

Grangewood Surgery

Quality Report

Chester Road, Shiney Row, Houghton Le Spring,
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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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grangewood Surgery on 5 January 2016. 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.
- Risks to patients were assessed and well managed.
- Outcomes for patients who use services were good.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The practice had a system in place for handling complaints and concerns and responded quickly to any complaints.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

We saw an area of outstanding practice which was:

- The practice carried out a high rate of clinical audit which were clearly linked to the improvement of patient outcomes.

The areas where the provider should make improvements are:

Summary of findings

- Consider a log of dates when the curtains around the treatment couches are taken down and cleaned to ensure that best practice is followed and they are cleaned every six months.
- Follow their own recruitment policy when going through the process of recruiting staff and ensure that records of this process and the vetting of staff are maintained.
- Consider an overall schedule of training so that the practice can ensure that each member of staff had received the correct training for their role and refresher training when appropriate.
- Consider introducing a practice specific information leaflet for patients wishing to make a complaint which explains the process of taking the complaint further such as to NHS England or The Parliamentary and Health Service Ombudsman.

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?

The practice is rated as good for providing safe services. We found significant events were recorded, investigated and learned from. There were infection control arrangements in place and the practice was clean and hygienic. There were systems and processes in place for the safe management of medicines. There was enough staff to keep patients safe. However the practice had not followed its own recruitment policy when recruiting new members of staff. All staff had received a Disclosure and Barring Service (DBS) check.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were above 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. The practice carried out a high rate of clinical audit which were clearly linked to the improvement of patient outcomes. Staff worked with multidisciplinary teams. There was evidence of appraisals for all staff. We saw staff received training; however, there was no system in place to ensure staff received training appropriate to their role or when refresher training was due.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice above others for several aspects of care. 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They reviewed the needs of their local population and engaged with the clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. Patients said they could make an appointment with a GP and that there was continuity of care, with urgent appointments available the same

Good



Summary of findings

day. The practice had a system in place for handling complaints and concerns and responded quickly to any complaints. However, there was not a practice specific information leaflet for patients wishing to make a complaint.

Are services well-led?

The practice is rated as good for being well-led. They had a vision for the future and staff were clear about their responsibilities in relation to these. 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 practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



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

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. For example, patients at high risk of hospital admission and those in vulnerable circumstances had care plans.

The practice was responsive to the needs of older people, including offering home visits. Patients over the age of 75 had a named GP. Prescriptions could be sent to any local pharmacy electronically. Age UK held advice sessions at the practice.

The practice had been involved in a pilot scheme with the local care homes where an integrated team approach to the care of the elderly was carried out. There was therefore a close relationship with the local care homes where some of its patients resided.

The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. They offered immunisations for pneumonia and shingles to older people.

Good



People with long term conditions

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

The practice had a register of patient with long term conditions which they monitored closely for recall appointment for health checks. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.

Flexible appointments, including extended opening hours and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was compared to 97.4% nationally. The practice were working with the CCG in the locality in a pilot with the local community cardiology, managing patients with heart failure.

Good



Summary of findings

Families, children and young people

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 accident and emergency attendances. Immunisation rates were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100% The practice's uptake for the cervical screening programme was 85%, which was above the national averages of 81.8%. Appointments were available outside of school hours and the premises were suitable for children and babies.

There were six week checks and post-natal reviews with the GPs. Antenatal clinics were held every Wednesday afternoon and child immunisations were carried out on Monday afternoons. The practice offered minor surgery which included intrauterine device (IUD), contraceptive coil and implant fitting.

Good



Working age people (including those recently retired and students)

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. The practice was proactive in offering online services which included appointment booking, test results and ordering repeat prescriptions. Text reminders for appointments were available to patients. There was a full range of health promotion and screening that reflected the needs for this age group. Flexible appointments were available as well as extended opening hours.

