St Peter's Surgery

Quality Report

51 Leckie Road
Walsall
West Midlands
WS2 8DA
Tel: 01922 623755
Website: www.stpeterssurgery.com

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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 of St Peter's Surgery on 6 July 2015. Overall the practice is rated as good.

Specifically, we rated the practice as good for providing safe, effective, caring,responsive and well led services. The service provided to the following population groups was rated as good:

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

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All opportunities from incidents were maximised and lessons learnt were communicated widely to support improvement. Complaints were analysed in order to identify potential themes and trends. Learning from complaints was shared with staff.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. The practice recognised the care, treatment and support needs of their patients and offered services accordingly.
- Staff had received training appropriate to their roles. There was evidence of appraisals and personal development plans for all staff with practice wide learning objectives identified.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Following patient feedback the appointment system had been reviewed and changes made. Completed audits identified that telephone access required ongoing improvements.
- There were effective systems in place to ensure the quality of the service provided was monitored and reviewed. The systems in place were well managed and supported continuous improvement to the service provided.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Review the practice policy for registration of new patients to include those who have no fixed abode to ensure a clear process which allows easy access to the service for patients without an address.

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 understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The practice used incidents as an opportunity to learn. Lessons learnt were communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risk management was comprehensive, and well embedded at the practice.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed that most patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence (NICE) was available and used it routinely by practice staff. 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 needed for individual staff and teams had been identified. There was evidence of appraisals and personal development plans for all staff with practice wide learning objectives identified. Staff worked with multidisciplinary teams with regular meetings to ensure a coordinated approach to managing people with complex, long term conditions and those in high risk groups.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with other practices for the delivery of their care and treatment. 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. There were positive results from the Friends and Family Test with 91% of patients responding positively when asked if they would recommend the practice to friends and family.

Are services responsive to people's needs?

Good

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. The

Summary of findings

appointment system had been adapted following feedback from patients. Completed audits identified that telephone access required ongoing improvements. Urgent appointments were available the same day when required. 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. Evidence showed that the practice responded quickly to issues raised and had analysed the data in order to identify potential themes and trends. Learning from complaints was shared with staff.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision with quality and safety as its top priority. There was strong and visible leadership with high standards promoted and owned by practice staff and teams across all roles. Governance and performance management arrangements were managed embedded within the practice and had been proactively reviewed taking into account current models of best practice. The practice carried out proactive succession planning and had a shared practice ethos to deliver patient centred care. There was a high level of constructive engagement with staff with team meetings, appraisals and training in place. The practice gathered feedback from patients, and it had an active patient participation group (PPG) which acted on patient feedback and supported practice development.

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. 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. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

All patients over the age of 75 had a named GP. The practice were participating in the Avoiding Unplanned Admissions (AUA) enhanced service. Monthly multidisciplinary AUA meetings were held. GPs were supported by a dedicated AUA care coordinator who monitored any admissions or attendances at A&E and organised reviews to care and treatment where appropriate.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Each chronic disease area/register had a named nurse and GP as its lead and a practice policy in place. Patients were invited to attend a structured review to check that their health and medication needs were being met. Longer appointments were available to review patients with more than one chronic disease when necessary. Patients had a named GP and for those people with the most complex needs GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Patients with chronic diseases who were unable to access the practice received home visits. Patients unable to attend the surgery who had complex co-morbidity or frequent admissions to hospital were also referred to the community matron for additional support.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were 18.8% of patients registered at the practice who were under 18 years of age this was higher than the national average of 14.8%.

There were systems and training in place to support staff 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 relatively

Summary of findings

high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice worked jointly with midwives and health visitors.

The practice provided support to young patients experiencing poor mental health and where appropriate referred them to Child and Adolescent Mental Health and counselling services.

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 needs of the working age population, those recently retired and students had been identified. Extended opening hours were offered two mornings and one evening per week. The practice was proactive in offering online services with a practice leaflet available detailing the services offered. A full range of health promotion and screening that reflected the needs for this age group was also available.

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. The practice took part in the enhanced service for patients aged 14 and over with a learning disability. All patients with a learning disability were offered annual health checks, and where appropriate, extended appointments were available.

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.

Patients living in a nearby hostel were registered with the practice; however the practice policy for registration did not include the process for registering patients with no fixed abode.

Two GPs within the practice were Royal College of General Practice (RCGP) trained in drug misuse and they worked on a shared care basis with the local Drug and Alcohol Misuse Service.

The practice manager told us that clinical staff advised vulnerable patients about local charities and resources, for example in relation to domestic abuse, homeless and alcohol and drug misuse. The practice displayed posters about charities/agencies which patients could contact for further support.

