Wilson Street Surgery

Quality Report

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

Ratings

Overall rating for this service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
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 Wilson Street Surgery on 9 March 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and effective systems in place to report and record significant events.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. A number of clinical staff had undertaken additional training to enhance their skills and had developed areas of special interest to support them in taking lead roles within the practice.
- Feedback from patients regarding their care and treatment was positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Although some patients reported it could be difficult to get through to the practice by telephone, they said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear understanding of the needs of the local population and services were offered to meet these needs. The practice was committed to removing barriers to access for the most vulnerable patients and regularly provided outreach sessions at the local homeless shelter.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. Staff highlighted the supportive culture within the practice.
- The practice proactively sought feedback from staff and patients, which it acted on.

We saw several areas of outstanding practice:

- The practice demonstrated a strong commitment to improving access to healthcare for people who were vulnerable. For example the practice provided regular outreach sessions at a local homeless shelter and also provided flu clinics at a local day centre for people who were considered vulnerable. Feedback from community based staff working with vulnerable patients was positive about the service offered by the practice.
- There was a commitment to the identification and support of carers within the practice. The practice had a wide range of available information to support carers and used all opportunities to identify new carers. The practice had identified over 4% of their practice population as carers. In addition to offering health checks and flu vaccinations, events were organised to support and identify carers which coincided with carers week and mini pamper sessions were provided.

The areas where the provider should make improvements are:

- Continue to review telephone access for patients to improve the ease of patients contacting the practice by telephone.

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.

- There were effective systems in place to report and record significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information about what had happened and apologies where appropriate. In addition patients were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, the 2014/15 results showed the practice had achieved 99% of the total number of points available. This was above the CCG average of 97% and the national average of 95%.
- The practice demonstrated a strong track record of effective prescribing including ensuring low rates of antibiotic prescribing.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. The practice had undertaken 17 clinical audits in the last two years.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Feedback from other professionals who worked with the practice was positive.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with local and national averages for most aspects of care. For example 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment. Patients highlighted the compassionate care they had received from staff and said they felt well supported.
- There was a wide range of information for patients about the services available which was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice offered flu clinics at a local day centre and hostel for people whose circumstances might make them vulnerable.
- The practice offered extended hours services from 7am on a daily basis to facilitate access for working age patients.
- Though some patients reported it could be difficult to get through the practice by telephone, they were satisfied with the availability of appointments. Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had some consulting rooms located upstairs but had mechanisms in place to ensure that patients who were unable to use the stairs were seen downstairs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and anonymously with others such as the patient participation group (PPG).

Are services well-led?

Good

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

Summary of findings

- The practice had a clear vision with quality and safety as its top priority. The vision was shared with patients in practice information and on the website. Staff were clear about the vision and their responsibilities in relation to it.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. There were robust systems in place to aid communication between all groups of staff with regular formal and informal meetings.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us they highly valued the level of support they received from their colleagues and highlighted the strong team working.
- There was a clear leadership structure and staff felt supported by management.
- Appropriate policies and procedures were in place to govern activity and these were regularly reviewed and updated.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a strong desire to involve patients and the local community in the practice. For example, the practice had arranged a celebration week last year to mark their 120th birthday. Each day was given a theme which focussed on a different group of patients. For example there was a day dedicated to homelessness.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All older people were encouraged by the practice to attend for flu and shingles vaccinations as appropriate. In addition to being reminded during appointments, there was information displayed in the waiting areas to encourage attendance.

People with long term conditions

Good

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 100% which was above the CCG average of 93% and the national average of 89%. Exception reporting for diabetes related indicators was above local and national averages; however, we were assured that the practice was exempting patients in line with guidance.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. Patients with more complex needs were seen more often as required.
- For patients with the most complex needs, a named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Regular multidisciplinary team meetings were held and the practice worked closely with their attached care coordinator who was present in the practice two and a half days per week.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice held regularly safeguarding meetings with relevant professionals.
- Immunisation rates for some standard childhood immunisations were below local and national averages. We saw that the practice encouraged attendance and had tried initiatives such as offering vaccination clinics in the school holidays. The practice also worked closely with community based health care staff to increase attendance.
- The practice operated a catch-up programme for immunisations, coordinated by their practice nurses.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses and feedback from these staff was positive about the practice.

