The Practice @188

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Practice@188 on 1 July 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

The provider should:

- Ensure all equipment was regularly maintained.

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 report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed. There was enough staff to keep patients safe. The practice had systems in place to ensure patients were safe including safeguarding and chaperone procedures, and processes to ensure medicines were correctly handled. Patients were treated in a clean environment and processes were in place to monitor infection control. Equipment was fit for purpose and maintained regularly.

Are services effective?

Good

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

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. For example, in the GP Patient survey 2014, 83% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%. 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.

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.

Summary of findings

Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had translation facilities for consultations. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

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 and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice undertook ward rounds of four nursing homes and two care homes. Joint working was undertaken to promote end of life care plans. The practice worked with a local care of the elderly consultant and palliative care team to help manage the older people in the homes and within their own homes. The GPs provided an out of hour's service to the nursing and residential homes in the event of the death of a resident in order to facilitate cultural needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. For example, the vaccinations given to under two year olds ranged from 81.5% to 88.9%. 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 good examples of joint working with midwives, health visitors and school nurses.

Summary of findings

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. Evening extended hours appointments were available and a special GP and nurse led commuter clinic was run in the evening. The practice was proactive in offering online services, including registering online, booking appointments, ordering prescriptions and accessing medical summaries. The practice had a full range of health promotion and screening that reflected the needs for this age group.

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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for 70% of patients with a learning disability. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in 2014 showed the practice was performing in line with local and national averages. There were 109 responses which represents 1.45% of the practice population.

- 86% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 82% 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%.
- 75% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.
- 81% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.Eighty three per cent said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received. Patients were happy with the service provided by the practice and felt included in the treatment decisions.

Areas for improvement

Action the service SHOULD take to improve

- Ensure all equipment was regularly maintained.

The Practice @188

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector. It included a GP advisor who was granted the same authority to enter the Practice@188 as the Care Quality Commission (CQC) inspector.

Background to The Practice @188

The Practice@188 is a practice located in the London Borough of Barnet. The practice is part of the NHS Barnet Clinical Commissioning Group (CCG) which is made up of 69 practices. It currently holds a Personal Medical Service (PMS) contract and provides NHS services to 7481 patients.

The practice serves a diverse population with many patients attending where English is not their first language. The practice has a large older population (28.6%) and 16% of the population is under the age of 14. The practice serves the general population but provides specific services to four nursing homes and two residential care homes. The practice covers the largest density of the Jewish population within the UK (30-40%), however there is an increasing transient migrant population where English is not the first language. The practice is situated within a two storey residential property with consulting rooms on two levels. There is no step-free access to the first floor; therefore patients who cannot manage stairs are seen in the ground floor consulting rooms. There are currently two full time GP partners (one male and one female), three part time salaried GPs (two female and one male), administrative staff and a practice manager.

The practice is open between 8am and 8.30pm on Monday, 8am to 6.30pm on Tuesday and Thursday, 8am to 4.30pm on Wednesday and 8am to 7pm on Friday. Appointments are from 8.30am to 1pm and 2pm to 6.30pm except on Wednesday where patients were directed towards out of hour's provision. Extended hours surgeries are offered on Monday between 6.30pm and 8.30pm and Friday between 6.30pm and 7pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that need them. Patients are able to book appointments on-line.

The practice opted out of providing an out of hours service and refers patients to the local out of hours service or the '111' service.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury.

At time of inspection the location was inspected as a partnership. We were informed at the time of inspection that one of the partners was in process of retirement and the provider would make the necessary application to the CQC to ensure the registration of the provider was appropriate to carry out the regulated activities within the law.

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 July 2015. During our visit we spoke with a range of staff (GPs, nursing staff and administrative staff) and spoke with patients who used the service. We observed how people were being cared for and talked with patients and reviewed the personal care or treatment records of patients. 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 and learning

There was an open and transparent approach with a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the GP or practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of clinical meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw evidence of action taken as a result of the wrong patient being booked an appointment due to two patients having the same name. This incident was discussed at a practice meeting and the relevant policies and procedures were reiterated and a further checking system was put in place to ensure there was a minimum of two identifiers asked for when booking appointments.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. When required, the safeguarding lead represented the practice in quarterly meetings with the local social services team to discuss safeguarding matters and individual patients of concern. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that clinical staff would act as chaperones, if required. If clinical staff were not available, the consultation would be arranged for a later time. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments, regular fire drills were carried out and the fire alarms were tested on a weekly basis. Fire equipment servicing was overdue and was last serviced in March 2014. Electrical equipment had not been checked (portable appliance tested) to ensure the equipment was safe to use although clinical equipment had been checked to ensure it was working properly. Equipment had been calibrated in September 2014. The practice were aware that these tests were overdue and were in the process of organising these. The practice also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and infection control. We found evidence of a current legionella (a germ that is found within water systems) test dated August 2014.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice had up to date cleaning schedules that identified the cleaning on a daily and monthly basis. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken (the latest in January 2014) and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including vaccinations, in the practice kept patients safe

Good

Are services safe?

