staff told us they had received up-to-date safeguarding and safety training appropriate to their role, this could be seen within their personal training records. However, the practice training records did not show the full detail of the training staff had attained. Staff knew how to identify and report concerns. Staff, who acted as chaperones, usually the practice nurses, were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Reception and administration staff told us they had been taken through responding to patients with potential signs of sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and had some systems to monitor its use. However, it was not tracked in line fully with national guidance.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Are services safe?

- The practice told us there had not been a uniform process or pattern for the monitoring of patients' health to ensure medicines were being used safely. For example, patients having treatment for high blood pressure, diabetes or other long term conditions. Previously patients taking these medicines to treat these conditions had been identified to the GPs and practice nurses on an ad hoc basis when they visited the practice. The practice had recently instigated a process of reviews for both medicines and health monitoring associated with patient's birth date, however it was too early to see if this process was effectively working. Some of these patients, where appropriate, were referred to the practice pharmacist for their medicines reviews. We found that the practice involved patients in the reviews of their medicines
- The practice had a dispensary. There were a number of arrangements for dispensing medicines at the practice to keep patients safe. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, or were fully supervised in apprenticeship roles, and had undertaken continuing learning and development.
- Staff had a programme of regular checks for safety and security. However, we saw there were gaps in the records checks carried out. This was similar to the findings of the practice's own in depth audit in January 2018 of all the systems in place for the dispensary.
- Dispensary staff showed us standard operating procedures which covered most aspects of the dispensing process (written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review. However, from the findings of their own audit in January 2018 and reported incidents, not all staff were following protocols in the same way. For example the dispensing of weekly blister packs, recording in the log books for controlled medicines, and the safe management of the controlled medicines keys.
- We discussed security of the dispensary and the service provider agreed to take action to review and improve this. No further information has been submitted by the provider to show this has been carried out following the inspection.
- Systems were in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients.
- Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP to authorise the medicine before a prescription could be issued. This process ensured patients only received medicines necessary for their conditions.
- We saw there was a system for reporting and learning from medicines incidents and errors. Significant reported incidents were logged and reviewed under the significant event analysis process.
- Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a refrigerator failure.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a secure cupboard and access to them was restricted. There were arrangements in place for the destruction of controlled drugs.

Track record on safety

The practice had an adequate safety record.

- There were risk assessments in relation to safety issues. There were gaps in the oversight of these risk assessments. For example, there was no planned approach to developing, review or updating risk assessments such as Control of Substances Hazardous to Health (COSHH) and legionella. A number of expired or no longer required risk assessment documents had been stored with current documents which could lead to confusion by staff, such as those relating to a previous building.

Lessons learned and improvements made

Are services safe?

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. For example, an urgent patient referral was delayed because incorrect information was given as to where to send the referral,

and the staff involved were not aware that they should confirm the referral had been received. Actions were taken as a result of this learning, including the training for new staff being reviewed and providing the correct contact information for staff to access.

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. For example, the practice was able to demonstrate how they responded to medicine alerts by searching the patient database, identifying where changes needed to be made and evidence the action taken.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. The practice had identified improvements were needed for the way reviews of patients with long term conditions, learning difficulties or checks on prescribed medicines were managed. A new system had recently been developed and, at the time of our inspection, was not yet fully implemented to ensure patients who had these specific needs were reviewed on a regular basis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

We reviewed prescribing data from the local clinical commissioning group (CCG). We found the practice performed similarly to local and national averages. For example:

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group prescribing data showed for the practice 0.90, the CCG 0.76 and the national average 0.90. Hypnotics are a class of psychoactive medicines used to induce sleep and should be used in the lowest dose possible for the shortest duration possible.
- The number of antibacterial prescription items prescribed per Specific Therapeutic prescribing data showed for the practice 0.94, the CCG 0.95 and the national average 0.98.
- The percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones showed for the practice that it was within the optimal range set by Public Health England.

