Hama Medical Centre

Quality Report

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Date of inspection visit: 9 December 2015
Date of publication: 25/02/2016

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 Hama Medical Centre on 9 December 2015. Overall the practice is rated as good.

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

- The practice had robust arrangements in place to deal with information about safety. Staff were aware of their responsibilities to report incidents and concerns and knew how to do this. Information about safety was thoroughly documented and monitored. The practice updated their policies and procedures in line with outcomes and had systems in place to maximise learning from significant events and incidents.
- Risks to patients were assessed and well managed.
- The practice demonstrated the use of best practice guidance to assess patients' needs and plan their care. Staff had received relevant role specific training and further training needs were identified through an appraisal system and a training needs analysis.
- The practice had developed clear and accessible processes to encourage patient feedback. Information on changes made as a result of patient feedback was shared with patients on a noticeboard in the waiting area. The practice, along with the patient participation group (PPG), encouraged feedback from patients.
- There was a very clear leadership structure and staff felt supported by management. The open culture encouraged feedback from staff and patients, which it acted on.
- Feedback from patients was positive about the practice. Patients told us they were treated with dignity and respect and supported to make decisions about their care and treatment.
- Feedback from patients demonstrated that there was good access to the practice. Pre-booked appointments were available up to eight weeks in advance for GPs and twelve weeks in advance for nurses, with urgent appointments available on the same day.
- The practice had good facilities and was well equipped to meet the needs of patients.

Summary of findings

We saw areas of outstanding practice which including:

- The PPG were actively engaged in supporting older people with Age UK by promoting the equipment and assistance available to patients who would benefit. The PPG members also became Dementia Friends and work closely with the carers champion in signposting agencies and support to patients.

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. The practice had robust systems in place to manage information about safety. Staff were aware of, and fulfilled, their responsibilities to raise concerns and report incidents and near misses. The practice ensured that learning was identified and shared with both clinical and administrative staff.

When there were unintended or unexpected safety incidents, people received reasonable support, honest information, a verbal and written apology and were told about the actions to improve processes and prevent reoccurrences.

The practice had systems and processes in place to deal with emergencies and had a robust business continuity plan.

Risks to patients and staff were assessed and very well managed. A comprehensive range of information about health and safety was easily accessible to staff.

Are services effective?

Good

The practice is rated as good for providing effective services.

Information we reviewed showed that outcomes for patients were in line with the locality. Staff had access to local and national guidelines and used these routinely to plan and deliver patient care.

Staff had received relevant role specific training and further training was planned as required. The practice undertook an annual training needs survey in addition to staff appraisals.

We saw evidence of effective multidisciplinary working with external organisations. For example, Practice nurses worked closely with the diabetes nurse specialist in the community to provide coordinated care to patients who were not coping with their condition.

We saw evidence that the practice was using clinical audit to drive improvements. For example, the practice had audited the medicines prescribed to control diabetes and the benefits to patients in line with national guidelines.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data showed patients rated the practice below average for several aspects of care, for example:

Summary of findings

- 71% of patients said the last GP they saw or spoke to was at treating them with care and concern compared to the local Clinical Commissioning Group (CCG) average of 86% and a national average of 85.1%.

However all patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The practice had put additional training in place for GPs to help improve consultations and increased awareness of the extended appointments which were available to patients who would most benefit from additional time with GPs and nurses.

The practice provided a wide range of information about services which was easy to understand and accessible. We observed that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

We saw that the practice had reviewed the needs of its population and improved the service to patients where it could in conjunction with the Clinical Commissioning Group (CCG)

It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). For example the PPG has suggested installing automated doors which the practice had acted upon.

Patients told us it was generally easy to get an appointment with a GP of choice; there was continuity of care and urgent appointments available on the same day.

Information about how to complain and provide feedback was widely available and well publicised. The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations. Learning from complaints was shared with staff and other stakeholders. Changes made as a result of feedback were shared with patients via posters in the waiting area.

Are services well-led?

Good

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

It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management and the partners.

The practice had policies and procedures to govern activity and had a rolling programme of meetings to ensure their clinical governance

Summary of findings

requirements were met. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and engaged externally with other PPGs within the locality.

There were considerations given to recruitment in regards to succession planning for staff. There were plans to improve access to the first floor to expand capacity, meeting future demands and enabling a wider range of services to be offered.

Staff had received comprehensive inductions, regular performance reviews and attended staff meetings and events. Staff were encouraged to make suggestions for improvements within the practice, including how the practice could deliver improved patient care.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

Nationally reported data showed outcomes for patients were good for conditions commonly found in older people. For example the percentage of patients with a history of stroke or TIA in who blood pressure check in the preceding 12 months was 95%, 4.5% above the CCG average with an exception rate of 1.3% which was 2% below the CCG average.