Good



People whose circumstances may make them vulnerable

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 those with a learning disability. They carried out annual health checks for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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. They carried out advanced care planning for patients with dementia. 88.7% of patients identified as living with dementia had received an annual review in 2014/15 (national average 84%). The practice also worked together with their carers to assess their needs.

The practice maintained a register of patients experiencing poor mental health and recalled them for regular reviews. They told them how to access various support groups and voluntary organisations. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We spoke with eight patients on the day of our inspection, which included a member of the practice's patient participation group (PPG).

All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included very good and very pleased. They told us staff were friendly and helpful and they received a good service.

We reviewed ten CQC comment cards completed by patients prior to the inspection. The cards completed were all positive. Common words used to describe the practice included, excellent, good care, clean and friendly staff.

The latest GP Patient Survey published in July 2015 showed that scores from patients were above national and local averages. The percentage of patients who described their overall experience as good was 94.5%, which was above the local clinical commissioning group (CCG) average of 86.3% and the national average of 84.8%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 91% (local CCG average 81%, national average 77.5%).
- 98% said the GP was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 95% said the GP gave them enough time compared to the local CCG average of 89% and national average of 87%.
- 94% said the nurse was good at listening to them compared to the local CCG average of 94% and national average of 91%.

- 95% said the nurse gave them enough time compared to the local CCG average of 94% and national average of 92%.
- 80% said they found it easy to get through to this surgery by phone compared to the local CCG average 78%, national average 73%.
- Percentage of patients who usually had to wait 15 minutes or less after their appointment time to be seen- 73% (local CCG average 71%, national average 65%).
- Percentage of patients who find the receptionists at this surgery helpful - 96% (local CCG average 90%, national average 87%).

These results were based on 124 surveys that were returned from a total of 315 sent out; a response rate of 39% and 2% of the overall practice population.

The practice had carried out their own survey in January 2014. They received 293 responses which is 4% of the patient population.

- 91% of the patients surveyed were satisfied or fairly satisfied with the care they were receiving
- 99% of patients said they would recommend the surgery to someone new who had just moved into their area.

There were areas for improvement identified which included, confusion over opening times, patients expressed difficulty in making an appointment. Patients also thought the calling board was poorly situated in reception and that the doctors' names should be displayed in reception. These issues were addressed in an action plan.

Areas for improvement

Summary of findings

Action the service **SHOULD** take to improve

- Consider a log of dates when the curtains around the treatment couches are taken down and cleaned to ensure that best practice is followed and they are cleaned every six months.
- Follow their own recruitment policy when going through the process of recruiting staff and ensure that records of this process and the vetting of staff are maintained.
- Consider an overall schedule of training so that the practice can ensure that each member of staff had received the correct training for their role and refresher training when appropriate.
- Consider introducing a practice specific information leaflet for patients wishing to make a complaint which explains the process of taking the complaint further such as to NHS England or The Parliamentary and Health Service Ombudsman.

Outstanding practice

We saw an area of outstanding practice which was:

- The practice carried out a high rate of clinical audit which were clearly linked to the improvement of patient outcomes.

Grangewood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a specialist advisor with experience of GP practice management.

Background to Grangewood Surgery

Grangewood Surgery provides Primary Medical Services to the town of Houghton Le Spring and the surrounding areas. The practice provides services from one location, Chester Road, Shiney Row, Houghton Le Spring, Tyne and Wear, DH4 4RB. We visited this address as part of the inspection.

The surgery is located in a purpose built premises which has also been extended. Patient facilities are on the ground floor. There is step free access at the front of the building and a toilet on the ground floor. There is also car parking to the rear of the surgery including dedicated disabled parking bays.

The practice has four GP partners and one salaried GP. Three are female and two male. The practice is a training practice who have GP registrars allocated to the practice (fully qualified doctors allocated to the practice as part of a three-year postgraduate general medical training programme). There is a nurse practitioner, practice nurse and two healthcare assistants. There is a practice manager, IT and data manager and five reception and administration staff and a cleaner.