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 and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended hours services from 7am on a daily basis to facilitate access for working patients.
- The practice offered NHS health checks undertaken by their practice nurses for relevant patients.
- The practice aimed to engage with this group in ways which were relevant and accessible to them, for example, the practice had a presence on social media and engaged with patients via email.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a full range of contraceptive services to patients including implant and coil fits. Implants and coils were fitted by three specifically trained GPs.

Summary of findings

People whose circumstances may make them vulnerable

Outstanding ☆

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers and those with a learning disability.
- Longer appointments were offered to patients with a learning disability and for those who needed them.
- The practice provided the secure unit services for the county. This meant the practice saw all of the patients who had been placed on the violent patient list. Appointments were offered three evenings per week on a pre-bookable basis outside of normal surgery hours.
- Where required patients who needed to use an interpreter were offered one and a longer appointment if needed.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Feedback from professionals working with vulnerable patients was positive about the practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Efforts were made to engage with vulnerable groups. For example, the practice had a week of celebrations to mark their 120th anniversary and one day was dedicated to homelessness.
- Outreach clinics were offered in the local homeless hostel three times per week and the practice also undertook flu clinics at a local day centre for vulnerable people. Homeless patients were also able to access services at the practice.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- 92.8% of patients with a mental health condition had a documented care plan in the last 12 months which was above the CCG average of 91.8% and the national average of 88.3%.
- 84.4% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was in line with the local average of 85.4% and the national average of 84%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published January 2016. The results showed the practice was performing in line with local and national averages. A total of 344 survey forms were distributed and 100 were returned. This represented a 29% response rate.

- 66% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 74% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 completed comment cards; all of which were all positive about the standard of care received. Patients said they were treated with care and compassion and that they felt listened to by staff. Staff were described as helpful and approachable and patients said they felt well supported. Seven of the comments cards noted challenges in accessing appointments primarily due to busy telephone lines.

We spoke with 13 patients, including three members of the patients participation group (PPG), during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Continue to review telephone access for patients to improve the ease of patients contacting the practice by telephone.

Outstanding practice

- The practice demonstrated a strong commitment to improving access to healthcare for people who were vulnerable. For example the practice provided regular outreach sessions at a local homeless shelter and also provided flu clinics at a local day centre for people who were considered vulnerable. Feedback from community based staff working with vulnerable patients was positive about the service offered by the practice.
- There was a commitment to the identification and support of carers within the practice. The practice had a wide range of available information to support carers and used all opportunities to identify new carers. The practice had identified over 4% of their practice population as carers. In addition to offering health checks and flu vaccinations, events were organised to support and identify carers which coincided with carers week and mini pamper sessions were provided.

Wilson Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Wilson Street Surgery

Wilson Street Surgery provides primary medical services to approximately 14200 patients through a general medical services contract (GMS). The practice has a branch surgery located at Taddington Road, Derby, DE21 4JU.

The practice is located in premises close to Derby city centre. The practice has car parking, disabled parking and cycle parking and is accessible by public transport.

The level of deprivation within the practice population is above the national average. The practice population is in the second most deprived decile meaning that it has a higher proportion of people living there who are classed as deprived than most areas.

The clinical team comprises ten GP partners (five male and five female) and six practice nurses. At the time of the inspection there were three GP registrars working in the practice. (A GP registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice)

The clinical team is supported by a full time practice manager, two part time assistant practice managers and a team of reception and administrative staff.

The practice opens from 7am to 6.30pm Monday to Friday. From 7am to 8am the practice opens for extended hours consultations; reception opens at 7.30am. Consulting times are from 7am to 10.30am, from 11am to 1pm and from 3pm to 6pm daily. There are no routine GP appointments offered on Wednesday afternoons although emergency appointments are offered.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU) and is accessed via 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, including Healthwatch, to share what they knew. We carried out an announced visit on 9 March 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff (including GPs, practice nurses, the practice management team, administrative staff and reception staff) and spoke with patients who used the service.
- Spoke with staff attached to the practice including the clinical commissioning group pharmacist, the community matron, the district nurse team leader, the midwife and the care coordinator.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice had effective systems in place to report, record and review significant events.