The practice offered personalised care to meet the needs of the older people in it population group which was regularly reviewed. Home visits and urgent appointments were available for those with enhanced needs.

Weekly GP visits were carried out to local care homes to review patients and monitor changes to their healthcare needs and nurses and a healthcare assistant (HCA) also visited to conduct health checks, administer vaccinations and take blood tests when required.

GPs worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for at risk patients including those with dementia and those receiving end of life palliative care.

People with long term conditions

Good

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

For example the percentage of patients with diabetes on the register with a total cholesterol test in the preceding 12 months was 94% compared with a national average of 81%.

Nursing staff and the health care assistant had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Weekly spirometry clinics were run by a nurse and a health care assistant to help diagnose chronic obstructive pulmonary disease (COPD) and monitor response to treatments. COPD is the name for a collection of lung diseases).

Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice performance for the management of these long term conditions was similar to or higher than other GP practices nationally.

Summary of findings

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 at risk, for example, children and young people who had a high number of A&E attendances. The practice offered same day appointments for children and appointments were available outside of school hours. Post-natal and baby checks were encouraged to monitor the development of babies and the health of new mothers.

The practice had held an informal mother and baby event to provide support and information to pregnant women and parents of children under five. The event was run by a GP partner and supported by both clinical and none clinical staff to increase understanding of what was on offer from the practice, health visitors and midwives for parent and child. Subjects included information on the vaccination program, feeding baby, common childhood illnesses and the role of the midwife and health visitor.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

The practice offered extended hours surgeries from 7:30am every weekday morning as they had found them more popular for this population group than evening hours; however they did not restrict the appointments to patients of working age.

The practice had a comprehensive website and patients could make prescription requests and cancel appointments online. The practice was proactive in offering health promotion and screening clinics that reflected the needs of this population group including well man and well women checks.

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 regularly worked with multi-disciplinary teams in the case management of vulnerable people. Patients at higher risk of unplanned hospital admissions were supported, staff were able to signpost patients to appropriate services and charities in the community and longer appointments were available for patients who needed them.

Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding

Summary of findings

information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Staff undertook safeguarding training and the practice had a dedicated safeguarding lead.

People experiencing poor mental health (including people with dementia)

Good

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

The practice regularly worked with multidisciplinary teams in the management of people experiencing poor mental health, including those with dementia.

The patient participation group (PPG) members all became dementia friends and the chairman trained to become a dementia champion. Using this knowledge of dementia they held a dementia event to offer support to patients living with dementia and their family and friends.

The practice had told patients experiencing poor mental health about how to access appropriate support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental

Summary of findings

What people who use the service say

We looked at the results of the national patient survey from July 2015. Questionnaires were sent to 328 patients and 126 people responded. This was a 38% response rate. The practice performed well when compared with others in the CCG respect of the following areas;

- 97% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 85% and a national average of 73%
- 87% of respondents usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%
- 95% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%
- 88% of respondents were satisfied with the practice's opening hours compared with a CCG average of 79% and a national average of 74%

The survey identified areas where the practice could improve performance. However, performance in these areas was still in line with local and national averages;

- 89% of respondents said the last nurse they saw or spoke to was good at listening to them compared with a CCG average of 93% and a national average of 90%
- 71% of respondents said the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 88% and a national average of 87%

The practice said they were striving to improve these figures and they were not reflected in the patients we spoke to on the day nor in the comment cards we received.

We reviewed comments from NHS Choices. The rating for the practice was four stars out of a possible five. There were four reviews left in the last 12 months and these reviews were all positive.

We spoke with five patients and three members of the patient participation group (PPG) during our inspection. Patients we spoke with were generally positive about the practice. They told us they found the practice clean and tidy and did not feel rushed during appointments. Patients told us they were treated with dignity and respect. Patients were consistently positive about the reception staff stating they were friendly and helpful.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 61 comment cards. Feedback on the comment cards were mainly positive about the practice. Patients highlighted that staff were kind, attentive to needs, polite and treated them in a caring manner. We received five comment cards which had mixed feedback about the practice. Three comment cards contained references to difficulties in accessing appointments and two cards contained negative feedback about slow diagnosis or referrals.

Hama Medical Centre

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, a practice manager specialist advisor and an expert by experience.

Background to Hama Medical Centre

Hama Medical Centre provides primary medical services to approximately 5251 patients through a personal medical services contract (PMS). Services are provided to patients from the practice in Kimberley, Nottinghamshire.

