The Beeches Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Beeches Medical Centre on 22nd September 2015.

Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from risk of abuse.
- There were appropriate systems in place to reduce risks to patient safety, for example, infection control procedures and the management of medication. However, the recruitment records needed improvement and an up to date fire risk assessment needed to be made available.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful.
- Services were planned and delivered to take into account the needs of different patient groups.
- Access to the service was monitored to ensure it met the needs of patients. Patients reported satisfaction with opening hours and said they were generally able to get an appointment when one was needed.
- The practice sought patient views about improvements that could be made to the service and acted on patient feedback. Information about how to complain was available.
- There were systems in place to monitor and improve quality and identify risk.

We saw an area of outstanding practice:

Summary of findings

- The practice provided a service to homeless patients and had set up a system to contact homeless patients and ensure any hospital correspondence was sent to the practice.

However there were areas where the provider should make improvements.

Importantly the provider should:

- Demonstrate that they have obtained satisfactory information about any physical or mental health conditions which are relevant to the duties to be performed by staff.
- Ensure that an up to date fire risk assessment is made available.

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?

Good

The practice is rated as good for providing safe services. Staff were aware of procedures for reporting significant events and safeguarding patients from risk of abuse. There were appropriate systems in place to protect patients from the risks associated with medication and infection control. We found that the recruitment practices should be improved by recording an assessment of the physical and mental fitness of staff. An up to date fire risk assessment needed to be made available to ensure the on-going safety of the premises.

Are services effective?

Good

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles.

Are services caring?

Good

The practice is rated as good for caring. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Staff we spoke with were aware of the importance of providing patients with privacy.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Are services well-led?

Good

The practice is rated good for being well-led. It had a clear vision and strategy. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients, which it acted on. The practice was aware of future challenges.

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

Good

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice had identified patients at risk of unplanned hospital admissions and a care plan had been developed to support them. These patients also had priority access to the practice. The practice carried out home visits and also visited care homes in the area.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. GPs and practice nurses were responsible for different long term conditions which meant they kept up to date in their specialist areas. Audits of long term conditions were undertaken to ensure patients' were receiving appropriate treatment and any necessary referrals had been carried out. The practice had strategies in place to identify long term conditions early and therefore improve patient care. For example, to identify patients at risk of chronic obstructive pulmonary disease (COPD) spirometry was offered to smokers. Patients who were housebound were visited at home for annual reviews of long term conditions and these were planned alongside immunisations, such as flu, for patient convenience. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Post-natal appointments were combined with baby immunisations for patient convenience. These appointments were

Summary of findings

made later in the day to support parents who struggled to make early appointments. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns. The practice also chased up pregnant women to ensure they received the vaccinations they required. There was a policy of same day appointments for all children. Contraceptive and sexual health advice was provided. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding children. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised. The safeguarding lead GP liaised with and met regularly with the health visitor to discuss any concerns about children and how they could be best supported.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could book appointments in person, on-line or via the telephone and repeat prescriptions could be ordered on-line which provided flexibility to working patients and those in full time education. The practice offered early morning appointments and was open from 08:00 until 18:00 on weekdays. Patients could access the practice by telephone until 18:30.Health checks were offered to patients who were over 45 years of age to promote patient well-being and prevent any health concerns.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. The practice provided a service to homeless patients and had set up a system to contact homeless patients and ensure any hospital correspondence was sent to the practice. Support was provided to patients who misused alcohol, street drugs or prescription medication. The practice worked closely with the drug and alcohol team to support these patients. Staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and they had access to the practice's policy and procedures and had received training in this.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good 

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual health check and a high proportion had a mental health care plan agreed. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. One of the GPs was the Clinical Commissioning Group mental health lead which ensured the practice was up to date with best practice and provided services to meet the needs of these patients. Longer appointments were offered to patients with poor mental health and the practice also had a system in place to ensure frequent attenders at accident and emergency were identified and their needs addressed.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 (data collected from January-March 2015 and July-September 2014) showed the practice was generally performing in line with local and national averages in relation to care and treatment. There were 104 responses which represents 1.3% of the practice population.