The practice provides services to approximately 6960 patients of all ages. The practice is commissioned to provide services within a Personal Medical Services (PMS) contract with NHS England.

The practice is open between 8:00am - 6:00pm Mondays to Wednesday and 8:00am – 12 or 12:30pm and 1:30pm until 6pm Thursday and Friday. There is extended opening hours from 6:00pm until 7:00pm alternate Tuesday and Wednesday evenings and Saturday morning 9:00am until 12 noon alternative weeks.

Consulting times with the GPs and nurses range from 8:30am – 11:30am and 1:00pm – 5:20pm (extended opening nights 7:00pm) and alternate Saturday mornings 9:00am until 11:00am.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

Detailed findings

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 we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 5 January 2016.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.

Reviewed a sample of the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The IT and data manager was responsible for their collation. They maintained a schedule of these, there had been 15 in the last 12 months.

Significant events would be discussed at the practice monthly meeting. We saw examples of minutes of this meeting and significant events were a standing agenda item. The practice also looked at events yearly to establish if there were any patterns or trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. For example, a patient had been discharged from hospital with the wrong medication. This was investigated and fed back to the hospital concerned and learning was taken from this incident.

However, staff were vague about feedback and learning from significant events. They did not attend the monthly practice meeting where significant events were discussed. We fed this back to the management team at the end of our inspection.

Deaths of patients who were registered with the practice were always reviewed. The practice would check place and circumstances of the death and review if anything further could have been done to support the patient. They then reviewed the death at the monthly clinical meetings, we saw this in the minutes of these meetings

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. The practice manager managed the dissemination of national patient safety alerts. They decided who needed to see them and there was a system in place to ensure that the appropriate members of staff had read the alert and taken any necessary action. However, staff did not keep a centralised log providing an overview of the actions taken in relation to alerts received.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having systems in place for safeguarding, health and safety, including infection control, and staffing.

- 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 were two lead GPs for safeguarding who carried out monthly reviews of any issues. Patient records were tagged with alerts for staff if there were any safeguarding issues they needed to be aware of. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had all received training relevant to their role, both safeguarding leads had received level 3 safeguarding children training.
- There was a notice displayed in the waiting area, advising patients that they could request a chaperone, if required. The practice nurses carried out this role. They had received chaperone training. They had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy and risk assessment. The practice had fire risk assessments in place. A member of staff had been trained as fire warden and there were annual fire drills. Staff had not received formal fire safety training, the practice manager told us they had received in house training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control lead. Staff had received infection control training including hand hygiene training. There was a formal legionella risk assessment. However, we could not verify some of the dates the curtains around the examination couches had been changed. We saw the date one of them had last been changed was eight months previously. Best practice is that curtains are taken down and cleaned every six months.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling.). Prescription pads were securely stored and there were systems in place to monitor their use. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacist.
- The practice had a human resources policy statement and a new employee recruitment, selection, interview, appointment policy and protocol. These had been updated annually. We asked to see the recruitment records of the two most recent members of staff; they were both recruited in 2014. The first a member of the administration team had been firstly employed as a temporary member of staff, they were then recruited permanently. The vacancy was not advertised and there were no interview notes. References had not been sought from the member of staff's last employer. However, the member of staff was subject of a DBS check and identity documents would have been supplied for this. The vacancy for the other member of staff, a nurse, had been advertised however, there was no record of the recruitment process. We spoke with one of the GP partners who confirmed that the recruitment policy had been followed and the nurse had been interviewed. They said two references had been sought although we only saw evidence of one. A DBS had been obtained and the nurse's Nurse and Midwifery Council certificate had been checked as being valid when they commenced employment. The management team told us they were aware that they had not always followed their recruitment policy in the past but in future they were aware of the importance of this. All staff had received a DBS check. We saw that there were checks to ensure GPs and nurses were registered with the appropriate professional body such as the General Medical Council (GMC) and clinical staff had the appropriate medical indemnity insurance.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice rarely used locum cover. There were rotas in place for GP and administration staff cover. There was always a duty doctor available to advise staff as appropriate if there were concerns regarding a patient.