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People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 86%% of people experiencing poor mental health had received an annual physical health check and had an agreed care plan in place. The practice worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Dedicated dementia screening clinic had increased the dementia diagnosis to above the CCG average, with subsequent referral for further care and support. The practice had designed a template for dementia face to face reviews to ensure that all the relevant information was captured, including carer's details and offering carer's support. The practice offered home visits to review patients with dementia who were unable to access the practice.

The practice had a high prevalence of patients with depression which was 3.9% above CCG average and 4% above England average. They worked closely with the Community Psychiatric Nurse (CPN) who saw patients at the surgery as well as sign-posting to a range of other support services.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. There were 112 responses and a response rate of 28%. The survey showed the practice was below the local and national averages in some areas.

- 34% find it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 78% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 71% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 86% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 56% describe their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.

In other areas the practice was in line with or above the local and national average, for example:

- 85% say the last GP they saw or spoke to was good at explaining test results, this was in line with both the CCG and national average of 84 and 86%.
- 87% of patients found the last GP they saw or spoke to good at treating them with care and concern. This was above the CCG and national average of 83% and 85%.
- 98% of patients had confidence and trust in the last nurse they saw or spoke to this was in line with the CCG and national average of 97%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards, the majority were positive about the standard of care received. The patients we spoke with on the day of the inspection were also generally positive about the care and treatment they received at the practice.

The practice were participating in the NHS Friends and Family Test. Patients were asked How likely they were to recommend the practice to friends and family. We saw that the practice had received 159 responses during a seven month period. 91% of responses were positive.

Areas for improvement

Action the service SHOULD take to improve

- Review the practice policy for registration of new patients to include those who have no fixed abode to ensure a clear process which allows easy access to the service for patients without an address.

St Peter's Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser and a CQC inspection manager.

Background to St Peter's Surgery

St Peter's Surgery is located in Walsall in the West Midlands and is part of the NHS Walsall Clinical Commissioning Group (CCG). (A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services). The practice is located in one of the most deprived areas in England. The practice has six GP partners, a practice manager, assistant practice manager, two practice nurses, two health care assistants and a team of administrative and reception staff. There were approximately 9000 patients registered with the practice at the time of the inspection.

The practice is open from 8.30am to 6.30pm Mondays to Fridays, with the telephone lines opening at 8am. Appointments are available during practice opening hours. Extended opening hours are early mornings between 7.30am to 8am Mondays and Tuesdays and late evenings between 6.30pm to 7pm. Telephone lines open at 8am. Home visits are available for patients unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book appointments.

St Peter's Surgery holds a General Medical Services (GMS) contract. (The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities). The GP out of hour's service is provided by Primecare.

St Peter's Surgery is a teaching practice for qualified doctors training to become a GP.

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. This provider had not been inspected before and that was why we included them.

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

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?

Detailed findings

- Is it well-led?

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

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

Before the inspection we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. During our visit we spoke with a range of staff and spoke with patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record

The practice prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The practice was proactive in identifying potential risks and where appropriate safety alerts were added to the practice risk log and action taken was recorded. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We saw a log of all incidents and complaints was available and had been analysed to enable the practice to identify themes and trends. Incidents and complaints had been reviewed and discussed at various team meetings, we saw minutes from meetings which confirmed this.

Overview of safety systems and processes

- The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed a selection of significant events and saw this system was followed appropriately. Significant events were a standing item on the practice meeting agenda and a dedicated meeting was held annually to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff.
- National patient safety alerts were disseminated by the practice manager to practice staff. The practice manager showed us an example of a recent safety alert, which had been added to the practice risk register. We saw that it had been circulated appropriately and detailed actions taken were recorded.
- The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that staff had received relevant role specific training. We asked members of medical and nursing staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information and properly record concerns. Staff knew who to contact in working hours and out of normal hours, these contact details were easily accessible. The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles.
- There was a chaperone policy. Posters were clearly displayed in the waiting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. The practice manager told us that all staff had received Disclosure and Barring Service (DBS) checks and we saw evidence of this in the files we reviewed. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Medicines stored in the treatment rooms and medicine refrigerators were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures and described the action to take in the event of a potential failure. Records showed fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely.
- There was a system in place for the management of high risk medicines such as methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. We checked anonymised patient records which confirmed that the procedure was being followed and appropriate action was taken based on the results.

Good

Are services safe?

