Newholme 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	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 Newholme Surgery on 11 July 2017. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and all staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the care and treatment they received from clinicians was positive.
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Patients said they found it easy to make an appointment and there was good continuity of care.
- The appointments system was flexible to accommodate the needs of patients. Urgent appointments were available the same day and routine appointments could be booked in advance.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.

Summary of findings

- Information about services and how to complain was available. Complaints had been investigated and responded to in a timely manner.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice provided a range of enhanced services to meet the needs of the local population.

Areas where the provider should make improvement:

- Ensure all required information is maintained for each member of staff.
- Continue to develop the Patient Participation Group.
- Ensure records of meetings are appropriately 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. Staff learnt from significant events and this learning was shared across the practice.
- Staff were aware of their responsibilities to ensure patients received reasonable support, truthful information, and a written apology when things went wrong.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguard them from abuse.
- Staff had been trained in safeguarding and they were clearly aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.
- Risks to patients were assessed and managed.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- Appropriate pre-employment checks had been carried out to ensure staff suitability. Proof of staff identification had been seen as part of this but a copy of this was not maintained on staff files as required.
- Systems were in place to support the safe prescribing of medicines.
- The practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those locally and nationally.
- The practice had an effective patient call and recall system in place.

Summary of findings

- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Clinical audits were carried out to drive improvement in outcomes for patients.
- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- A system of appraisals was in place and all staff had undergone an up to date appraisal of their work.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. They gave us positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national patient survey showed that patients rated the practice better than other practices locally or nationally for aspects of care. For example, having tests and treatments explained and for being treated with care and concern.
- Information for patients about the services available to them was easy to understand and accessible.
- The practice maintained a register of patients who were carers in order to tailor the services provided. For example to offer them health checks and immunisations.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG) and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The appointment system was flexible and responsive to patients' needs. Patients we spoke with said they did not find it difficult to get an appointment. Urgent and routine appointments were available the same day and routine appointments could be booked in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and 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.

- The practice had a vision and strategy to deliver good quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- There were good systems in place to govern the practice and support the provision of good quality care.
- The provider encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice used feedback from staff and patients to make improvements.
- There was a focus on continuous learning, development and improvement linked to outcomes for patients.
- The challenges and future developments of the practice had been considered.

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 and treatment to meet the needs of the older people in its population.
- All patients over 75 years of age had a named GP and access to emergency appointments as needed.
- Patients with a care plan had access to a dedicated telephone number for quicker access to the practice.
- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were similar to outcomes for patients locally and nationally.
- GPs carried out regular visits to a local care home to assess and review patients' needs and to prevent unplanned hospital admissions.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

People with long term conditions

Good

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

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Clinical staff provided regular, structured health reviews for patients with long term conditions.
- Patients with several long term conditions were offered a single, longer appointment to avoid multiple visits to the surgery.

Summary of findings

- Data from 2015 to 2016 showed that the practice was performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions.
- Patients were provided with advice and guidance about prevention and management of their health and were signposted to support services.
- Patients were signposted or referred to relevant health and social care professionals for advice and treatment.

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 those who were at risk, for example, children and young people who had a high number of A&E attendances.
- The GP was the designated lead for child protection.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Child health surveillance clinics were provided for 6-8 week olds.
- The practice hosted a weekly mid wife led ante natal and post natal clinic.
- Immunisation rates were comparable to the national average for all standard childhood immunisations. The practice nurse monitored non-attendance of babies and children at vaccination clinics and they told us they would report any concerns they identified to relevant professionals.
- Babies and young children were offered an appointment as a priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.
- Family planning services were provided.
- The percentage of women aged 25-64 who had undergone cervical screening in the previous five years was comparable to the national average.

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).

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided extended hours appointments one day per week when the surgery was open from 8am to 8pm.
- Patients could pre-book routine appointments up to four weeks in advance.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

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 in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- The practice worked with other health and social care professionals in the case management of vulnerable people.
- The practice has registered asylum seekers and liaised with support services to ensure appropriate care and treatment.
- 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. Staff provided examples of when they had recognised signs of potential abuse in vulnerable adults and how they had taken action to report their concerns.
- The practice provided appropriate access and facilities for people who were disabled.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

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).

Summary of findings

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Patients with dementia care needs had a care plan to support their care and treatment. Their care also included an annual review including blood tests.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to local and national averages.
- The practice referred patients to appropriate services such as psychiatry and counselling services.
- Systems were in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The results of the national GP patient survey published July 2016 showed the practice received higher than average scores in most areas including patients' experiences of the care and treatment provided, their interactions with clinicians and their experiences of making an appointment. There were 308 survey forms distributed and 100 were returned which equates to a 32% response rate. The response represents 2.8% of the practice population.