- Staff told us they would inform the practice manager or one of the partners of any incidents in the first instance before completing the recording form available on the practice's computer system. Administrative and reception staff were supported by the practice management team to report significant events.
- Where things went wrong with care and treatment, the practice informed patients and offered them support, explanations and apologies where appropriate. Patients were told about the actions taken to improve processes and procedures and to prevent similar incidents occurring in the future.
- The practice carried out a thorough analysis of the significant events. Meetings were held a minimum of three times a year to discuss and review significant events. This enabled the practice to identify any trends and ensure that learning had been embedded.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient attending the practice for treatment became unwell and had to be given oxygen. As a result of this the practice coordinated a teaching sessions for practice nurses and developed a new protocol for dealing with particular emergency situations.

Overview of safety systems and processes

Clearly defined and embedded systems and processes were in place across the practice which kept people safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local pathways and relevant legislation. Policies were accessible to all staff and outlined who staff should speak to if they had concerns about the welfare of a patient. There were lead GPs for child and adult safeguarding and staff were aware of who these were. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Monthly safeguarding meetings were held at the practice to discuss children at risk. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child protection or child safeguarding level 3.
- Notices in the waiting room and in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found 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 observed the practice to be clean and tidy and appropriate standards of cleanliness and hygiene were maintained. A practice nurse was the designated infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. The lead was scheduled to attend infection control training in March 2016. There were infection

control policies and protocols in place and staff had received up to date training. Regular audits of cleaning and infection control audits were undertaken and the practice held infection control meetings to review actions required. For example, the practice had been externally audited in April 2015 and a number of recommendations had been made. We saw evidence that action was taken to address identified areas of improvement including reviewing the management of clinical waste.

- The external infection control audit of the practice had recommended a risk assessment be undertaken in respect of legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At the time of the inspection, the practice had not undertaken a formal documented risk assessment, however, we saw evidence that the practice had met with an external expert in 2013 to discuss the risk of legionella and had implemented control measures as a result of this meeting including running taps, testing water temperatures and keeping their tank covered. Following the inspection the practice had an external expert undertake an assessment of their system and had implemented the control measures suggested.

Monitoring risks to patients

- Arrangements were in place to plan and monitor the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Partners meetings were held monthly and rota planning was a standing item on the agenda. Following each meeting rotas were prepared and shared with staff. Administrative staff had set shifts and working patterns but also had flexible hours to enable movement to cover for sickness or annual leave. Administrative staff had been trained in a range of areas to enable them to cover for colleagues.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff knew where to access this. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, and infection control.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers. Copies of the plan were held off site.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date including regular clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 99% of the total number of points available. This was above the CCG average of 97% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 100% which was above the CCG average of 93% and the national average of 89%. Exception reporting for diabetes related indicators was 19% which was above the CCG average of 13% and the national average of 11%.
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was similar to the CCG average of 85% and the national average of 84%.
- 93% of patients with a mental health condition had a documented care plan in the last 12 months which was in line with the CCG average of 92% and above the national average of 88%. The exception reporting rate for this indicator was 16% which was 5% below the CCG average and 3% above the national average. QOF showed that the practice had a clinical prevalence for mental health conditions of 1.51% which was significantly above the CCG average of 0.78% and the national average of 0.88%.
- 84.4% of patients diagnosed with dementia had their care reviewed face to face in the last 12 month which was in line with the CCG average of 83% and the national average of 84%. Exception reporting for this indicator was in line with the CCG and national average.

The practice had an exception reporting rate within QOF of 17% which was above the CCG average of 11% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice told us they were aware of this and considered that their exception reporting rate was higher due to the demographics of their patient population including a large population of homeless patients. A review of systems and processes assured us that the practice was exempting patients in line with guidance. Additionally we saw that the practice had robust systems in place to recall patients for reviews.

There was evidence of quality improvement including clinical audit.