- 88.6% said the GP was good at listening to them compared to the CCG average of 90.2% and national average of 88.6%.
- 92.1% said the GP gave them enough time compared to the CCG average of 88.7% and national average of 86.8%.
- 97.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.1% and national average of 95.3%.
- 91.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.1% and national average of 85.1%.
- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 79.2% and national average of 86.9%.
- 98.4% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97.7% and national average of 97.2%.

Some responses concerning the care and treatment provided by nurses were slightly above average when compared to local and national averages for example:

- 97.7% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 97.7% said the nurse gave them enough time compared to the CCG average of 92.9% and national average of 91.9%.
- 97.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.7% and national average of 90.4%.

In response to overall experience of the practice 95% of respondents described their overall experience of this surgery as good which was higher than the CCG average of 82% and the national average of 85%.

The national GP patient survey results showed that patient's satisfaction with access to the practice was generally comparable to local and national averages. For example:

- 73.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.8% and national average of 75.7%.
- 72.4% patients described their experience of making an appointment as good compared to the CCG average of 62.4% and national average of 73.8%.

Access to the practice by phone was comparable to local averages but lower than the national average. The practice was looking at ways to improve this.

- 55.9% patients said they could get through easily to the surgery by phone compared to the CCG average of 52.3% and national average of 74.4%.

We received 22 comment cards and spoke to six patients. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Patients considered their privacy and dignity were promoted and they were treated with care and compassion. Patients said they were generally able to get an appointment when one was needed. Three said it could be hard to get through to the practice by telephone, especially in the morning and one said it could sometimes be difficult to get an appointment in the morning.

The practice had carried out a survey in 2013/2014. This showed that 90% of respondents were happy with the care and attention they received at the practice.

Areas for improvement

Summary of findings

Action the service SHOULD take to improve

- Demonstrate that they have obtained satisfactory information about any physical or mental health conditions which are relevant to the duties to be performed by staff.
- Ensure that an up to date fire risk assessment is made available.

Outstanding practice

- The practice provided a service to homeless patients and had set up a system to contact homeless patients and ensure any hospital correspondence was sent to the practice.

The Beeches Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to The Beeches Medical Centre

The Beeches Medical Centre is responsible for providing primary care services to approximately 8135 patients. The practice is based in a more deprived area when compared to other practices nationally. The number of patients with a long standing health condition, health related problems in daily life and with caring responsibilities is higher than average when compared to other practices nationally.

The staff team includes four partner GPs, two salaried GPs, three practice nurses, practice manager and reception and administrative staff. The practice is a training practice and at the time of our visit had one GP registrar working for them as part of their training and development in general practice.

The practice is open 08:00 to 18.00 Monday, Tuesday, Wednesday and Friday and from 08:15 until 13:00 on Thursday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours services provided by UC24 and Halton Clinical Commissioning Group.

The practice has a Personal Medical Service (PMS) contract. The practice offers a range of enhanced services including minor surgery, flu and shingles vaccinations and learning disability health checks.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services 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
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

Detailed findings

• 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 22nd September 2015. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face during the inspection, we looked at survey results and reviewed CQC comment cards completed by patients. We spoke with representatives from the Patient participation Group (PPG). We spoke to clinical and non-clinical staff. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The practice held staff meetings at which significant events were discussed in order to cascade any learning points. We looked at a sample of significant events and found that action was taken to improve safety in the practice where necessary.