Older people:

- The practice used an Early Home Visit service, carried out by the emergency care practitioner (part of the CLICK federation activities) which helped to reduce unplanned hospital admissions for patients.
- A pharmacist (part of the CLICK federation activities) carried out medicines reviews and provided influenza vaccination to patients living in care homes.
- The practice used the services of a complex care GP in the CLICK federation to undertake reviews of patients living in nursing homes.
- The practice worked collaboratively with the Village Agent service provided by Somerset Community Council, which visited patients who could be entitled to benefits and support.

People with long-term conditions:

- The practice had made recent changes to how patients with long-term conditions had an annual review to check their health and medicines needs. The practice had commenced a system to call patients in to have all their long term conditions reviewed in the same appointment, in the month of their birthday, so reducing the number of visits for each patient, and making it easy for the patient to remember when their review was due. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example both nurses and the Health Care Assistant (HCA) were trained to fit 24 hour blood pressure monitoring so that patients could have this assessment carried out without being required to attend hospital. Further training had been provided to the HCA to be able to carry out foot checks for patients with a diagnosis of diabetes to help reduce any associated health risks for these patients.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given (2015-2016) were in line with the national target percentage of 90% or above.

Are services effective?

(for example, treatment is effective)

- The practice used the Consult Connect (a direct telephone link to a paediatric consultant based locally) service for urgent paediatric advice.
- The practice provided an immunisation clinic once a month but used all patient contact appointments as an opportunity to give immunisations to babies and children.

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

- The practice's uptake for cervical screening was 82% which was in line with the 80% coverage target for the national screening programme.
- The practice works with the other GP services within the CLICK federation to provide appointments up to 8pm and on Saturday mornings.

People whose circumstances make them vulnerable:

- The practice had a receptionist trained as a carer's champion who provided carers with a point of contact, information and referred them to external organisations for assistance. For example, the village agent and carer's agent. The practice also identified patients who were cared for and gave the same support to the carers even if they were not registered with the practice themselves.
- The practice used a same day assessment for frail older people at Yeovil Hospital if necessary.
- The practice had identified patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They had recently set up a programme of regular annual reviews for the small number of patients with an identified learning difficulty.
- The practice worked with the district nursing team and palliative care teams to provide end of life care.

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

- The practice told us they had identified that most of the practice population with a diagnosis of living with dementia were residents of the two nursing homes that the practice supported. Using the practice pharmacist, they ensured that patients who had dementia had two scheduled medicines reviews per annum. The practice

had recently implemented a programme of annual reviews for patients living with dementia. One member of the reception team had trained as a dementia friend and training was planned for other staff.

- The practice told us people with poor mental health were referred to the appropriate service and that they reviewed their needs regularly either by face to face appointments or via the telephone. Patients were referred to the Somerset Mental Wellbeing Service.

Monitoring care and treatment

- The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The examples they gave us included an audit of minor surgery carried out in 2014 and repeated 2015/2016. It also included an audit to check that patients were given the correct advice to stop taking specific medicines when they developed a feverish illness. This was carried out in 2015 and repeated in 2016 with recorded evidence that a higher percentage of patients had been given this advice during that period. Other audits included a review of recorded information identifying patients from certain groups who were eligible to have an annual influenza vaccine had been carried out early in 2017. Two audits during 2017 were generated by staff training updates, one for diabetes recording the correct information in the patient records so that they were included in specialist checks such as eye screening and the other to ensure annual blood testing for patients with a recorded diagnosis of coeliac disease. A recent audit, January 2018, of the dispensary had highlighted issues that needed to be addressed for example not all staff were following protocols in the same way such as the dispensing of dosette boxes (weekly dispensing pack), recording in the log books for controlled medicines, and the safe management of the controlled medicines keys. However, there was no evidence when speaking with staff the findings had been shared with staff in the dispensary or that actions had been addressed.

The practice had opted out of fully using the national Quality and Outcomes Framework (QOF) to provide a baseline or register of patients at higher risk and need for support. QOF is a system intended to improve the quality of general practice and reward good practice. However, they were using a scheme implemented by the Somerset

Are services effective?

(for example, treatment is effective)

Clinical Commissioning Group called the Somerset Practice Quality Scheme (SPQS). The aims of the scheme were to actively monitor performance and improve the quality of general practice). We used information from both QOF and SPQS to establish the outcomes for patients.