- There had been 17 clinical audits undertaken in the last two years. We reviewed two completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. The practice had audited their management of patients with bronchiectasis (bronchiectasis is a long-term condition where the airways of the lungs become abnormally widened, leading to a build-up of excess mucus that can lead to infection). The audit considered a number of criteria including the prescribing of antibiotics and appropriate secondary care. A number of recommendations were made and re-audit demonstrated significant improvements. For example the number of patients receiving appropriate antibiotics had increased. The practice recognised that there was room for further improvement and issued advice for prescribers as a result of the findings. In addition the practice planned a further re-audit.
- The practice participated in local audits, benchmarking and had been involved in peer review. The practice had

been involved in a review to consider their low referral rates and in reviews related to their low prescribing rates. For example, in spite of their higher prevalence of patients with mental health conditions, the practice rate for prescribing of hypnotics was 0.04 which was below the CCG average of 0.18 and the national average of 0.26. Evidence showed that the practice had a low rate of referrals to secondary care. Data from 2013 to 2015 demonstrated that the practice's referral rate was consistently below the locality and CCG average. The practice was the third lowest referrer of 20 practices in the locality.

The practice worked effectively with the CCG pharmacist who was based at the practice one day per week. The pharmacist was positive about the practice and told us they were very receptive to ideas and suggestions for improvements and cost savings. Data showed that antibiotic prescribing was also below the national average at 0.16 compared with the national average of 0.27.

Effective staffing

We saw that staff had the skills, knowledge and experience required to deliver effective care and treatment.

- The practice had a robust induction programme for all newly appointed staff. This covered general topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. In addition, the practice had developed role specific induction plans to support staff joining the practice. For example, non-clinical staff spent two weeks shadowing colleagues and were given an overview of a range of job roles during this period. Following this they were provided with training on a range of tasks to ensure they could support and provide cover for colleagues. Staff were well supported throughout their induction period through regular meetings with their line manager; these were initially provided daily, reducing to weekly and then monthly for the first six months. Clinical staff were assigned a 'buddy' when they joined the practice who supported them and ensured that they were following practice processes and procedures.
- There was occasional use of GP locums within the practice. The practice demonstrated that they supported locums working within the practice to a high level. Any locums were assigned a 'buddy' whilst they were working within the practice and were invited to participate in education and training sessions.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For staff reviewing patients with long-term conditions such as diabetes additional training had been provided. For example, the practice nursing staff employed at the time had undertaken Level 2 diabetes training in November 2015.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The practice maintained training records for nursing staff with reminders of when specific training updates were due. Staff who administered vaccines stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The assistant practice manager maintained a training database to track the learning and training needs of all staff. Learning needs were identified through appraisals, meetings and wider reviews of practice development needs. Requests for training were coordinated by the assistant practice manager who sourced relevant training with the agreement of the partners. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Clinicians had access to monthly in-house education sessions to which they invited external speakers. For example, the practice had education sessions with an Ophthalmologist and an MAU (medical assessment unit) consultant.
- Staff received regular training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely way through the practice's patient record system and their internal computer system.

- This included care and risk assessments, care plans, medical records and results of investigations and tests.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- The practice ensured information was shared with other services in a timely manner, for example when referring patients to other services.

Staff worked with other health and social care professionals to understand and meet the needs of patients and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

The practice had identified 2.6% of their population as being at risk of admission to hospital. Meetings took place with other health and care professionals, including GPs, social workers, district nurses and community matrons, on a fortnightly basis when care plans were routinely reviewed and updated for patients with complex needs. Feedback from attached staff was positive about the level of engagement the practice demonstrated in working together with them to meet the needs of these patients. Community based health care staff told us they were treated as part of the team and their access to information was facilitated through full access to the practice's clinical recording system.

Consent to care and treatment

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

- Staff demonstrated that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's capacity to consent to care or treatment was unclear an assessment of the patient's capacity was made and the outcome recorded in the patient's records.
- The process for seeking consent was monitored through audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, homeless patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were referred or signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80.5%, which was marginally below the CCG average of 83.5% and the national average of 81.8%. The practice encouraged attendance and telephoned patients who did not attend for appointments. Information was made available in different formats and languages for those who required it. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening although uptake rates were below local and national averages. For example the uptake rate for breast cancer screening was 68.7% which was below the CCG average of 78.5% and the national average of 72.2%.