- We observed the premises to be visibly clean and tidy. The practice had policies and a named lead in place to support staff with infection control. The training matrix provided by the practice demonstrated that staff had received role specific training in relation to infection control. We saw there were cleaning schedules in place and cleaning records were kept. An infection control audit had been completed by NHS Walsall in April 2015. The practice had achieved a 97% pass rate. Some areas for improvement had been identified and an action plan was in place to address this.
- Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers and blood pressure measuring devices.
- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence 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 (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).
- A detailed risk log was in place and identified risks had been included. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk. The meeting minutes we reviewed showed risks were discussed at GP partners' meetings and within team meetings.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, the details of a heating company to contact if the heating system failed. The plan was last reviewed in June 2015.

The practice had commissioned a fire risk assessment in May 2015 that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills to ensure they were prepared in the event of a fire emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We discussed with the practice manager, GP and nurse how NICE guidance were disseminated. They told us changes to guidelines were presented at clinical, business or practice meetings as appropriate. Guidelines were discussed and any implications for the practice's performance and patients care and treatment were identified and required actions agreed. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines; we saw an example of a change to policy following a recent update to guidance.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective, including shorter review dates for more complex needs. One hour review appointments were available for patients with learning disabilities where appropriate. A GP told us that the time and place for these reviews were flexible and were often conducted in the patient's home.

The GPs told us they led in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support and this included trainees. GPs told us they supported all staff to review and discuss new best practice guidelines, for example, for the management of respiratory disorders.

Management, monitoring and improving outcomes for people

Information about people's care and treatment, and the outcomes, was routinely collected and monitored and this information was used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

The practice also used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. It achieved 96.3% of the total QOF target in 2014, which was above the national average of 94.2%. Specific examples of QOF achievement included:

- Performance for diabetes related indicators was 87.9% compared to the CCG and national averages off 92.5% and 90.1%
- 100% of patients had received regular monitoring for hypertension. This was 6.7% above the CCG average of 93.3% and 11.6% above the national average of 88.4%
- The dementia diagnosis rate was 82.6% which was above the national average of 62%

The practice's exception reporting was 5.5% which was 0.7% below the CCG average and 2.4% below the national average. (Exception reporting is the exclusion of patients from a QOF target who meets specific criteria. For example patients who choose not to engage in the review process or where a medication cannot be prescribed due to a contraindication or side-effect).

The practice was proactive in screening patients for dementia and referring for further assessments when appropriate. The practice had screened 108 patients in the last year, 17 of these were referred for additional assessments.

The practice showed us a number of completed clinical audits that had been undertaken. For example, diabetes audit which looked at the overall health outcomes for patients rather than just blood sugar levels. We were also shown a medication audit which had been completed following concerns in relation to potential side effects. This audit focused on patients on a specific medication on a repeat prescription. Actions taken and lessons learnt as a result of the audit were shared amongst colleagues.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. Due

Good

Are services effective?

(for example, treatment is effective)

to the higher than average number of patient with chronic obstructive pulmonary disease (COPD) who were on the palliative care register the community COPD nurse was invited to attend these meetings.

The practice had a 'Pro-Life policy'. Information regarding this was available on the practice leaflet and the practice website. It explained to patients that the doctors at the practice valued each individual life from conception to natural death. As a result the GPs did not recommend abortion or some forms of contraception. We discussed this with GPs and trainee GPs during the inspection. They told us that patients requiring these services would be referred appropriately for treatment and/or counselling. We saw that details were available to patients to self-refer to local services. Feedback from GPs and registrars was that the pro-life policy did not impact on end of life care.

Effective staffing

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

- 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 and appraisals. A training matrix was in place detailing training completed.
- Staff training records demonstrated the availability of training which included: safeguarding, mental capacity Act, and basic life support and information governance awareness. Nurses had training relevant to their role e.g. cytology and immunisation updates.
- Regular role specific team meetings as well as full team meetings. Agendas and minutes were available for all staff to access.

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 the intranet system. This included 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 ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multidisciplinary team meetings took place and that care plans were routinely reviewed and updated.

Emergency hospital admission rates for the practice were relatively high at 24.5% compared to the national average of 13.6%. The practice was commissioned for the Avoidable Unplanned Admissions (AUA) enhanced service. All staff had received training appropriate to their role in this initiative. A health care assistant (HCA) had been recruited as an AUA co-ordinator to support patients on the AUA register. All patients on the AUA register who had an A&E attendance or hospital admission were reviewed within 72 hours of discharge. A monthly meeting was held to discuss these patients in order to reflect on the care and treatment and identify any learning to prevent further unplanned admissions.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. The nursing staff gave examples of when and how consent to care and treatment was obtained at the practice. The practice told us training had been provided in MCA together with training in consent and confidentiality. The training matrix we viewed supported this.

