

Rutherford Medical Centre

Quality Report

1 Rutherford Road, Liverpool, L18 0HJ
Tel: 0151 722 1803
Website: www.rutherfordmedicalcentre.co.uk

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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	
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Are services safe?	Good	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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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 Rutherford Medical Centre on 8 October 2015. Overall the practice is rated as **good**.

Specifically, we found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also good for providing services for all the population groups it serves.

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

- Good systems were in place to ensure incidents and significant events were identified, investigated and reported. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents. Information about safety was recorded, monitored, appropriately reviewed and addressed.

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance. Staff had received training appropriate for their roles and any further training needs had been identified and planned.
- Patients spoke very positively about the practice and its staff. They said they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available, in different languages and easy to understand for the local population.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available on the same day.
- 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.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it 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



Summary of findings

Are services well-led?

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

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. They carry out 'Comprehensive Geriatric Assessments' (CGAs) to ensure the most vulnerable elderly patients have their needs assessed and care planned and delivered proactively. The assessments identify those in need of extra support and help avoid hospital admissions. Longer appointment times were given to account for the complexity of these cases. CGAs are documented in a template. The practice had two members of staff that had become 'dementia buddies' to provide support to patients and their families. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff were appropriately trained and 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. The practice had a robust recall system in place to ensure patients were reviewed as their needs required. All these patients had a named GP and a structured annual review to check that their health and medication 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. The practice had an 'unplanned admissions' process which ensured that patients who had attended A&E or been admitted to hospital was reviewed by the nurses.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Weekly mother and baby clinics for baby and postnatal checks were provided. 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 A&E attendances. Immunisation rates were good for all standard childhood immunisations. Patients told us that children and young people

Good



Summary of findings

were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The practice had a daily 'open surgery' policy which any parent and child could attend on the day. For babies and young children up to the age of 5 an appointment to attend was provided at the end of the morning to avoid long waits. Appointments were also 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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice also used the Electronic Prescribing System, increasing convenience for patients who might work during the day.

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 homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. 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). The practice

Good



Summary of findings

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 and has a mental health register of patients.

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 (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

On the day of inspection, we spoke with 12 patients. This included members of the patient participation group (PPG). A PPG is made up of a group of volunteer patients and practice staff who meet regularly to discuss the services on offer and how improvements can be made. We received 37 Care Quality Commission (CQC) comment cards which patients had completed before our inspection.

Mostly the comments made by patients were positive about the care patients received, including how caring and supportive staff were and how the environment was clean and tidy. The patients we spoke with on the day of the inspection told us that staff were courteous, kind and treated them with dignity and respect. Patients told us they felt involved and supported in decisions about their care and treatment. Patients said they were always given information about their medical condition by the GP or the nurse.

The NHS England GP Patient Survey, published on 8 January 2015, gives up to date information on the service provided by the practice. Data for this survey was

collected between January and March 2014, and July and September 2014. This survey showed that the practice performed well compared to practices of a similar size in this area and in England. For example:

- 82% of respondents described the overall experience of their GP surgery as fairly good or very good, compared with 79% across the CCG and 78% nationally.
- 93% of respondents said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern, compared 88% across the CCG and with 85% nationally.
- 84% said the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care, compared to 88% across the CCG and 85% nationally.
- 85% of responses showed that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern, compared to 92% across the CCG and 90% nationally.

Rutherford Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The inspector was accompanied by a specialist GP and Practice Manager Advisor.

Background to Rutherford Medical Centre

Rutherford Medical Centre is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post natal care. The practice is situated within the Allerton area of south Liverpool. This area has lower than average deprivation scores for income, employment, healthcare and deprivation affecting children and older people and a larger population of student patients. The practice is a General Medical Services (GMS) contract with a registered list size of 6,880 patients (at the time of inspection). The practice has five GP partners, two practice nurses, practice manager and a number of administration and reception staff. The practice is also a training practice for trainee GPs and medical students.