Arrangements to deal with emergencies and major incidents

All staff received basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.

The practice had a business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff and was updated on a regular basis.

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, they were available in a folder on the desktop of all of the computers the clinical staff used. There were regular education sessions at the practices' monthly clinical meeting. This information was used to develop how care and treatment was delivered to meet patient needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 98.4% of the total number of points available to them, with a clinical exception reporting rate of 7.4%. The QOF score achieved by the practice in 2014/15 was above the England average of 93.5% and above the local clinical commissioning group (CCG) average of 95.7%. The clinical exception rate was 1.8% below the England average and 3.4% below the CCG average.

The data showed:

- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally).
- Performance for diabetes related indicators was better than the national average (91.9% compared to 89.2% nationally).
- Performance for mental health related indicators was above the national average (100% compared to 92.8% nationally).

- Performance for dementia indicators was above the national average (100% compared to 94.5% nationally).

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 saw examples of five clinical audits of which all were two cycle audits; they covered clinical topics. Three were in the last twelve months. This was a high rate of clinical audit which was linked to improvement of patients' outcomes. We also saw a CCG locality audit regarding atrial fibrillation. The lead GP told us that audits were discussed and agreed at clinical meetings before they were carried out. The topic would be dependent upon significant events, prescribing, NICE guidance and training of registrars or personal interest.

The practice had carried out a recent audit on the review of blood pressure recording in patients who were prescribed a certain anti-depressant medication. NICE guidelines recommend routine recording of patients' blood pressure who take this medication. Forty two patients taking this medication were identified, only 78.5% (33) had blood pressure monitoring. Patients were contacted and offered a monitoring blood pressure check. The second audit identified 47 patients taking the medication of which 90% (42) had received blood pressure monitoring.

The GPs had specialist clinical interests; for example, one of the GP partners was an ear, nose and throat specialist and provided clinics for this at the local hospital. Another GP was experienced in the treatment of diabetes and worked with the local CCG in this area. Patients were encouraged to make an appointment with the relevant GP if they felt their expertise would be of benefit to them.

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 fire safety, health and safety and responsibilities of their job role. There was no up to date locum induction pack at the practice; however, the practice had a registrar induction pack which they used for any new locums who came to work at the practice. The practice manager said there was an old locum pack which could be updated.

Are services effective?

(for example, treatment is effective)

- The learning needs of non-clinical staff were identified through a system of appraisals and informal meetings. Staff had access to appropriate training to meet those learning needs and to cover the scope of their work. Non-clinical staff had received an appraisal within the last twelve months. They told us they felt supported in carrying out their duties. The nurses and the healthcare assistant were appraised by the lead GP.
- All GPs in the practice had received their revalidation (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list.) The salaried GP did not receive an in house appraisal.
- From certificates that were held we could see that staff had received a large amount of training. For example safeguarding, basic life support, infection control and information governance awareness. However, there was no overall schedule of training so that the practice could ensure that each member of staff had received the correct training for their role. There was no system in place to ensure that staff received refresher training at the appropriate time it was due.

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. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

The IT and data manager organised the co-ordination of health checks for those patients with long-term conditions, mental health conditions, a learning disability and carers.

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

meetings took place monthly, we saw minutes of the meetings. Care plans were routinely reviewed and updated. The community matron visited the practice almost daily and discussed any issues with the GPs. This helped to reduce unplanned admissions.

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, 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.

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.

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 85%, which was above the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100% and five year olds from 91.2% to 100%. The flu vaccination rates for the over 65s was 75.4% (compared to 73.2% nationally), and for at risk groups was 57.1% (compared to 53.4% nationally).