The practice received scores that were higher than the Clinical Commissioning Group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time and having confidence and trust in the GPs. For example:

- 90% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 89% and national average of 88%.
- 93% said the last nurse they spoke to was good at listening to them (CCG average 92% national average 91%).
- 92% said the last GP they saw gave them enough time (CCG average 88%, national average 86%).
- 93% said the last nurse they saw gave them enough time (CCG average 92%, national average 91%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 92%).
- 100% said they had confidence and trust in the last nurse they saw (CCG average 97%, national average 97%).

The practice scored higher than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 90% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 65% and a national average of 72%.
- 78% described their experience of making an appointment as good (CCG average 70%, national average 73%).
- 88% were fairly or very satisfied with the surgery's opening hours (CCG average 74%, national average 75%).
- 91% found the receptionists at the surgery helpful (CCG average 84%, national average 86%)

A higher than average percentage of patients, 91%, described their overall experience of the surgery as good or fairly good. This compared to a CCG average of 83%, national average of 84%. The percentage of respondents to the GP patient survey who stated that they would

definitely or probably recommend their GP surgery to someone who has just moved to the

local area was 92% (CCG average 78%, national average 79%).

We spoke with seven patients during the course of the inspection visit and they told us the care and treatment they received was very good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards. All of these were positive about the standard of care and treatment patients received. Staff in all roles received praise for their professional care.

Areas for improvement

Summary of findings

Action the service SHOULD take to improve

- Ensure all required information is maintained for each member of staff.
- Continue to develop the Patient Participation Group.
- Ensure records of meetings are appropriately maintained.

Newholme Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Newholme Surgery

Newholme Surgery is located in Lowe House Health Care Resource Centre, Crab Street, St Helens,. The practice was providing a service to approximately 3,500 patients at the time of our inspection.

The practice is part of St Helens Clinical Commissioning Group (CCG) and is situated in an area with higher than average levels of deprivation when compared to other practices nationally. The percentage of the patient population who have a long standing health condition is higher than the national average at 62% (national average 53%).

The practice is run by one GP (male). At the time of our visit the practice had a long term locum GP (female). There was one practice nurse, one health care assistant, a practice manager and a team of reception/administration staff.

The practice is open from 8am to 6.30pm Monday to Friday with extended hours from 6.30pm to 8pm on Tuesdays. When the surgery is closed patients are directed to the GP out of hours service provider St Helens Rota.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice has a General Medical Services (GMS) contract. The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisations and health checks for patients who have a learning disability.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 July 2017. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, a health care assistant, the practice manager, reception staff and administrative staff.
- Spoke with patients who used the service.
- Explored how the GPs made clinical decisions.

Detailed findings

- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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

There was a system in place for reporting, recording and responding to significant events. Staff told us they would inform the practice manager of any incidents and there was a form for recording these available on the practice's computer system. The provider was aware of their responsibilities to report notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice carried out a thorough analysis of significant events. Significant events and matters about patient safety were discussed with the practice team. We looked in more detail at the record of a sample of events and we were assured that the learning from these had been disseminated and implemented into practice.

A system was in place for responding to patient safety alerts. This demonstrated that the information had been disseminated and action had been taken to make any required changes to practise.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded them from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a lead member of staff for safeguarding. The GP provided reports for case conferences where necessary for other agencies. All staff had received safeguarding training relevant to their role. For example the GP was trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding and they provided examples of when they had raised safeguarding concerns.
- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had undergone a Disclosure and Barring Service (DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and they were responsible for liaising with the local infection prevention team. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The practice had achieved a high score during the most recent audit and action had been taken to address improvements required as a result of the audit.
- An assessment of the risk and management of Legionella had been undertaken and measures were in place to mitigate risks associated with Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. A health care assistant had been trained to administer vaccines and medicines against a patient specific direction from a prescriber. There was a system to ensure the safe issue of repeat prescriptions. There was a system to ensure that patients who were prescribed potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. There was also a system to ensure all patients who were on repeat prescriptions underwent an annual review of their medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

team. Medicines prescribing data for the practice was comparable to national prescribing data. A system was in place to account for prescriptions pads and they were stored securely.

- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the DBS. However, we found that whilst staff had shown proof of their identity a copy of this had not been kept on personnel records.
- The practice manager kept a record to show that clinical staff were appropriately revalidated and registered with their respective governing bodies to ensure their continued suitability. For example with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC).

