

Shepley Health 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?

Outstanding



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 Shepley Health Centre on 26 August 2015. Overall the practice is rated as good for providing safe, effective, responsive and well-led services. We also found it to be outstanding for providing caring services.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect 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 said they found it very easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had an in-house audiology suite and provided a cardiac clinic within the surgery. This was of benefit to local people and reduced the need to travel to a hospital for some aspects of their care.
- There was a clear and supportive leadership structure amongst the three partners and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour (a legal requirement to be open and honest with patients when things go wrong).

We saw one area of outstanding practice:

- Results from the national GP patient survey and feedback from patients during the inspection were of the highest level and demonstrated the caring

Summary of findings

culture evident across the practice. This included access to services, convenience, being seen promptly, feeling listened to and confidence in the clinician they saw.

The areas where the provider should make improvement are:

- Ensure that all clinical audits are repeated to drive improvements across the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Risks to patients were assessed and well managed with the following exceptions:

- During the inspection we saw that not all of the non-clinical chaperones had undergone a DBS check. We gave feedback on this matter and the practice immediately ceased using these staff for chaperone duties. We have since seen evidence all checks have been undertaken. .
- A check on the risk of legionella in the premises water system had not been undertaken prior to our visit but did occur shortly after our inspection and evidence was provided.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- We saw that clinical audits had taken place, although only one had been repeated. We gave feedback to the practice that re-audit was necessary to demonstrate quality improvements were sustained and we were assured this would be undertaken.

Summary of findings

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data showed that patients rated the practice higher than others for all aspects of care when data from the national GP Patient Survey was reviewed. A high response rate from patients showed significant levels of satisfaction of all questions asked and exceeded local and national averages.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. The practice offered flexibility over appointments for those patients who were reliant on in-frequent rural bus services. Home visits were offered to those who suffered from anxiety.
- We found many positive examples in written and verbal feedback to demonstrate how patients' choices and preferences were valued and acted on. Patients described kindness and compassion from receptionists, nurses and doctors without exception.

Outstanding



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. These included reviewing patients at risk of hospital admission and also the welfare of carers.
- Patients said they found it very easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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.

Good



Are services well-led?

The practice is rated as good for being well-led.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- 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 governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place 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. Immunisation uptake rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Uptake of cervical screening was 86.4% which was higher than local and national averages.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of 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 offered online appointment and prescription services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was particularly flexible in trying to provide services to patients who might struggle to attend the surgery and offered telephone consultations.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice had identified a lack of support for young people with mental health issues and was in early talks with a local college to raise awareness of support that is available within the practice as well as locally.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 8 July 2015. The results showed the practice was performing significantly higher than local and national averages. There were 255 survey forms distributed and 131 were returned, which was a response rate of 51% and represented just over two per cent of the patient list.

- 98% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 96% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 98% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 99% said the last appointment they got was convenient (CCG average 92%, national average 92%).
- 98% described their experience of making an appointment as good (CCG average 74%, national average 73%).

- 82% usually waited 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Patients said that they found the building accessible, clean and welcoming. Comments came from patients who had recently joined the practice list as well as families who had been patients for several generations. Themes from the comment cards praised the professionalism, compassion and clinical excellence from all members of the nursing and medical team and regularly commented on the responsive reception staff and their friendly manner. Several patients also contacted the CQC directly before the inspection and offered outstanding feedback on the care and service provided at the practice.

We spoke with four patients during the inspection who were also members of the Patient Participation Group. All said that they were extremely happy with the care they received and thought that staff were approachable, committed and highly caring.

Shepley Health 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 advisor and a practice manager specialist advisor.

Background to Shepley Health Centre

The practice occupies a modern, purpose built facility with a patient list of 6382. Shepley village is located within a relatively prosperous area with very low levels of deprivation and slightly lower than average levels of unemployment (5% against an England average of 6.2%). The practice attracts patients from both Shepley and the surrounding villages. The practice has a higher proportion of retired patients and lower numbers of young people compared to the England average. There are two patients living in a local care home and the vast majority of the elderly population are cared for in their own homes. The practice have appointed an Advanced Nurse Practitioner who oversees the care of this group with support from the GP partners.