Health promotion and prevention

It was practice policy to offer a health check to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way, and we saw examples of this. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic cervical screening to patients and offering smoking cessation advice to smokers.

Good

Are services effective?

(for example, treatment is effective)

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. Practice data showed that 47 of patients in this age group took up the offer of the health check.

The practice's performance for the cervical screening programme was 73.3%, which was below the national average of 81.9%. The practice were aware that performance in this area was below the national average and had taken steps to address this. They had enlisted support from the Clinical Commissioning Group (CCG) to reach out to the black and minority ethnic (BME) groups by producing leaflets in alternative languages. A public health nurse had also supported the practice with additional clinics. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test, personalised letters were also sent to patients.

The practice offered a full range of immunisations for children as well as travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was in line with the national average for the majority of immunisations where comparative data was available. For example: flu vaccination rates for the over 65s were 73%, and at risk groups 50.9%. These were similar to national averages of 73% and 52%. Childhood immunisation rates for the vaccinations given to under twos ranged from 95.5% to 98.7% and five year olds from 95.5% to 99.2%. These results were comparable to the national averages.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey for 2014/2015, the results showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect.

- 81% of patients responding rated their overall experience as good or very good. This was in line with the CCG and national average of 83%
- 85% said the GP gave them enough time, the CCG average was also 85%
- 94% said they had confidence and trust in the last GP, this was in line with the CCG average which was also 94%.

Patients completed CQC comment cards to tell us what they thought about the practice. We received nine completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. One comment card was less positive; we forwarded this to the practice manager, with consent from the patient, to investigate in line with their complaints process. We also spoke with patients on the day of our inspection. Generally they told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We saw that all consultations and treatments were carried out in the privacy of a consulting room. We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas.

- 85% said the last GP they saw was good at explaining tests and treatments. This was in line with the CCG average of 84% and the national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.

Three of the patients we spoke with on the day of our inspection 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.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The 2014/2015 patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

The patients we spoke with on the day of our inspection and eight of the nine comment cards we received were consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

We saw that there was a bereavement protocol in place. Staff told us that if families had suffered bereavement a letter of condolence would be sent. They told us that most GPs would also make personal contact.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients registered at the practice were living in one of the most deprived areas of England. People living in more deprived areas tend to have a greater need for health services. The practice demonstrated a good understanding of the practice population, the services required and the challenges they faced. We found the practice was responsive to patients' 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.

- The practice had made significant changes to the doctor triage and appointment system to offer more appointments each day. There was a regular telephone system performance audit in place which showed an increase in productivity.
- There were longer appointments available for patients who required them.
- Home visits were available for older patients, patients with dementia and those with long term conditions who were unable to access the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- There were shared care arrangements for patients in receipt of drug and alcohol misuse services with two GPs trained in drug misuse.
- Patients living in a nearby hostel were registered with the practice as permanent patients.
- The practice had identified that cervical screening performance was lower than the national average and had put steps in place to address these areas.

Access to the service

The surgery was open from 08:30 to 18:30 Monday to Friday, with the telephone lines open from 8:00. Appointments are available during practice opening times. Extended hours were 07:30 to 8:00 Monday and Tuesday and 18:30 to 19:00 on Thursday evenings.

Information was available to patients about appointments on the practice website and in the practice leaflet. This included how to arrange urgent appointments and 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 depending on the circumstances. Information on the out-of-hours service was provided to patients.

The 2014/2015 patient survey information we reviewed showed patients responded less positively compared to the CCG and national average to questions about access to appointments. For example:

- 56% described their experience of making an appointment as good compared to the CCG average of 73% and national average of 74%.
- 38% said that they saw or spoke to a GP/nurse on the same day compared to the CCG average of 46% and national average of 48%.
- 86% said that their appointment was convenient they compared to the CCG average of 93% and national average of 92%.

As a result of feedback and increased demand for appointments the practice had introduced changes to the doctor triage and appointment system. The practice manager provided us with a telephone system performance audit, which was under regular review. The audit identified an increase in calls answered over a 12 month period with a 43% reduction in the time taken to answer 90% of calls. This had been facilitated with the support of the patient participation group (PPG). (PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service). The new system offered 170 more appointments per week. The practice had also increased the number of dedicated receptionist available to answer calls. Details of this were available at the practice and on the practice website.

The practice policy for registering patients did not reflect patients with no fixed abode. We discussed this with the practice manager. They informed us that generally patients who may have been homeless were living/staying in a nearby hostel and these patients were registered at the practice with the hostel as their address. They recognised the need to review the policy to ensure it included patients with no fixed abode.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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 in the reception area and in the practice leaflet to inform patients of the practice complaints process.