Childhood immunisation rates for the vaccinations given were slightly below CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.2% to 97.3% compared with the CCG range of 93.7% to 97.7%. For five year olds the practice ranged from 73.4% to 95.5% compared to the CCG range of 91% to 97.6%. The practice liaised closely with attached staff to improve vaccination uptake rates. In addition the practice had offered increased childhood vaccination clinics in school holidays to increase uptake. Although this had not improved immunisation rates overall, the practice had noted an increase in childhood flu vaccination levels when clinics were offered in the holiday period.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we saw that members of staff were courteous and helpful to patients. We saw that patients were welcomed into the practice and treated with dignity and respect.

The practice had measures in place to maintain the privacy and dignity of patients and to ensure they felt at ease including;

- Curtains were provided in nurse consulting rooms to maintain privacy and dignity during examinations, investigations and treatments.
- Consultation and examination room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients and three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients provided examples of when staff had offered a high level of compassion and support including support through periods of serious illness.

Comment cards highlighted that staff responded compassionately to patients when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was broadly in line with local and national averages for its satisfaction scores on interactions with staff. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Good

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Interpreters were used where these were required to ensure patients understood information being provided and were fully aware of their choices.
- Information leaflets were available in easy read format.

We saw that practice worked with patients and advocated on their behalf where necessary. The practice told us that they had approached hospitals in the area to discuss any concerns raised by their patients in relation to their experience. We saw evidence of the practice working with patients and families to ensure their needs and wishes were respected, for example in respect of remaining registered with the practice rather than switching to another practice due to the care home alignment scheme in the area. The practice told us they had decided not to participate in this scheme as they wanted their patients to have a choice about where they were registered and to continue to provide care for the patients they had known over a long period of time.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 570 patients as carers which equated to 4% of the practice list. The practice had information to encourage carers to identify themselves to the practice. In addition written and online information was available to direct carers to the various avenues of support available to them. As part of their 120th anniversary celebrations in June 2015, the practice held a week of celebrations focusing on different groups each day; one day was dedicated to carers and was attended by a representative from a local carers association. As part of this event, carers were offered free pampering sessions with treatments including hand and foot massages.

Staff told us that if families had suffered bereavement, their usual GP contacted them where this was considered appropriate. This contact was followed by a patient consultation at a flexible time and location to meet their needs and/or by giving them advice on how to find a support service.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to deliver services required in the area. For example, the practice was working on an ongoing project with another organisation to open a pharmacy on the premises to benefit their patients.

In addition:

- Having identified a higher than average prevalence of people with a mental health condition in the local population the practice was involved in working with other local practices to improve services for these patients. The practices were working pilot to increase support for these patients through the provision of primary care mental health workers to cover the practices.
- Support workers, carers and community psychiatric nurses who supported patients with mental health conditions were invited and welcomed to accompany patients during reviews and appointments.
- The practice offered extended hours surgeries on a daily basis from 7am to 8am to facilitate access for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those who needed them.
- The practice used letters with pictures and symbols to recall patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were translation and interpretation services available and patients using these services were given longer appointments, where necessary, to facilitate communication. The practice told us there were over 36 different languages spoken amongst their patient population.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, including dedicated disabled parking, a lowered reception desk and disabled access toilets. When undertaking a recent refurbishment of the waiting area, feedback was invited from disabled patients.
- A hearing loop was available and some signage was also posted in braille.
- The practice aimed to engage with patients in innovative ways which were relevant to a wide range of patients. In addition to their website, the practice also communicated with patients via email and by using their social media profiles.
- Services were provided to patients from the ground floor and the first floor within the practice. Reception staff checked with patients at the point of booking if they were able to access consulting rooms on the first floor; if they were unable to use the stairs the GP would see the patient in a downstairs consulting room. There was also detailed information about this on the practice website.
- Information about dementia services and support services available for patients with dementia was displayed within the practice and on the practice's website.
- The practice liaised with the community psychiatric nurse who worked specifically with homeless patients and was based at the local homeless shelter where the practice provided three clinics per week.