The practice provides services under a General Medical Services (GMS) contract and is managed by three full time partners; two male and one female. The practice also has a full time advanced nurse practitioner, three practice Nurses (two full time equivalent), a health care assistant (full time) and a part time phlebotomist who are all female. Administrative and business support is undertaken by the full time practice manager and a variety of reception staff, administrative and secretarial staff. Cleaning staff are also directly employed by the health centre.

Opening hours at Shepley Health Centre are 8am to 6pm Monday to Friday. An extended hours surgery was offered on a Monday from 7-8am and 6-8.30pm. There are lunchtime closures of one hour on a Tuesday with staff training closing the surgery once a month, which occurs every third Tuesday afternoon. An out of hours service is provided by Local Care Direct. The practice participates in the training of health professionals and hosts placements for FY2 doctors and Nurse Practitioner students.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 August 2015. During our visit we:

- Spoke with a range of staff including doctors, nurses and administrative staff and met with patients who used the service.

Detailed findings

- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- Notices in the waiting room and all clinical rooms advised patients that nurses and reception staff would act as chaperones, if required. Staff who acted as chaperones were trained for the role and most had received a disclosure and barring check (DBS check). (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). We saw that some reception staff had not received a DBS check and the practice had not risk assessed this decision.

Following feedback during the inspection, the practice immediately stopped using un-checked staff as chaperones. We have since seen evidence all checks have been undertaken. .

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice directly employed their cleaning staff who attended during the working day. This meant that there were good channels of communication and feedback between the cleaning staff and the practice manager. Consequently, the practice did not keep records of cleaning activity. Following feedback during the inspection on the importance of cleaning records, the practice immediately implemented a cleaning record activity sheet and has supplied us with evidence that this practice is now ongoing.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol under review and staff had received up to date training. An infection prevention and control audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We saw that on the day of our inspection the infection prevention and control policy was in the process of being updated. We later saw evidence that this had been updated and was being shared with staff. Testing for the presence or risk of legionella had not been undertaken prior to our inspection, but confirmation of this testing was undertaken shortly after our visit and evidence provided.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to

Are services safe?

administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

- We reviewed two personnel files and found that most recruitment checks had been undertaken prior to employment. In one case we saw that no written references had been received. Otherwise, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been confirmed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. On the day of our inspection, some risk assessment documents were unavailable. The practice made these documents available promptly after the inspection and confirmed

that a formal risk analysis of the premises and clinical practices had been undertaken. We were given a copy of the action plan that was in the process of being implemented.

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

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to 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.

Are services effective?

(for example, treatment is effective)

Our findings

The practice assessed needs and delivered care 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 keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.7% of the total number of points available, with 5.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was lower than the CCG and national average at 83.7% of available points; 7.3% lower than the local average and 5.5% lower than the England average.
- Performance for hypertension indicators (high blood pressure) was 100%, which was the same as the local and England average.
- Performance for mental health related indicators was lower than the CCG and national average at 84.6% of available points; 7.7% lower than the local average and 8.2% lower than the England average.
- The dementia diagnosis rate was similar to the CCG and national average and the practice scored higher than the local and England average in reviewing the care of these patients at 90.6%; 11.6% higher than the local average and 13.6% above the England average.

Clinical audits demonstrated a commitment to quality improvement;

- Three clinical audits had begun in the last two years, including a review of minor surgery. One of these audits had been repeated after 3 months where the improvements made were implemented and monitored. Two of the audits had not been completed in that re-audits had not been done to monitor the changes made to see that patient outcomes and improvements were sustained. We gave feedback to the practice that re-audit was necessary to demonstrate quality improvement and were assured this would be undertaken.
- The practice engaged positively with the medicine management reviews initiated by the CCG and we saw evidence that more than 111 patients had benefitted from a focused polypharmacy review (patients who take several medicines at once).
- Findings were used by the practice to improve services. For example, the practice used adiagnosis tool to identify early signs of dementia. This had resulted in an increase in the numbers of patients who had dementia , which had previously been lower than expected. The practice recognised that occupational stress and social isolation could have an impact on the mental health of patients and encouraged access to the in-house counsellor and IAPT worker (Improving Access for Psychological Services).