Patients had access to appropriate health assessments and checks. These included health checks for new patients with the healthcare assistant or the GP if appropriate. Follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients; both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We reviewed ten CQC comment cards completed by patients prior to the inspection. The cards completed were all positive. Common words used to describe the practice included, excellent, good care, clean and friendly staff.

All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included very good and very pleased. They told us staff were friendly and helpful and they received a good service.

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 was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 94.9% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.5% and the national average of 85%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97.5% and the national average of 97.1%.
- 94.1% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.3% and the national average of 90%.
- 95.6% said they found the receptionists at the practice helpful compared to the CCG average of 89.9% and the national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 above local and national averages. For example:

- 98.2% said the GP was good at listening to them compared to the CCG average of 90.6% and the national average of 88.6%.
- 95.3% said the GP gave them enough time compared to the CCG average of 89.4% and the national average of 86.6%.
- 90.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.6% and the national average of 86%.
- 87.4% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.9% and the national average of 81.4%.
- 93.8% said the last nurse they spoke to was good listening to them compared to the CCG average of 93.7% and the national average of 91%.
- 95.4% said the nurse gave them enough time compared to the CCG average of 94.3% and the national average of 91.9%.

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

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 a carer. There was a practice register of all people who were carers and were being supported, for example, by offering health checks and referral for social services support. There were 120 patients on the carer's register which is 1.72% of

Are services caring?

the practice population. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice patient participation group (PPG) worked jointly with the local carers centre to host an in house carers event during carers week. This allowed a number of new carers to identify themselves and raised the profile of how the practice worked together with carers.

Staff told us that if families had suffered bereavement, depending upon the families wishes the GP would telephone or visit to offer support.

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 clinical commissioning group (CCG) to improve outcomes for patients in the area. For example, they had recently participated in a local pilot scheme in care homes to improve care for patients and to reduce unplanned admissions. The practice were working with the CCG in the locality in a pilot with the local community cardiology, managing patients with heart failure.

The practice had a patient participation group (PPG) with twelve members who met a minimum of four times a year or more if there were issues to discuss. The group had been set up in 2013. We spoke with a patient who was the chair of the PPG. They commented positively on changes which had been made as a result of the group's feedback. A new screen giving healthcare information had been set up in the waiting area and an information board giving information to patients on who worked at the practice were set up as a result of feedback. The PPG also assisted the practice in re-designing the practice information leaflet. The PPG report of 2014-2015 identified a number of areas for their action plan which included support offered to carers, concerns about confidentiality at the front desk and improvement of information provided to patients in the practice.

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

- The practice offered extended opening hours on alternate Tuesday and Wednesday evenings 6:00pm to 7:00pm and alternate Saturday mornings 9:00am – 12 noon.
- Telephone consultations were available if required
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not come to the surgery.
- Specialist Clinics were provided including minor surgery, sexual health and chronic disease management.

- Antenatal clinics were held every Wednesday at 1:30pm and child immunisations were carried out on Mondays between 1:30pm and 2:45pm.

Access to the service

The practice was open between 8:00am – 6:00pm Mondays to Wednesday and 8:00am – 12:00 or 12:30pm and 1:30pm until 6:00pm Thursday and Friday. There was extended opening hours from 6:00pm until 7:00pm alternate Tuesday and Wednesday evenings and Saturday morning from 9:00am until 12 noon alternative weeks.

Consulting times with the GPs and nurses ranged from 8:30am – 11:30am and 1:00pm – 5:20pm (extended opening nights 7:00pm) and alternate Saturday mornings 9:00am until 11:00am.

Patients we spoke with said they did not have difficulty obtaining an appointment to see a GP and patients who completed CQC comment cards said they could always get an appointment when they needed one.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. There was one routine appointment to see a GP available the next day. There were emergency appointments available every day at the practice.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was in line with or higher than local and national averages. For example;

- 87.7% of patients were satisfied with the practice's opening hours compared to the local CCG average of 79.8% and national average of 73.8%.
- 79.8% patients said they could get through easily to the surgery by phone compared to the local CCG average of 79.3% and national average of 73.3%.
- 84.2% patients described their experience of making an appointment as good compared to the local CCG average of 76.2% and national average of 73.3%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures

Are services responsive to people's needs?