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a range of health and safety related policies and procedures that were available to staff.
- The practice had up to date health and safety related risk assessments and safety checks were carried out as required. For example, fire safety equipment, electrical equipment and clinical equipment were checked to ensure they were working properly. The practice manager shared confirmation that a fire risk assessment had been carried out but they did not maintain a copy of this. They sent us confirmation following the inspection that they were obtaining this and would keep a copy at the practice. The practice manager also confirmed that they had scheduled in fire drills to ensure these were carried out at regular intervals.
- 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 of the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents. For example;

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency. Emergency call buttons were also located in clinical areas.
- All staff had received annual basic life support training.
- The practice had emergency medicines available. These were readily accessible to staff and there was a system in place to ensure the medicines were in date and fit for use.
- The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks.
- A first aid kit was readily available.
- Systems were in place for the recording of accidents and incidents.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians assessed patients' needs 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. The GPs demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. This is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 97% of the total number of points available with 7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2015 to March 2016 showed performance in outcomes for patients was comparable to that of the Clinical Commissioning Group (CCG) and national average. For example;

- The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 79% compared to a Clinical Commissioning Group (CCG) average of 81% and a national average of 80%.
- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 68% (CCG average 79%, national average 78%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 94% (CCG average 91%, national average of 89%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 83% (CCG average 83%, national average 82%).
- The performance for mental health related indicators was comparable to local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 80% (CCG average 81%, national average 83%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 94% (CCG average 90%, national average of 88%).
- The percentage of patients on lithium therapy with a record of serum creatinine and TSH (thyroid stimulating hormone) in the preceding 9 months was 10% (CCG average 94%, national average 93%).

Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We viewed one full cycle clinical audit that looked at the prescribing of medication for over active bladder. We also viewed an audit on the management of vaccines and the cold chain process that ensures the safe temperature for the storage of vaccines.

The practice used the system of coding in the clinical system effectively to ensure patients received the care and treatment they needed. This included; ensuring patients received recall for tests and treatments, follow up for blood and other diagnostic tests, reviewing patients, identifying patients who required further contact and the review of medications for patients receiving repeat prescriptions.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. There was a training plan in place to ensure staff kept up to date with their training and they had access to and made use of e-learning training modules and in-house training. Staff had been provided with training in core topics such as: safeguarding (adults and children), infection control, basic life support, consent and information governance.
- Staff had also been provided with role-specific training. For example, training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- Staff attended a range of internal and external meetings. For example, the GP attended meetings with other practices locally as part of cluster working and the practice nurse attended local practice nurse forums. Internal meetings were taking place but there was no formalised schedule for these and the minutes were not well documented or shared across the staff team. The practice was closed for one half day per month which enabled staff to attend meetings and undertake training and professional development opportunities.

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 intranet system. This included care plans, medical records, investigations and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

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

Effective systems were in place to ensure referrals to secondary care and results were followed up and to ensure patients discharged from hospital received the care and treatment they required.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

Consent to care and treatment

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

- Staff had been provided with training on consent and they demonstrated that they understood the relevant consent and decision-making requirements of legislation and guidance. The practice nurse had not undergone mental capacity act training.
- When providing care and treatment for children and young people, staff were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice provided advise, care and treatment to promote good health and prevent illness. For example:

- The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and diabetes. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.
- The practice offered national screening programmes, vaccination programmes and long term condition reviews. The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action.

Good

Are services effective?

(for example, treatment is effective)

- QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally.
- The practice encouraged patients to attend national screening programmes and uptake of these was comparable to local and national average. For example, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was similar to the national average. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Bowel and breast cancer screening uptake rates were also comparable to national and CCG averages.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had a good system for patient recall which supported this.
- Health promotion information was available in the reception area and on the website. Patients were referred to or signposted to health promotion services such as; health living support, smoking cessation, dietician and alcohol support services.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. All of the 39 comment cards we received were positive and complimentary about the caring nature of the service provided by the practice.

Staff demonstrated a patient centred approach to their work during our discussions with them and long term members of staff told us they felt they knew the needs of the patients well.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between July to September 2015 and January to March 2016. The practice scored higher than average when compared to Clinical Commissioning Group (CCG) and national scores, for matters such as patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 92% of respondents said the last GP they saw was good at giving them enough time compared to a CCG average of 88% and a national average 86%.
- 93% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 92%, national average of 91%).
- 93% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 86% national average 85%).
- 91% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (CCG average 91%, national average 90%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 92%).
- 100% said they had confidence and trust in the last nurse they saw or spoke to (CCG average 97%, national average 97%).

The practice scored higher than local and national averages with regards to the helpfulness of reception staff as 91% of respondents said they found the receptionists at the practice helpful (CCG average 84%, national average 86%).

The practice received a score that was higher than local and national scores for patient's overall experience of the practice as 91% described this as 'fairly good' or 'very good'. (CCG average 83%, national average 84%).