Overview of safety systems and processes

The practice had 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 practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Any concerns about the welfare of younger children were discussed with the health visiting service for the area. Children's attendance at accident and emergency departments was monitored. Alerts were placed on patient records to identify if there were any safety concerns. We noted that some of these alerts were out of date and needed to be reviewed. The practice had contacted all care homes where they had patients to ascertain if any were the subject of a Deprivation of Liberty Safeguard (DOLs). This information had then been added to the patients' records to alert staff.
- A notice was displayed in the waiting room and in treatment rooms, advising patients that a chaperone was available if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). 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. Chaperones had also received training for this role.
- There were procedures in place for monitoring and managing risks to patient and staff safety. Checks of fire safety equipment had been carried out and fire drills took place which enabled staff to be familiar with the action to be taken in the event of a fire. A quarterly audit of fire safety had taken place but the fire risk assessment (which is a more comprehensive assessment) had not been reviewed in several years. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We noted that a list of all equipment held at the practice could be maintained to assist with equipment checks.
- Appropriate standards of cleanliness and hygiene were followed. For example, cleaning schedules were in place, there was access to protective clothing and equipment and there was a system for the safe disposal of waste. There was an infection control protocol in place and staff had received up to date training. There was a lead for infection control who liaised with the local infection prevention teams to keep up to date with best practice. The practice had undertaken an infection control audit in August 2015 which demonstrated compliance in all areas assessed. Hand washing audits were regularly carried out to ensure staff were following hand washing guidelines.
- 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 and managed. Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. We noted that medications stored in GP bags were in date, however a central record was not kept of all these medications to assist with monitoring if they were in date and readily available.

Good

Are services safe?

- Recruitment checks were carried out and the three 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 Disclosure and Barring Service. We saw that a recent check of the Performers List and General Medical Council (GMC) had been undertaken for all GPs at the practice and we were told that a system for undertaking periodic checks of their registration would be put in place. We found that the recruitment practices should be improved by recording an assessment of the physical and mental fitness of staff.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There were emergency medicines available which were all in date and held securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and 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.

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. Consent forms for surgical procedures were used and scanned in to the medical records.

Protecting and improving patient health

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with smoking cessation and alcohol services and staff told us these services were pro-actively recommended to patients. Health checks were offered to patients who were over 45 years of age to promote patient well-being and prevent any health concerns. New patients registering with the practice completed a health questionnaire and were given a new patient medical appointment with the practice nurse.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF) and other sources to identify where improvements were needed and to take action. Quality and Outcomes Framework (QOF) information for the period of April 2013 to March 2014 showed the practice was generally meeting its targets regarding health promotion and ill health prevention initiatives. The practice was an outlier for blood pressure readings for patients with diabetes and hypertension. The practice was aware of this and had taken steps to address this through their recall and auditing systems.

Childhood immunisation rates for vaccinations given for the period of April 2013 to March 2014 were generally comparable to the CCG averages. The practice had a system in place to follow up patients who did not attend for vaccinations.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff 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. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services. Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients who were at risk of unplanned hospital admissions.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (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. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. Current results were 88.7% of the total number of points available. The practice was an outlier for blood pressure readings for patients with diabetes and hypertension. The practice was aware of this and had taken steps to address this through their recall and auditing systems. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was generally similar to the national average. However, blood pressure readings for patients with diabetes in the last 12 months was 59.8 compared to the national average of 78.53.
- Performance for mental health assessment and care was similar to the national averages.
- Performance for cervical screening of eligible women (aged 25-64) in the preceding five years was similar to the national average.

Good

Are services effective?

(for example, treatment is effective)

- The percentage of patients with hypertension having a blood pressure test in the last 9 months was 69.88% compared to the national average of 83.11%.
- The percentage of patients with atrial fibrillation currently treated with anticoagulation drug therapy or an antiplatelet therapy was 95.83% when compared to the national average of 98.32%.

