

Liquorpond Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Liquorpond Surgery on 21 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However it was not recorded that learning was cascaded to staff.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice was responsive to the needs of patients and tailored its services to meet those needs.
- The practice had engaged with the migrant population to help them understand the services available to them.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. However there was dissatisfaction with the telephony system which meant that it was sometimes difficult to get through on the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was strong emphasis on learning and improvement.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- Patient records in paper format were not stored in a manner that ensured their security.

The areas where the provider should make improvement are:

- Keep records to show that learning from serious events and complaints is cascaded to staff.
- Implement a system to show that staff had read policies.
- Complete a full fire drill at a time when patients are present in the premises.

- Should consider an alternative means of calling patients for their consultation to cater for those with a hearing impairment.
- Should inform the Care Quality Commission when appropriate storage cabinets for patient records in paper format have been installed.
- Continue to address the issues with the telephone system to enhance patient access.

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
- However it was not evident that learning was shared to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There were effective systems in place to ensure the practice could continue to function should foreseeable events such as fire, flood or loss of utilities affect the surgery.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that overall achievement was 94% which was comparable to both the CCG and national average.
- There was an effective system for the recall of patients with long term conditions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible in a range of different languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- GPs offered support to relatives and carers in times of bereavement.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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. For example the practice participated in the scheme to meet the enhanced healthcare needs of older patients through a collaboration with Bromhead Nurses.
- Patients said they found it easy to make an appointment 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 on the practice website and evidence showed the practice responded quickly to issues raised. However it was not evident that learning from complaints was cascaded to staff.

Are services well-led?

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

Good



- The practice 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings for all staff groups.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- There was a whistleblowing policy in place and staff we spoke with had a good understanding of what it meant for them as individuals.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient reference group, although relatively new, was active and demonstrated a desire to work with the practice to improve the service to patients.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent same day appointments for those with enhanced needs.
- There was a strong emphasis on providing access to healthcare for patients in this population group with 72% of home visits being to patients aged 75 or over.

Good



People with long term conditions

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

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall diabetes QOF achievement was 93%, the same as the CCG average and 3% higher than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients 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.
- Immunisation rates were comparable for all standard childhood immunisations to both the CCG and national averages.
- The practice offered a range of reversible contraception.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- Rates for cervical screening were comparable to both CCG and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a full range of immunisations for babies, children and young people which were clearly explained on the practice website and advertised in the local Polish language newspaper.
- We saw positive examples of joint working with midwives, health visitors, district nurses 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 was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Re-call letters were sent in the appropriate language.
- Extended opening hours were available on two evenings a week.
- Sit and wait consultations were available from 12 noon and 6pm Monday to Friday after the end of morning an afternoon surgeries.
- A full range of on-line services were available to meet the needs of this group of patients.
- In house physiotherapy was available twice weekly to assist in an early return to work.

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 and the travelling community.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice recognised the needs of people such as travellers and the homeless and registered them as patients using the practice address.
- The practice was enabled to issue vouchers for food banks and patients with financial problems were referred to the Citizens Advice Bureau.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

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The practice made referrals to counselling, talking therapies and the Steps for Change program.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had 997 (8.7%) patients on the mental health, dementia or depression registers. They provided them with information on how to access various support groups and voluntary organisations.
- Practice staff had taken part in dementia awareness training and had become 'Dementia Friends'
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 109 were returned. This represented a return rate of 45% compared to the national average of 38%.

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

On 30 August 2016 Lincolnshire East Clinical Commissioning Group held a listening clinic at the

practice to gather feedback from patients. Of the 30 patients spoken with 29 provided positive feedback and one gave negative feedback. The one negative response related to difficulty in getting an appointment with a GP of choice and dislike of the telephone system.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards of which 44 were wholly positive about the standard of care received. They commented upon the caring attitude of staff and GPs, the quality of care and the cleanliness and facilities at the surgery. Three respondents, although expressing positive views about care and treatment, also expressed negative views that related to the getting through on the telephone, the difficulty in getting an appointment with a GP of choice and difficulty in hearing their name being called for their consultation.

We looked at the results of the Friends and Family Test and found the responses to be positive.