We spoke with seven patients who were attending the practice at the time of our inspection and they gave us positive feedback about the caring nature of staff in all roles.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey showed the practice received scores that were higher than local and national averages for patient satisfaction in these areas. For example;

- 90% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 89% and a national average of 88%.
- 93% said the last nurse they saw or spoke to was good at listening to them (CCG average of 92%, national average of 91%).
- 91% said the last GP they saw was good at explaining tests and treatments (CCG average of 86%, national average of 86%).
- 92% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 91%, national average of 89%).

Good

Are services caring?

- 91% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 82%, national average of 81%).
- 88% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 87%, national average of 85%).

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

Patient and carer support to cope emotionally with care and treatment

Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions and support was also available on the practice's website.

The practice maintained a register of carers and at the time of the inspection there were 143 carers on the register which is 4% of the patient population. The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They were also offered flu immunisations and health checks. Written information was available to direct carers to the various avenues of support available to them.

Patients receiving end of life care were signposted to support services. The practice had a policy and procedure for staff to adopt following the death of a patient. This included the GP making contact with family or carers if this was appropriate.

Good

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 secure improvements to services where these were identified.

The practice provided a flexible service to accommodate patients' needs. For example;

- There were longer appointments available for 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 conditions that required same day consultation.
- The practice offered extended hours for working patients who could not attend during normal opening hours.
- Telephone consultations could be provided for patients who required or requested these.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday with extended hours from 6.30pm to 8pm on Tuesdays.

The appointment system was well managed and sufficiently flexible to respond to peoples' needs. The provider regularly reviewed capacity and demand and adjusted the provision of appointments accordingly. People told us on the day that they were able to get appointments when they needed them. Results from the national GP patient survey showed that the practice received scores that were higher than local and national averages for patient satisfaction with accessing the service. For example;

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 90% compared to a CCG average of 65% and a national average of 72%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 88% (CCG average 74%, national average of 75%).
- 79% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 71%, national average 75%).
- 78% of patients described their experience of making an appointment as good (CCG average 70%, national average 73%).

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. These assessments were done by a GP. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice was located in a purpose built building. The premises were accessible and facilities for people who were physically disabled were provided. Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, a hearing loop system was available to support people who had difficulty hearing and translation services were available.

Listening and learning from concerns and complaints.

A complaints policy and procedure was in place and information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with.

We looked at a sample of complaints received in the last 12 months and found that these had been investigated and responded to in a timely manner and patients had been provided with a thorough explanation and an apology when this was appropriate. Patients were provided with contact details for referring complaints on to the Parliamentary and Health Services Ombudsman (PHSO) if they were not satisfied with the outcome of their complaint.

Lessons had been learnt from concerns and complaints and action had been taken to improve the quality of care and patients' experiences of the service.

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 statement of purpose which outlined its aims and objectives. These included; the provision of a high quality medical service, seeing patients as quickly as possible as dependent upon their presenting complaint, a focus on prevention of disease by promoting good health and prophylactic medicine, providing patients with an experience and environment that is comfortable, friendly, professional and relaxing and covers all aspects of health and safety requirements, involving patients in decisions about their care and encouraging them to participate fully, involving other professionals in the care of patients and ensuring that all members of the staff team have the right skills and training to carry out their duties competently.

Staff we spoke to demonstrated that they supported the aims, objectives and values of the practice and they showed a clear patient centred approach to their work.

The GP had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality. The GP had previously been clinical lead with the Clinical Commissioning Group for a number of years.

Governance arrangements

The practice had effective arrangements in place to govern the service and ensure good outcomes were provided for patients.

- There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.
- The system for the reporting and management of significant events was effective and learning gained from the investigation of events was used to drive improvements.
- The GPs used evidence based guidance in their clinical work with patients.
- The GP provider had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.
- Audits had been carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The clinical system was used effectively to ensure patients received the care and treatment they required.
- The GP had met their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).
- Practice specific policies and standard operating procedures were available to all staff.Staff we spoke with knew how to access these and any other information they required in their role.
- Meetings took place across the staff team. However, there was no clear scheduled for meetings and they were not documented appropriately.

Leadership and culture

On the day of the inspection the GP provider demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The provider was visible in the practice and staff told us that they were approachable and took the time to listen them.

The provider encouraged a culture of openness and honesty. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities.

Are services well-led?

Good

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

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

The practice actively encouraged and valued feedback from patients and acted upon this. The practice used results from the national patient survey to plan improvements. They also used complaints received to make improvements to the service and periodically reviewed complaints to identify any themes or trends and to ensure they had been acted on appropriately.

The practice had previously had a patient participation group (PPG) and they told us they intended to re-instate this group in the near future. Two prospective members told us they had an initial meeting date arranged for this.

Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through staff meetings and appraisals.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. This included the practice being involved in local schemes to improve outcomes for patients and working with other practices to improve the services offered in the locality. The provider told us about projects they had been actively engaged in and about their plans to work as part of a federation.