The practice had strategies in place to identify long term conditions early and therefore improve patient care. For example, to identify patients at risk of chronic obstructive pulmonary disease (COPD) spirometry was offered to smokers. Patients with impaired glucose regulation (IGR) who were at risk of developing type 2 diabetes were provided with education by the practice or referred to the Health Improvement Team run by the CCG and were recalled annually for blood tests to check for progression to diabetes. A GP and practice nurse were trained to initiate insulin. The GP reported that this enabled the practice to manage type 1 diabetics who would not attend hospital more effectively and enabled the practice to look after more type 2 diabetes patients on insulin rather than refer to hospital.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of the prescribing of medication such as antibiotics and laxatives to ensure appropriate practices were being adhered to. Regular audits of atrial fibrillation were carried out to ensure patients were offered optimum support for stroke prevention and to enable patients to make informed choices about the care and treatment provided. We also saw a cancer audit which showed that referrals were completed appropriately, including two week rule referrals where patients presented with red flag symptoms. The GPs told us clinical audits were often linked to medicines management information, safety alerts, clinical interest or as a result of Quality and Outcomes Framework (QOF) performance. All the clinicians participated in clinical audits. We discussed audits with GPs and found evidence of a culture of communication, sharing of continuous learning and improvement.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included managing long term conditions, medication prescribing, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The GPs worked closely with the CCG which ensured the practice was up to date with best practice to meet the needs of patients. For example, one GP was the cancer and end of life lead and another was the mental health lead for the CCG.

The practice had achieved and implemented the Gold Standards Framework for end of life care. They kept a record of patients needing palliative care. Gold Standards Framework meetings were held alongside multi-disciplinary meetings every month where the needs of patients with terminal illnesses and complex health needs were discussed. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as 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 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.
- 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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. 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.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

We received 22 comment cards and spoke to six patients. This indicated that patients considered their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

Data from the National GP Patient Survey July 2015 showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about average when compared to local and national averages for example:

- 88.6% said the GP was good at listening to them compared to the CCG average of 90.2% and national average of 88.6%.
- 92.1% said the GP gave them enough time compared to the CCG average of 88.7% and national average of 86.8%.
- 97.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.1% and national average of 95.3%.
- 91.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.1% and national average of 85.1%.
- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 79.2% and national average of 86.9%.
- 98.4% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97.7% and national average of 97.2%.

Some responses concerning the care and treatment provided by nurses were slightly above average when compared to local and national averages for example:

- 97.7% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 97.7% said the nurse gave them enough time compared to the CCG average of 92.9% and national average of 91.9%.
- 97.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.7% and national average of 90.4%.

In response to overall experience of the practice 95% of respondents described their overall experience of this surgery as good which was higher than the CCG average of 82% and the national average of 85%.

The practice had carried out a survey in 2013/2014. This showed that 90% of respondents were happy with the care and attention they received at the practice.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt health issues were discussed with them, they felt listened to and involved in decision making about the care and treatment they received.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally in line with local and national averages. For example:

- 90.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.6% and national average of 86.3%.
- 76.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81.5%.

Good

Are services caring?

- 97.6% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92.3% and national average of 89.7%.
- 91.6% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88.7% and national average of 84.9%.

The GP partners told us they reviewed the results of the National Patient Survey and where any shortfalls were identified these were discussed and an action plan put in place to address them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example**,** the practice offered a range of enhanced services such as dementia assessments and avoiding unplanned admissions to hospital. GPs had worked with the CCG and developed information leaflets to provide to patients throughout the CCG to encourage access to services. For example, one GP had been involved in developing a comic for use with patients with a learning disability to encourage talking about feelings and mental health.

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients, patients with complex needs and patients who were at risk of unplanned hospital admissions.