The practice was committed to removing barriers which might prevent vulnerable people from accessing health care. For example:

- The practice provided the secure unit services for the county. This meant the practice saw all of the patients who had been placed on the violent patient list. Appointments were offered three evenings per week on a pre-bookable basis outside of normal surgery hours.
- The practice was located close to a local shelter for homeless people which had 35 residents at any time. There was a high turnover of residents with people usually remaining there for a period of 28 days. Staff from the practice attended the shelter three mornings per week to offer consultations, and saw approximately three patients during each session. We spoke with a representative from the local council who was involved in running the shelter who was positive about the service offered by the practice. They explained that the residents often had complex health needs and in

addition to being able to see GPs at the hostel, they were also welcome to access services at the practice. In addition they told us that feedback from the residents was positive about the GPs and the practice in general.

- Eye screening had recently commenced at the local homeless shelter in conjunction with the practice in recognition of a high incidence of optical problems which could go undetected amongst this group. Flu vaccinations were also offered at the shelter.
- The practice worked with the local council and the outreach teams to assist homeless people in the area. In addition to providing services at the local hostel the practice had placed a sharps bin in their car parking area for used needles. The practice told us they were concerned about the mortality of the homeless people in the area and had undertaken a study of homeless deaths in the area.
- Flu clinics were offered at a local centre which provided day centre and hostel services for local people dealing with issues such as homelessness, mental health issues, unemployment and drug and alcohol addiction. The practice told us that health checks would also be offered at the centre from April 2016.

Access to the service

The practice opened from 7am to 6.30pm Monday to Friday. From 7am to 8am daily the practice offered extended hours consultations. Consulting times were from 7am to 10.30am, from 11am to 1pm and from 3pm to 6pm daily. There were no routine GP appointments offered on Wednesday afternoons although emergency appointments were offered. The practice had introduced mid-morning surgeries as a result of the closure of a satellite practice in the city centre; One GP consulted each weekday on a rotational basis from 11am to 1pm.

In addition to pre-bookable appointments that could be booked up to 14 days in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages for most indicators.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 75%.
- 84% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 69% and the national average of 65%.
- 74% of patients felt they normally did not have to wait too long to be seen compared to the CCG average of 62% and the national average of 58%.
- 74% of patients described their experience of making an appointment as good compared to the CCG average of 73% and the national average of 73%.

However patients told us that it could sometimes be difficult to get through to the practice by telephone in order to access appointments. Seven of 37 comments cards noted some difficulty in getting through to the practice. This was reflected in the GP patient survey results. For example:

- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

The practice told us they planned rotas to ensure that as many staff as possible were available to answer the telephone in the morning. Additionally the practice tried to work with patients to ensure they understood the appointments system and times they could ring to access appointments.

However, patients told us they were usually able to get a convenient and timely appointment when they got through to the practice. This aligned with GP patient survey results:

- 88% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.

Listening and learning from concerns and complaints

The practice had effective systems in place to handle 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. Complaints were managed by the practice manager and two of the GP partners.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Information was available to help patients understand the complaints system which included leaflets and online information. Leaflets directed patients as to how to make a complaint and action they could take if they remained dissatisfied following a response.

We looked at 15 complaints received in 2015 and found they were dealt with in a timely manner and that the practice acknowledged where things had gone wrong. Complainants were provided with explanations and apologies where appropriate as well as being told about actions taken to make improvements. The practice made a summary of all complaints received which included information about their response and any learning outcomes. Additionally all complaints were logged and discussed on an ongoing basis to ensure any themes were identified and learning had been embedded. We saw that complaints were discussed widely within the practice to ensure improvements. For example, we saw that there had been a number of complaints related to appointments. In addition to being discussed at the partners' meeting, this issue was raised with reception staff at a meeting to ensure all staff groups were aware of processes and procedures.

The practice shared learning from complaints anonymously 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 and mission to deliver accessible, high quality care to their ethnically diverse population. The practice's vision focused on forging long-term supportive relationships with their patients and families and to empower them to contribute to their own health.