(for example, to feedback?)

were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

The practice did not have a practice specific information leaflet for patients wishing to make a complaint; they were using a generic leaflet for patients wanting to make a complaint about NHS services. The practice information leaflet told patients wishing to make a complaint to contact the practice manager, there was no information about taking the complaint further such as to NHS England or The Parliamentary and Health Service Ombudsman.

We saw the practice had received four formal complaints in the last 12 months and these had been investigated in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed at clinical meetings.

The lead GP explained that they rarely if ever removed a patient from their list for unreasonable behaviour. Where possible they would always try and deal with problems and work with the patient to meet their needs.

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 lead GP told us the practice's aim was to provide practical patient-centered care whilst being committed to being professional. The practice's mission statement was to improve the health, well-being and lives of those they care for. The practice vision was to "work in partnership with patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations". Staff we spoke with talked about patients being their main priority.

The practice had an action plan with areas for improvement identified. This set out what was to be achieved and when. For example, dates and areas of refurbishment which needed to be carried out such as new blinds. There were also clinical areas in the action plan, this included clinics which were arranged with the community cardiologist to ensure patients were diagnosed and monitored correctly.

The staff we spoke with, including clinical and non-clinical staff, all knew the provision of high quality care for patients was the practice's main priority. They also knew what their responsibilities were in relation to this and how they played their part in delivering this for patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities, the GP partners were involved in the day to day running of the practice.
- There were clinical leads for areas such as sexual health and hypertension.
- The GPs had specialist clinical interests such as ear, nose and throat and steroid joint injections.
- Practice specific policies were implemented and were available to all staff.
- Managers had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical audit was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- However, the practice had not yet completed the NHS information governance toolkit which is an online system which allows organisations to assess themselves or be assessed against Information Governance policies and standards.

Leadership, openness and transparency

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

Staff told us that there was a full team meeting every three months. Clinicians had monthly clinical meetings. They had informal meetings every morning in the practice over coffee to discuss clinical issues and to support each other. There were administration staff meetings which were held every month; however these were informal and not minuted.

Staff told us that there was an open culture within the practice and they felt respected, valued and supported. Although the team meetings were held informally staff felt they were kept updated with information via email or sometimes changes or information would be discussed at lunchtime.

The practice knew their priorities they had plans in place for areas they needed to work on and knew in what areas they had improved.

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through a patient survey and formal and informal complaints received and the practice participation group (PPG).

One of the GP partners was the practice lead for the PPG. They attended all of the meetings. The practice had struggled initially to obtain members of the PPG. When the usual routes to recruit members gained a poor response they actively and successfully approached members to join the group.

Are services well-led?

Good 

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

The practice had also gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were encouraged to identify opportunities for future improvements on how the practice was run.

Continuous improvement

The practice team was forward thinking and had been part of local pilot scheme to improve outcomes for care home patients in the area. The scheme had run for 18 months and other healthcare professionals such as the speech and language therapy team and community geriatricians had been involved. The result for patients was better continuity of care, detailed care plans for patients and it reduced the number of unplanned hospital admissions. This pilot had

now ended and the practice were moving forward with the roll out of the pilot where integrated teams were to focus on the top 1% of frail and poorly patients who would be identified from a weekly multi-disciplinary (MDT) meeting.

The GPs in the practice were actively involved with the local federation of GP practices. (A Federation is a group of practices and primary care teams working together, sharing responsibility for developing and delivering high quality, patient focussed services for their local communities).

There was a focus on continuous learning and improvement within the practice. The practice had protected learning times once a month both at the practice and at CCG organised events. Topics at events included palliative care, unplanned admissions and child protection.