The practice had a Patient Forum that met with practice staff, carried out patient surveys and made suggestions for improvements. We met with representatives from the Patient Forum. They told us that improvements had been made to the practice as a result of their involvement, they said they felt they were listened to and that their opinions mattered.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice was open from 08:00 to 18:00 Monday, Tuesday, Wednesday and Friday allowing early morning and late evening appointments to be offered.
- There were longer appointments available for patients who needed them, such as patients with a learning disability, poor mental health or who had long term conditions.
- Urgent access appointments were available for children and those with serious medical conditions.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- The practice had strategies in place to identify long term conditions early and therefore improve patient care. For example, to identify patients at risk of chronic obstructive pulmonary disease (COPD) spirometry was offered to smokers.
- There were disabled facilities, hearing loop and translation services available.
- The practice provided a service to homeless patients and had set up a system to contact homeless patients and ensure any hospital correspondence was sent to the practice.
- Support was provided to patients who misused alcohol, street drugs or prescription medication. The practice worked closely with the drug and alcohol team to support these patients.
- Staff spoken with indicated they had received training around equality and diversity.
- The practice referred patients to Wellbeing Enterprise Services, a social enterprise to support people to achieve happier, healthier and longer lives. Patients could be referred for support with a number of issues, including, debt management, housing, social isolation.
- The practice had a newsletter to keep patients up to date with any changes and services available.

Access to the service

The practice was open from 08:00 to 18:00 Monday, Tuesday, Wednesday and Friday allowing early morning and late evening appointments to be offered. On Thursdays the practice was open from 08:00 until 13:00. Following patient feedback the practice was planning to open Thursday afternoons until 18:00 from 1st October 2015. Appointments could be booked up to six weeks in advance and booked on the day. Telephone consultations were also offered. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice.

Results from the national GP patient survey from July 2015 (data collected from January-March 2015 and July-September 2014) showed that patient's satisfaction with access to care and treatment was comparable to local and national averages. For example:

- 73.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.8% and national average of 75.7%.
- 72.4% patients described their experience of making an appointment as good compared to the CCG average of 62.4% and national average of 73.8%.

Access to the practice by phone was comparable to local averages but lower than the national average. The practice was looking at ways to improve this.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 55.9% patients said they could get through easily to the surgery by phone compared to the CCG average of 52.3% and national average of 74.4%.

We received 22 comment cards and spoke to six patients. Patients said they were generally able to get an appointment when one was needed. Three said it could be hard to get through to the practice by telephone, especially in the morning and one said it could sometimes be difficult to get an appointment in the morning. The patients we spoke with were happy with the practice opening hours but welcomed the decision to open on Thursday afternoons. They also said that repeat prescriptions were well managed.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available for patients to refer to in the waiting room and on the practice website. The complaints' policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. We reviewed two complaints received within the last 12 months. They had been appropriately investigated, patients informed of the outcome and records demonstrated the actions taken to improve practice where appropriate.

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 ”an equitable, patient driven, high quality and caring primary health care service without prejudice to patients of the practice.” This was displayed in the waiting areas and on the website and staff we spoke with knew and understood the values of the practice.

Governance arrangements

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. The reception and administrative staff met to discuss their roles and responsibilities and share information. Partners and the practice manager met to look at the overall operation of the service.

There was a leadership structure in place and clear lines of accountability. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff told us they felt the practice was well managed.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. We looked at a sample of policies and procedures and found that the policies and procedures required were available and up to date.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The GPs spoken with told us that QOF data was regularly discussed and action plans were produced to maintain or improve outcomes.

The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. A discussion with the GPs showed improvements had been made to the operation of the service and to patient care as a result of the audits undertaken.

The practice had systems in place for identifying, recording and managing risks. We looked at examples of significant incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made to the practice as a result of reviewing significant events.

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

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the Patient Forum and through surveys and complaints received. Patients could leave comments and suggestions about the service via the website or via a comments box in the waiting room. The practice also sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from June to August 2015 showed that the majority of patients who had responded were either “extremely likely” or “likely” to recommend the practice.

The practice had also gathered feedback from staff 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.

Innovation

The practice team was forward thinking and was part of local initiatives to improve outcomes for patients in the area for example, the practice had worked with the CCG and developed information leaflets to provide to patients throughout the CCG to encourage access to services. Strategies were being further developed to identify long term conditions early. The practice was planning to pilot an on-line patient consultation service to manage minor conditions and further improve access to the service.