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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. This included ongoing support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and

Are services effective?

(for example, treatment is effective)

support for the revalidation of doctors. Appraisals had been undertaken on the two staff whose files we reviewed and we saw that nursing staff were appraised annually by two GPs.

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

Coordinating patient care and information sharing

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 investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people 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, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Patients at risk of hospital admission were identified and seen on the same day when appropriate.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- 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 alcohol cessation and young people in need of mental health support. Patients were then signposted to the relevant service.
- A counsellor was available in-house and referrals were made to secondary care services as required.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 86.7%, which was comparable to the CCG average and higher than the national average. There was a policy to send written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Data relating to childhood immunisation uptake rates for the vaccinations given were available for the year 2013-14 and showed that the practice performed higher than the local average. For example, uptake rates for the vaccinations given to under two year olds ranged from 89.5% to 100% and five year olds from 96.8% to 100%. Flu vaccination rates for the over 65s were 67%, and at risk groups 53%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-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 that members of staff were courteous and very helpful to patients and treated people with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity 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.
- Reception staff were able to sense when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.

All of the 35 patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comments were unwavering in their praise of the caring and compassionate nature of all of the staff. The clinical staff were cited for their kind and professional approach. Non-clinical staff were complemented for their friendly approach, care and flexibility in supporting patients and their families.

Some patients were dependent on in-frequent rural bus services to attend the surgery. We were told that receptionists were able to tailor their appointment times to meet these restrictions. Patients who found that visiting the surgery made their mental health condition worse were visited at home. Patients who arrived at the wrong time or had missed their appointment were nevertheless seen. We observed staff to be friendly, respectful and kind to patients visiting the surgery and also to those who phoned for an appointment or advice.

Prior to the CQC inspection, the practice had publicised our visit via social media and encouraged patients to share their experience of care with us

We also spoke with four members of the patient participation group (PPG). They also told us they were

highly satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect and were significantly higher than local and national averages.

For example:

- 99% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 97% said the GP gave them enough time (CCG average 89%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 97% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 96% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 very positive and aligned with these views.

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 significantly higher than local and national averages. For example:

- 97% 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%.



Are services caring?

- 94% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 81%)

The patient survey and statements from patients through the comment cards, the PPG and those we spoke with on the day showed that the practice placed their patients at the centre of their concern and demonstrated compassion, care and clinical competence. Their patients were both involved in their care and felt confident about the advice and contact they had with their GP, the nurses and the reception staff.

Staff told us that translation services had not been recently requested, and we saw that the patient demographic did not indicate a frequent need for these services. Data from the 2011 census suggested that more than 98% of the population were White British. We saw evidence that details of a national interpretation service was stored within the reception area. Staff were aware of the service and told us they would use it if required.

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.

The practice had a register of patients who were carers and also those patients receiving palliative (end of life) care. These patients were not currently flagged on the system and following our feedback the practice has taken steps to rectify this. The practice had recruited a member of staff to be a 'Carers Champion' and staff were also encouraged to undertake training to become 'Dementia Friends'. Carers who were struggling were occasionally referred to a local charity for a paid short respite break..

Written information was available to direct carers to the various avenues of support available to them.

Patients who experienced bereavement were supported by staff and directed to local services. Patients told us that in times of crisis, all staff at the practice had responded in a compassionate and caring way.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had engaged with the local CCG initiative to support carers.
- The practice offered early morning and late evening appointments on a Monday for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability, and other patients who would benefit from longer appointments were flagged on the computer system to automatically allocate 20 minutes to their consultation.
- Home visits were available for frail or house-bound patients who would benefit from these, especially those with anxiety who found attending the surgery overwhelming or stressful.
- Same day appointments were routinely available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice offered services for those experiencing hearing difficulties through the on-site audiology suite. The practice also provided screening for patients at risk of abdominal aortic aneurysm (a life threatening blood vessel condition). Screening and monitoring of other cardiac (heart) conditions were provided at a specialist clinic held at the practice. This served the local population and reduced the burden on local hospital services along with the inconvenience of travel for patients.
- Minor surgery was also provided for the removal of moles, cysts and other skin conditions.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were available daily for either morning or afternoon surgeries. An extended hours surgery was offered on a Monday between 7am to 8am and 6pm to

8.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were significantly higher than local and national averages. People told us on the day that they were able to get appointments when they needed them and during the inspection we saw that non-urgent appointments were available for the next day.