Areas for improvement

Action the service **SHOULD** take to improve

- Keep records to show that learning from serious events and complaints is cascaded to staff.
- Implement a system to show that staff had read policies.
- Complete a full fire drill at a time when patients are present in the premises.
- Should consider an alternative means of calling patients for their consultation to cater for those with a hearing impairment.
- Should inform the Care Quality Commission when appropriate storage cabinets for patient records in paper format have been installed.
- Continue to address the issues with the telephone system to enhance patient access.

Liquorpond Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of CQC Inspector, a GP specialist adviser and a practice manager specialist advisor.

Background to Liquorpond Surgery

Liquorpond Surgery provides primary medical services to 11,500 patients from a single surgery situated in Boston town centre, Lincolnshire. The building has been extended and improved to meet the needs of patients. The practice occupies two floors of the building with patient consultations taking place on both floors. A stair lift is available for patients and carers.

At the time of our inspection the practice consisted of five GP partners (whole time equivalent WTE 4.60), two nurse practitioners (whole time equivalent WTE 2.00) , six practice nurses (WTE 3.75), three health care assistants (WTE 2.39) .They are supported by a team of management, administration, reception and housekeeping staff. In all 41 people work at the practice.

The practice is located within the area covered by NHS Lincolnshire East Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

The practice has a General Medical Services contract. (The GMS contract is a contract between general practices and NHS England for delivering primary care services to local Communities). It is not a dispensing practice.

Boston and its surrounds has a population of 66,500 (2014) and has seen a 14.5% increase over the proceeding ten years, making it the fastest expanding population in Lincolnshire.

The practice has a higher percentage of patients (9.7%) over the age of 75 compared to the national average of 7.8%. Seven patients were aged over 100.

Boston and South Holland have some of the highest levels of migrant workers in England, they being predominantly from eastern Europe, in particular, Lithuania ,Poland and Latvia. Many of these patients are employed in agriculture, horticulture, food production , processing and manufacturing. Boston still has a sizable Portuguese community, a legacy from the previous influx of migrant workers. Approximately 25% of patients do not have English as their first language.

The surgery is open from 8am to 6.30pm Tuesday , Thursday and Friday and from 8am to 8pm on Mondays and Wednesdays.

The practice has opted out of providing out-of-hours services to their own patients. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust and is accessed by NHS111.

We had not previously inspected this practice.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 December 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses and administration staff.
- Reviewed an anonymised sample of 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried good evidence collection and a thorough analysis of significant events. However we found no written evidence that learning from such events was cascaded to staff, although those we spoke said that they were, and could quote examples.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner was the lead 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 on safeguarding children and vulnerable adults relevant to their role. GPs, nurses and health care assistants were trained to children's safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who had agreed to act as chaperones were trained for the role and had received a Disclosure and Barring Service (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training which was delivered by the nurse practitioner who acted as the liaison and kept up to date with best practice. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The nurse practitioners had qualified as independent prescribers. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants did not administer vaccines and medicines.
- We reviewed six personnel files of and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- 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 which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. However we found that there had never been a fire drill completed whilst patients were on the premises.
- 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

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 .
- The practice had oxygen and a defibrillator was available. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure, flood or building damage. The plan included emergency contact numbers for staff. The plan was accessible to all staff in hard copy and electronic form and the partners and key members of staff kept a copy at home.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators at 93% was similar to the CCG average and 3% higher than the national average.
- Performance for mental health related indicators was 99% which was 10% higher than the CCG and 6% higher than the national averages.

There was evidence of quality improvement including clinical audit.

- There had been several full cycle clinical audits completed in the last two years, including those into gestational diabetes, high risk drugs prescribing, note taking and prescribing of Digoxin. Areas for improvement had been highlighted and action taken.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as 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. For example, for those reviewing patients with long-term conditions such as chronic kidney disease and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example each had attended an immunisation update course in the last 12 months.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received a comprehensive range of training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning, face to face 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and

Are services effective?

(for example, treatment is effective)

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence of close collaboration between the practice and nurses provided by the Bromhead Medical Charity which had been commissioned by the United Lincolnshire Hospitals NHS Trust to visit patients in residential care and nursing homes as part of the process of reducing the number of unnecessary admissions to hospital.

Palliative care meetings took place with other health care professionals every two weeks when care plans were routinely reviewed and updated. These were routinely attended by GPs, community, Macmillan and Bromhead nurses and nurses from a hospice.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and had received the appropriate training. 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. For example we saw that there was written consent to minor surgery.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. For

example the healthcare assistants provided smoking cessation advice as part of the Quit 51 campaign. Patients were signposted to the relevant service where the service was not provided in-house.