We looked at the log of complaints for the last 14 months. We saw that complaints had been responded in line with the practice policy. Where appropriate complaints were discussed at team meetings. The practice reviewed complaints annually and produced a report in order to detect themes or trends. An anonymised report was shared with the patient participation group (PPG).

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients which were demonstrated during our discussion with a GP partner. They told us that the practice ethos was to provide a patient-centred, caring and compassionate service which was committed to team work and training of staff. Staff knew and understood the practice values. The practice had a strategy and supporting business plans which reflected the vision and values and future changes to the practice.

Governance arrangements

Governance and performance was proactively reviewed. The practice had a number of policies and procedures in place to govern activity and these were available to staff within the practice. There was an effective system for the regular review and management of practice policies. Due to the large number of polices at the practice policies had been grouped together into five key areas, for example health and safety. Handbooks had been produced for staff to bring together the key areas from each policy ensuring staff had easy access to the most relevant information. We saw that the practice manager had delivered a detailed presentation to all staff focusing on health and safety policies and processes. Following the presentation staff were required to agree and sign a statement and training plan.

We saw that there was a version control for all polices which clearly demonstrated were policies had been reviewed and amended when required. For example, we saw that following a review of the chaperone policy examination guidelines had been added to ensure staff had the necessary information when acting as a chaperone for specific examinations.

There was a clear leadership structure with named members of staff in lead roles, which were detailed in a practice policy. Each lead role was assigned to a GP partner supported by a nurse and named administration support. Staff we spoke with were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The GP partners and practice manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. The included using the Quality and Outcomes Framework (QOF) to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

The practice also had an ongoing programme of clinical and non-clinical audits which it used to monitor quality and systems to identify where action should be taken. Evidence from other data sources, including incidents and complaints was used to identify areas where improvements could be made. We saw that where appropriate findings from complaint investigations had instigated a significant event review.

The practice identified, recorded and managed risks. There was a detailed risk log which was regularly reviewed. We saw that the practice was proactive in identifying risks and carried out risk assessments where risks had been identified, for example on receipt of patient safety alerts. Action required and taken was recorded to mitigate further risk.

There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. The practice held a variety of staff meetings where governance issues were discussed. These included administration, nurses and clinical meetings. We looked at minutes from these meetings and found that performance, quality and risks had been discussed.

Leadership, openness and transparency

From conversations with the partners and management team at the practice it was evident that there was a shared purpose to support and motivate staff and trainees at the practice. The partners in the practice were visible and staff and trainees told us that they were approachable and always took the time to listen. Staff were involved in discussions about how to run and develop the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We were given an example of this where a staff member had approached the partners in relation to improving the process for monitoring patients with long term conditions and this was acted on.

We saw that there were high levels of constructive staff engagement. There was a recorded schedule for team

Are services well-led?

Good

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

meetings, learning, development and training events. The practice had an electronic calendar where all meetings were recorded. All documentation for each meeting was linked to the calendar, for example agendas, minutes and documents for discussion. This ensured that staff had access to the relevant documents. 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 were confident in doing so, they also felt supported if they did.

The practice had identified areas where improvement to the service were required. They were open and transparent in sharing these with the inspection team, for example, emergency admissions to hospitals, emergency cancer admissions and cervical screening.

Seeking and acting on feedback from patients, public and staff

The practice encouraged and valued feedback from patients. It had an active Patient Participation Group (PPG) and we spoke to two members during the inspection. They spoke positively about their engagement with the practice and how the practice had responded to suggestion for improvements to the service. We saw that the practice were proactive in involving the PPG when considering improvements and developing action plans.

The PGG met quarterly with representation from the practice in attendance. Details of the PPG were available on the practice website and displayed in the waiting area, inviting patients to attend the next meeting. Information on the website included an annual summary of key issues at the practice. This included internal reviews, audits and patient feedback. The number of complaints and incidents was included in the summary. The information had been summarised and shared with the PPG to identify key issues for development. With the support of the PPG an action plan had been developed. Key areas identified from patient feedback were reception and telephone access and appointment access and waiting times.

The practice was participating in the NHS Friends and Family Test. Patients were asked 'How likely they were to recommend the practice to their friends and family'. We saw that the practice had received 159 responses during a seven month period. 91% of patients responding were positive. We saw that the information was analysed and areas for further improvement were identified and shared with the PPG.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at three staff files and saw that regular appraisals took place which included a personal development plan. Appraisals identified objectives for each staff member. Objectives for each team were also set, for example reception staff had a set of core objectives as did the nursing team. Organisational objectives were also in place for the whole team. Staff told us that the practice was very supportive of training and we saw evidence of this in the appraisal process.