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 98% patients described their experience of making an appointment as good (CCG average 74%, national average 73%).
- 82% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 65%).

Listening and learning from concerns and complaints

The practice had an effective and flexible 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, however, patients were encouraged to discuss their concerns with the member of staff they felt was most appropriate.
- We saw that information was available to help patients understand the complaints system and there was an openness and enthusiasm in promoting access and accepting complaints. All team members were empowered to resolve issues at the first point of contact whether with reception, practice management or a clinician directly. Complaints that required a formal response were logged.

We looked at three complaints received in the last 12 months and saw that they had been appropriately acknowledged and responded to. One of the complaints

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

was still ongoing and we saw evidence that the practice had been open and cooperative in responding to the investigation being undertaken by a health trust. Lessons were learnt from concerns and complaints and action was

taken to as a result to improve the quality of care. For example, following a complaint a computer template had been developed within the practice to create a diagnosis pathway for the identification of sepsis (blood poisoning).

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 described their values of providing high quality care in an inclusive and professional way.
- These values were displayed and all of the staff we spoke to who knew and actively applied them in their day to day work and engagement with patients.
- The practice had drafted a strategy but had yet to develop this into a supporting business plan. The partners held regular meetings and we saw evidence that these meetings reflected the vision of the practice and were regularly discussed. We saw evidence that the practice undertook all-age engagement with the local community by visiting the local primary school, further education college and hospice. All of the staff we spoke to felt involved in voicing their views and aspirations to meet challenges in workforce planning and an increasing patient list.

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 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 was managed by the practice manager and the clinicians worked closely with the medicines management team in reviewing and acting upon prescribing reviews.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Clinical audits undertaken by the partners were evidenced in three areas; management of atrial fibrillation, the use of the drug amiodarone and the

outcomes of minor surgery. We found the audit cycle to be complete in one case, with a re-audit overdue in two areas. The practice were advised of the need to make improvements in this area.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- the practice gives affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- 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 confident in doing so and felt supported if they did.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Good 

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and had carried out patient surveys which had high levels of positive feedback. It had submitted proposals for improvements to the practice management team and discussed ways to diversify membership of the PPG. For example, the disabled parking bays were re-painted following a successful bid for funding and a new fresh water dispenser was installed in the waiting room. Publicity within the practice had promoted the availability of a room for confidential discussions with reception staff and notice boards had been improved. Recognition that there would be benefits to increase group membership to under-represented groups had led to an approach being made to a local further education college to encourage a young person to join and this effort was ongoing.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Nursing staff told us that when discussing a new clinical procedure or protocol with GPs or the advanced nurse practitioner, they felt very well supported and encouraged to develop new ways of working to benefit patient care. An example being the administration of a drug by injection when previously it

was given orally. We were told that on the first occasion the drug was administered in this way, the nurse asked for support and supervision and this was freely given. Staff told us they felt involved and engaged to improve how the practice was run and they felt part of a professional and caring team. During the inspection we observed that all staff members interacted with each other in a friendly, supportive and collaborative way. We were told that the GP partners are mutually supportive of each other contributing an equal number of clinical hours including extended hours surgeries.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and recognised that workforce planning in regard to nursing was essential as their core staff were approaching potential retirement age. Discussions had taken place regarding a possible administrative apprentice opportunity and also the feasibility of offering student nurse placements to encourage their interest in practice nursing and potential future employment. The practice was also a GP training practice and had regular FY2 doctors (trainee GPs) on placement within the practice. Partners told us this helped to stimulate their own learning and reflection in clinical practice.