The practice is open between 8.30am to 6.30pm Monday to Friday with appointments bookable in a variety of ways. Patients could pre book appointments, ask for urgent appointments or the practice had an 'open surgery' whereby patients could attend the practice and always be seen by a GP if they waited. Extended hours surgeries were offered on a Wednesday evening from 6.30pm to 7.45pm. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There were also arrangements to ensure patients received urgent medical assistance

when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring to obtain healthcare advice or treatment.

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. This 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

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

Detailed findings

- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 8 October 2015.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face before and during the inspection. We looked at survey results and reviewed CQC comment cards completed by patients to share their views of the service. We spoke with the GPs, nurses, administrative staff and reception staff on duty. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We explored how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. 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. Comprehensive records were kept of all incidents that had occurred with a full audit trail of information showing the actions taken. All complaints received by the practice were entered onto the system and were investigated fully. The practice carried out an analysis of the significant events on an annual basis.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. These were detailed and clearly showed that all incidents had been discussed at dedicated meetings or during the regular staff meetings taking place. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there were problems related to the coding of patient conditions on the practice IT system. The practice recognised that summary records needed to reflect patients' age and staff needed to identify more clearly any gaps in paper records. A new system was put into place to support this.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children 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.

- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. These 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.
- 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 regular fire drills were carried out. 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 and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead 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. Annual infection control audits were undertaken by the local team and we saw evidence that action was taken to address any improvements identified as a result. The practice manager had also undertaken an environment infection control of the environment when she first began working at the practice in 2014.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored

Are services safe?

and there were systems in place to monitor their use. Doctors bags were used to carry medicines to patient's homes if needed, we noted that one of these medicines had expired but this was replaced during our inspection.

- Recruitment checks were carried out and the two files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- 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.

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Panic buttons were also in place. 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. 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.

Arrangements to deal with emergencies and major incidents

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. 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 participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 97.8% of the total number of points available, with 5.7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was better than the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% compared to 88% nationally
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. For example the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less was 88% compared to 83% nationally
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was comparable to national figures at 83%

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The practice submitted to us a large number of patient audits

and reviews. These covered such topics as reviewing patient referrals to hospital Ear Nose and Throat and gynaecological appointments for their appropriateness. There were medicines management reviews such as the review of prescribing of Benzodiazepine use usage.

The practice was aware they had been over prescribing a certain type of antibiotics, notably broad spectrum cephalosporins (antibiotics). In response they undertook a full and completed audit of patients with urinary tract infections (UTI) and the medicines they had been prescribed for this. The aim of the audit was to review the practice prescribing for urinary tract infections for a 6 month period from January 2014 to the end of June 2014. The audit highlighted that although many cases were managed well and in keeping with local guidance for the management of UTI's, this was not always the case. The findings of the initial audit was presented to the clinical staff at the practice in November 2014 together with a review of the Pan Mersey antimicrobial guidelines and recommendations for change in clinical practice-essentially to stick to the antimicrobial prescribing guidance and use of diagnostic tests. It was also agreed to share this audit with colleagues and particularly new trainees and doctors at the practice.

Information about patients outcomes was used to make improvements such as the regular review of the format and set up of the practice multi-disciplinary meetings (MDT) held to review the care and support given to palliative patients.

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, fire safety, health and safety and confidentiality.
- 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 on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going 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.

Consent to care and treatment

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

and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Patients who may be in need of extra support such as carers were identified by the practice.

Information provided by the Clinical Commissioning Group (CCG) showed that practice performance for preventative care and treatment was good. The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.8%, which was the same as the CCG average of 81.8% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, flu vaccination rates for the over 65s were 79.02% compared to 73.24% nationally. 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 throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Staff we spoke with were careful to follow the practice's confidentiality policy when discussing a patients' treatment. Some staff we spoke with told us they knew conversations could be heard in the waiting area and in order to preserve confidentiality, they only asked for minimal information. Staff told us that if patients wanted to speak to the receptionist or practice manager in confidence, they would be taken to a private room.