(including obtaining, prescribing, recording, handling, storing and security). Two members of staff were assigned to maintaining the stock of medicines in line with the practice policy and procedure. We checked the medicine fridges and found all medicines to be in date. All temperature monitoring charts were up to date and all were in the appropriate range. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patients who were prescribed high risk medicines such as disease-modifying anti-rheumatic drugs (DMARDs) were reviewed regularly by the GP. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the 10 files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) for clinical staff. DBS checks for administrative staff were being undertaken at the time of inspection.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had a member of staff assigned to ensuring the correct number of staff were available, including the sourcing of regular locum GPs. If the practice was short staffed, overtime was offered to staff or locum staff would be employed.

Arrangements to deal with emergencies and major incidents

There was an alert button on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Both were maintained on an annual basis. There was also a first aid kit and accident book 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 fit for use. Patients were requested to take a prescription to the local pharmacy for medicines used for minor surgery as they were not held on the premises.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included protocols to follow if the building, equipment or particular staff were unavailable and emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. When a new guideline was issued, one of the GPs would review the guideline and then present it in clinical meetings. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The latest results showed that 95% of the total number of points available were achieved, with 11.4% exception reporting. This was above the Clinical Commissioning Group (CCG) average of 93.9%. This practice was not an outlier for any QOF (or other national) clinical targets. Further data showed;

- Performance for diabetes related indicators was better than the CCG average of 89.2% and national average of 89.1% attaining 93%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG average of 81.8% and national average of 81.7% by attaining 82.4%. .
- The dementia diagnosis rate was below the CCG average of 94.2% and national average of 93.2% attaining 80.2%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We viewed five clinical audits that had been conducted in the last year; one of these was a completed audit (prescribing of nutritional supplements) where the improvements made were implemented and monitored. The remaining audits were awaiting their second cycle. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice undertook an audit of the appropriate prescribing of oral nutritional supplements within the care home that they were responsible for. The audit took place in April 2015 and was re audited in May 2015. Of the 24 residents audited, 19 were found to have supplements inappropriately prescribed and the medication was stopped.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, external training courses and in-house training led by the GP lead for training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Good

Are services effective?

(for example, treatment is effective)

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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

The practice had a written consent template that was filled out at the consultation with the GP for services such as minor surgery. Where verbal consent was required for services such as coils and implants, a pro forma was filled out by the GP or nurse to assess the risk of the procedure on the patient.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice was available from the nurse or patients were referred to a local support group. The practice recorded 979 patients that were being supported to quit smoking.

The practice had a comprehensive screening programme. The practice recorded an uptake for the cervical screening programme of 62%. However the practice stated that due to a change in the IT system they were unable to report on the data from the previous system. The practice showed us the present system and explained that the figure was higher than recorded. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.5% to 88.9% and five year olds from 67.2% to 84.4%. Flu vaccination rates for the over 65s were 71%, and at risk groups 70%. There was no comparable data available from the Clinical Commissioning Group (CCG).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice provided 59% of patients with an NHS health check. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Seventy per cent of patients on the learning disability register had received a health check.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so, when closed, patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the four patient CQC 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 also spoke with two members of the patient participation group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice scored at the Clinical Commissioning Group (CCG) average for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 82% 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%.
- 75% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.
- 81% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

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

Good

Are services caring?

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice provided a drug screening service which was identified as a local need.

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

- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who would benefit from these.
- Ward rounds of the four local nursing homes and two care homes were undertaken. The practice worked collaboratively with the homes to promote end of life plans and the protection of residents' rights in the court of protection. The practice also had a dedicated member of staff to facilitate prescription requests from the homes.
- Multi-disciplinary team meetings were regularly undertaken with the palliative care team and care of the elderly consultant.
- The practice provided an out of hour's service for the homes to contact GPs out of hours in the event of the death of a resident in order to be sensitive to cultural needs.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice provided a full sexual health and contraception service.
- The practice provides a full post and antenatal service.
- Patients were able to register online, book appointments, order prescriptions and see their medical summary.
- An extended hour's commuter clinic was held weekly by a GP and nurse.
- There were disabled facilities, hearing loop and in-house translation services available.

Access to the service

The practice was open between 8am and 8.30pm on Monday, 8am to 6.30pm on Tuesday and Thursday, 8am to 4.30pm on Wednesday and 8am to 7pm on Friday.

Appointments were from 8.30am to 1pm and 2pm to 6.30pm except on Wednesday. Extended hours surgeries were offered on Monday between 6.30pm and 8.30pm and Friday between 6.30pm and 7pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Patients were able to book appointments on-line.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke with on the day were able to get appointments when they needed them. For example:

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 85%.
- 66% patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.
- 75% patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 47% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system within the practice leaflet. Posters were also on display throughout the practice. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 31 recorded complaints received in the last 12 months (the practice recorded all written and verbal complaints) and found these were satisfactorily handled and dealt with in a timely way. The responses demonstrated openness and transparency in dealing with the compliant.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver continuity and high quality care while promoting good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored and discussed with staff and members of the Patient Participation Group (PPG).

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice had named members of staff responsible for specific areas of governance, for example, safeguarding, infection control, complaints, clinical governance and training and development of both staff and the practice.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. 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 and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, had carried out a patient survey into access to the practice and submitted proposals for improvements to the practice management team. For example, the PPG were actively involved in discussing future planning of the practice which included ways of ensuring the small waiting room is used to maximum effect.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.