- The practice offered a comprehensive range of contraceptive and sexual health services.
- Data from NHS England showed the practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 74% and the national average of 74%.
- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice provided a full range of immunisations for babies, children and young people which were clearly explained on the practice website and detailed in the local Polish language newspaper.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 98% which was comparable to the CCG average of 90% to 97% and five year olds from 84% to 96% which was comparable to the CCG average of 87% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them 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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs.

Care Quality Commission comment cards we received were positive about the caring attitude of staff. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were 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. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients said they felt involved in decision making about the care and treatment they received. They also said they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available in a number of commonly spoken eastern European languages as well as Portuguese.
- The practice had specifically employed a receptionist who was a Latvian and Russian speaker. A GP was a Portuguese speaker.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

GPs told us that they and staff made every attempt to identify both carers and those who were cared for.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 209 patients as carers (1.8% of the practice list).

In times of bereavement GPs offered a telephone consultation or home visit to the next of kin, partner or carer to offer support and signpost them to bereavement orientated services.

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 offered an extended hours on a Monday and Wednesday evening until 8 pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and mental health needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Childhood-immunisations and flu-clinics were provided at any time and whooping-cough vaccination offered to pregnant-ladies with a 64% uptake. The details regarding these vaccinations had been advertised in the local Polish language newspaper.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Patients we spoke with confirmed that invariably an appointment was provided on the day for those in clinical need.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. They could be referred to other providers for vaccines such as Yellow Fever.
- There were disabled facilities, a hearing loop and translation services available. A stair lift was fitted to assist patients in reaching clinical rooms on the first floor.
- Patients were called for their consultation by means of a public address system. We found that the message was on occasions indistinct or even unintelligible. One person who submitted a CQC feedback card commented that as they were partially deaf they could not hear their name being called.
- The practice had recently recruited a receptionist who spoke Russian and Lithuanian.
- One GP spoke Portuguese, Spanish and French.
- Recall letters were sent in a variety of languages at the request of the recipient.

Access to the service

The practice was open between 8am and 8pm on Monday and Wednesday and 8am to 6.30pm Tuesday, Thursday and Friday. In addition there was a sit and wait service at 12 noon and 6pm at the end of the morning and evening surgeries. Pre-bookable appointments were available and patients told us that they were able to get appointments on the day if it was an urgent health issue. We saw that the extended hours provision was well used.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages, for example

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average 61% and national average of 73%. Partners and staff as well as members of the patient participation group were aware the dissatisfaction with the telephony system. We were told that the practice was tied into a long contract with the provider who had been unable to rectify the problems, that were primarily related to long waiting times on hold. There was no capacity to increase the number of telephone lines to meet the demand. We were assured that the practice was actively seeking a resolution to the problem.
- Four patients we spoke with told us that they were able to get an appointment on the day they called when it was necessary.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- A GP partner was the designated responsible person for all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example through a poster displayed in the patient waiting area.

We looked at 11 complaints received in the last year and found these were satisfactorily handled, dealt with in a

timely way and with openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, we saw that reception staff had been reminded of the importance of highlighting failed attempts to contact patients. However we did not see any written evidence that learning from complaints had been cascaded to staff.

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 been founded in 1955 and the mantra of the founding GP was clearly displayed. We were told it was at the heart of the practice ethos. It read, 'May all who come here find comfort and courage and all who serve here, skill and understanding'
- Staff clearly understood what was expected of them in attaining and maintaining an efficient and caring service.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However there was no system in place to show that staff had read the policies.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However we found that paper 'Lloyd George' patient records were not stored in an appropriate manner so as to ensure their security. Following our inspection we received written evidence that the practice had ordered suitable cabinets.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us and records showed the practice held regular meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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 the service delivered by the practice.

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.

- The practice had gathered feedback from patients through the virtual patient participation group (PPG)

Are services well-led?

Good 

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

and through surveys and complaints received. We met with four members of the group who told us they had 12 active members who met every three months. The group communicated by email, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG were represented on the Patient Council at the clinical commissioning group.

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

- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. For example the practice was a GP training practice as part of the University of Nottingham medical school.