Comment cards completed by patients told us what they thought about the practice. Most of the 37 patient CQC comment cards we received were positive about the service experienced. Some patients commented staff were excellent, kind and sympathetic. We also spoke with nine patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was always respected. Observation of, and discussions with staff showed that they were compassionate and treated patients in a sensitive manner. We spoke with a further three patients who were members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said they felt involved and listened to when changes were planned and made at the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

During the inspection patients spoke positively about how GPs and practice nurses involved them in their care. They told us that health issues were discussed fully with them and they felt involved in decision making about the care and treatment they received. Patients said they felt listened to and supported by staff. Patient feedback on the comment cards we received was also positive and aligned

with these views. Patients commented that clinical staff at the practice took the time to make sure they fully understood their treatment options. Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 85%.
- 90% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 93% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 94% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and these were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. This included carer support, counselling,

Are services caring?

dealing with loneliness for older people, memory loss and bereavement support. The practice website had information about family health, long term conditions and minor illness.

The reception area had a specific notice board area for carers signposting them to local support agencies and

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. For example, the local population had a high number of students and each year the practice visited the university to provide health and advice while offering registration for students having moved into the area. The practice also recognised that more work could be done to support patients and families with dementia and two reception staff had signed to become 'dementia buddies'. Alongside this work the practice was planning to undertake dementia screening for all older patients as part of all long term chronic disease patient reviews.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability and for patients with complex health needs.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- A patient lift had been installed to improve patient access

Access to the service

The practice was open between 8.30am to 6.30pm Monday to Friday with appointments bookable in a variety of ways. Patients could pre book appointments, ask for urgent appointments or the practice had an 'open surgery' whereby patients could attend the practice and always be seen by a GP if they sat and waited. Extended hours surgeries were offered from 6.30pm to 7.45pm on Wednesday evenings. Home visits and telephone consultations were available for patients who required them, including housebound and older patients. Comprehensive appointment information was available on

the practice website. This included how to arrange urgent appointments, home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring to obtain healthcare advice or treatment. Information on the out-of-hours service was also provided to patients on the practice website.

Patient feedback about accessing appointments was mixed. Some patients we spoke with told us it was relatively easy to make an appointment. For example, a number of patients told us the open surgery was a real benefit to patients whilst others raised the concern that the patient waiting room was at times too small to accommodate all the patients attending the practice. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable and sometimes higher than local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 85%.
- 98% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 88% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 57% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 52% and national average of 65%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system, this included a new complaints leaflet for patients. Patients we spoke with were aware of the process to follow if they wished to make a

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

complaint. We looked at five complaints received in the last 12 months and found they had been dealt with in a timely

way, were open and transparent when dealing with the complaint. We saw evidence that lessons were learnt from concerns and complaints and appropriate actions had been taken to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed and staff knew and understood the values. 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
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

We saw transparent and open governance arrangements. The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. Daily meetings were held between the nurses and GPs to enable them to have the time to discuss patient queries and to gain support if needed. The partners encouraged a culture of openness and honesty and this was evident in their approach to reporting incidents when errors took place.

A number of regular meetings took place. This included daily clinical meetings for GPs, meetings with the nursing,

administration coming together at a team meeting on a monthly basis. At these meetings any new changes or developments were discussed giving staff the opportunity to be involved. All incidents, complaints and positive feedback from surveys were discussed. 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. Staff said they felt respected, valued and supported. 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis who regularly submitted proposals for improvements to the practice management team. For example, the order of the chairs in the patient waiting room did not allow patients to view the call system and on the advice of the PPG this was changed.

The practice had also gathered feedback from staff through informal and formal meetings. Staff had access to a programme of induction and training and development. All staff had completed an annual appraisal which identified their learning and support needs for the coming year. The practice nursing team had been given good opportunity for personal development and they felt much supported. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their individual roles. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example the practice nurse lead identified that protected time was needed to enable effective clinical supervision to take place for the nursing team and this was supported by the GP partners.