The most recent published Quality and Outcomes Framework (QOF) results show the practice achieved 82% of the total number of points available. There were examples of where they were similar to or exceeded CCG or national averages. For example:

- The percentage of practice patients with diabetes, on the register, in whom the last average blood sugar was acceptable in the preceding 12 months was 75%, the CCG 72% and the national average 80%.
- The percentage of patients with diabetes, on the register, whose last measured cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 85%, the CCG 78% the national average 80%.

There were areas below expected averages (QOF). This included:

- Identifying and ensuring patients with a significant mental health disorder (schizophrenia, bipolar affective disorder and other psychosis who had a comprehensive, agreed care plan. The practice achieved 54%, the CCG 43% and national average 91%. The practice had a small number of 13 patients who were eligible for this category.
- Reviews of patients with a significant pulmonary disease leading to breathlessness was 71%, the CCG 68% and the national average 91%.

The practice told us they had identified the current search mechanisms of the patient records did not alert them sufficiently in the same way that using QOF indicators did. We saw they were in the process of reviewing this system to ensure that patients were monitored as required.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. We

identified that the oversight records of skills, qualifications and training were not complete and did not reflect what staff told us for example having completed mandatory and specialist training. Staff were encouraged and given opportunities to develop.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation
- There was a clear approach for supporting and managing staff when their performance was poor or variable

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 212 surveys were sent out and 124 were returned. This represented about 59% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients who responded said
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG – 85%; national average - 96%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 89%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; CCG - 93%; national average - 92%.
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.

Patients told us they found the practice staff responsive to their needs, the service was friendly and they appreciated that they were able to see a clinician in a reasonable time. When their need was urgent this was accommodated.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services (by telephone) were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. They checked when patients were registered at the practice and, as the practice population was small, patients are well known to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients as carers (approximately 1% of the practice list). A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They liaised with the Village Agent and Carers Agent to share information and add support where it was required.

- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

Are services caring?

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 85%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average of 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average of 90%.
- 94% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average of 86%.

92% of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, the CCG average was 83% , the national average being 79%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs. For example, ensuring additional staff were trained to fit 24 hour blood pressure monitoring equipment so patients did not have to wait too long to have this carried out.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, in circumstances of poor weather staff made efforts to deliver urgent prescriptions.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered. These were accessible, flexible and offered continuity of care. For example, as part of the local GP federation extended opening hours and Saturday appointments were available at other GP practices when Church View Surgery was closed.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice told us they were aware, but did not hold a formal register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- During the inspection, we saw how responsive the practice was to people whose circumstances make them vulnerable. A homeless person, not registered with the practice, made a request to see a GP as they were feeling unwell. They had attempted to see other GP surgeries and had been turned away. Staff registered them and they were seen by the GP quickly, provided with treatment and a plan of ongoing support was instigated.

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

Are services responsive to people's needs?

(for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients told us the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 95% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 80%.
- 99% of patients who responded said they could get through easily to the practice by phone; CCG – 77%; national average – 71%.

- 96% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 82%; national average – 76%.
- 95% of patients who responded described their experience of making an appointment as good; CCG – 83%; national average – 80%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last year. We reviewed these complaints and found they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, clinicians were reminded to take more time gathering information from patients about past history before making a decision about a plan of care.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. They had engaged in federation work to address the present and future capacity of the practice.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- We observed positive relationships between staff and teams.

Governance arrangements

There were designated responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

Good 

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

- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. They recognised they needed to develop some policies/risk assessments further such as those for the dispensary, Control of Substances Hazardous to Health (COSHH) and legionella.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand the impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required. For example, significant events and complaints to the CCG.
- There were arrangements in place which met data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Feedback was obtained from patients in a survey carried out in October 2016 and the Friends and Family Test. The practice had identified some actions to enhance the service. For this inspection they updated their action plan which included obtaining an information screen for the waiting room and to display the Friends and Family test outcomes for patients to see.
- There was an active patient participation group who were keen to be involved in how the practice provided and delivered services.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

Good 

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

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.