- The vision and mission were shared with patients through information available within the practice and on the practice's website.
- Staff knew and understood the values of the practice and demonstrated a commitment to these.
- The practice had plans about their future development which reflected their vision and values and met regularly to plan and review progress.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- GPs within the practice had lead clinical and non-clinical roles which were shared with all staff. These covered areas such as finance, training, health and safety and a range of clinical areas.
- Practice specific policies were implemented and were available to all staff electronically and as hard copies. Staff knew where these could be accessed.
- A comprehensive understanding of the performance of the practice was maintained. Meetings minutes demonstrated that the practice partners discussed their performance and considered ways in which this could be improved.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place to identify, record and manage most risks and to implement mitigating actions.

Leadership and culture

The partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. In addition to internal roles and responsibilities a number of the partners had additional external roles which benefitted their patients. For example, one GP partner worked one session per week providing outpatient services for patients with diabetes and another GP worked as a GP with a special interest in dermatology. GP partners also held additional roles within the clinical commissioning group and the local medical committee.

The partners and the practice management told us they prioritised safe, high quality and compassionate care and this aligned with the views of staff. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and explanations and verbal or written apologies.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management. There were effective systems in place to ensure staff felt support and information was communicated:

- Staff told us the practice held regular team meetings. In addition to daily catch up meetings at three intervals during the day, the partners met on a monthly basis. In addition to clinical issues, the partners discussed topics related to the management of the practice, rota reviews and planning and significant events.
- Monthly partners' meetings were followed by a monthly staff meeting later the same week to ensure that any issues or information was cascaded to all staff.
- Nursing meetings were held on a quarterly basis and attended by some of the GP partners and the practice manager or assistant practice manager.
- All staff regularly met at lunchtimes to promote close working across all staff groups.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

Are services well-led?

Good

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

- Staff said they felt respected, valued and supported, particularly by the partners and the managers within in the practice. Practice staff arranged shared staff lunches at Christmas and staff had received a Christmas bonus to thank them for their commitment.
- All members of staff we spoke to told us they felt that there was a strong ethos of teamwork and involvement within the practice. Staff highlighted their supportive colleagues and the team as the most positive things about working there.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice was keen to engage the public in the services they delivered and used opportunities to promote healthier living to patients. For example, the practice had arranged a week of celebrations to mark their 120th birthday. Each day had a dedicated theme which focussed on a different group of patients. Themes included a children and young people's day with advisers on hand to provide health and fitness advice for young people. A drawing competition was also arranged for children and the winning entries were displayed in the waiting area. Other themes for the week included a homelessness day and a carers' day with representatives from local charities and support organisations in attendance. The practice raised funds throughout the week which they donated to a number of charities connected to their themes.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. In addition the PPG were involved with events organised by the practice, for example, the PPG had been involved in planning and promoting the celebration week by preparing a newsletter and a noticeboard display.
- The PPG told us that their relationship with the practice was very positive and mutually supportive. Meetings were attended by the practice manager and GPs rotated attendance. The PPG had been working with the practice to identify areas in which they could work together to promote the health and wellbeing of patients. For example the PPG produced newsletters on a regular basis with a focus on different topics.
- The practice had gathered feedback from staff through regular formal and informal meetings, appraisals and ongoing discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Having identified a higher than average prevalence of people with a mental health condition in the local population the practice was involved in working with other local practices to improve services for these patients. The practices were working on a pilot to establish a multidisciplinary team for mental health including the appointment of a primary care mental health worker(s) to work directly with the practices. The practice told us they felt this would benefit patients who were in need of help but not unwell enough to need intervention of the crisis team.

There was a strong commitment to education within the practice both in respect of teaching and training medical students and registrars and in respect of continued training and development for existing staff. The practice had two GP trainers with a third starting in the near future. Robust training was offered as part of inductions for all groups of staff and there was a rolling programme of training in place. Monthly education sessions were offered for clinical staff covering a range of topics such as ophthalmology. Staff were positive about the level of training and education offered by the practice and four of the partners within the practice were previous trainees with the practice.

The practice was working with other organisations to try to develop a pharmacy on the practice site to benefit the patients of the practice and to enable close working relationships with pharmacist colleagues.