The level of deprivation within the practice population is similar to the national average. Income deprivation affecting children and older people is below the national average.

The medical team is comprised of two GP partners (one female and one male). The practice employs three practice nurses and a healthcare assistant. The clinical team is supported by a full time practice manager, a reception manager, and reception and administration staff.

The practice opens from 7.30am to 6.45pm every weekday Appointments are available:

Monday 7:30am to 12pm and 4pm-6pm

Tuesday 7:30am to 11:30am and 1pm – 3:30pm and 4pm - 6pm

Wednesday 7:30am to 12pm and 4pm - 6:00pm

Thursday 7:30am to 12pm and 4pm-6:30pm

Friday 7:30am to 12pm and 2:30pm – 6pm

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Nottingham Emergency Medical Service (NEMS)

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

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

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

Detailed findings

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 our inspection, 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 inspection on 9 December 2015. During the inspection we spoke with a range of staff (including GPs, nursing staff, the practice manager and reception and administrative staff) and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had an open and transparent approach to managing significant events. This was supported by an effective system for reporting and recording these. Staff told us people affected by significant events received timely explanations and apologies where appropriate and we saw evidence that this happened. Staff were aware of the system for reporting significant events and told us that forms could be accessed on the practice intranet. Significant events were discussed formally when they occurred and followed up in the weekly practice meetings. The practice undertook an annual analysis of significant events to detect themes or trends and shared significant events within their CCG.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example one significant event concerned the incorrect placing of a sharp in the clinical waste bag which went on to cause a needle stick injury to a member of staff. The incident was investigated, needle stick protocol followed, apologies made and additional training implemented to reduce future reoccurrence. In addition an audit was carried out by the infection control lead to make sure equipment and needle stick injury advice was in place. A full and honest explanation of the incident was also given to staff to increase awareness this type of accident can occur when procedures are not followed.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice had systems in place to monitor patient safety alerts and medicines alerts which ensured that information about safety was disseminated to the relevant members of staff.

Overview of safety systems and processes

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

- Robust arrangements to safeguard vulnerable adults and children from abuse. The practice arrangements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff were aware of who this was. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role including level three safeguarding training for all GPs.
- Information was displayed in the waiting area and on the practice website advising patients they could request a chaperone, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). (DBS
- There were procedures for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 lead practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice as well as undertaking annual training. There was an infection control protocol in place which was regularly updated and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the four files we reviewed showed arrangements were in place for

planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff covered absences for colleagues and the GP partners planned their leave to ensure that there was adequate medical cover.

Arrangements to deal with emergencies and major incidents

There was a system in place in all the consultation and treatment rooms and in the reception area which enabled staff to alert others to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies of this plan were also stored off site. The plan included emergency contact numbers for staff and suppliers. It was evident that the plan had been regularly reviewed and contact details were updated.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Practice staff demonstrated that they used evidence based guidelines and standards to plan and deliver care for patients. These included local clinical commissioning group (CCG) guidance and 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 including regular nursing and clinical meetings. We saw that the practice used clinical audits to monitor the implementation of guidelines and alerts, for example the recent shortage of a medicine patients with diabetes use to control their blood glucose levels, led to an action plan being put in place to ensure an alternative was prescribed in good time so there was no gap in the patients' care.

Management, monitoring and improving outcomes for people

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

Data showed that the practice had achieved 99.5% of the total number of points available in 2014/15 which was comparable to the CCG average of 97.5% and above the national average of 93.5%. The practice's exception reporting rate was 8.9%, similar to the CCG and national rates. (The exception reporting is based on the number of patients which are excluded by the practice when calculating their QOF achievement).

Practice performance in all areas was good. For example:

- Performance for asthma related indicators was 100% which was 1.7% above the CCG average and 2.6% above the national average, with below average exception rates.
- The practice had achieved 100% of points available for chronic obstructive pulmonary disease (COPD) related indicators which was 3.8% above the CCG average and 4% above the national average. (COPD is the name for a collection of lung diseases), with below average exception rates.
- The practice had achieved 100% of points available for rheumatoid arthritis related indicators which was 7.3% above the CCG average and 9% above the national average.This was after an above average exception average has been taken into account of 9.1% which was 1.7% above the national average.
- The practice had achieved 100% of points available for diabetes related indicators which was 4.2% above the CCG average and 10.8% above the national average. This was with an average exception rate.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been six clinical audits completed in the last two years. We reviewed two completed audits where the improvements made were implemented and monitored. For example the practice had undertaken an audit in respect of patients diagnosed with diabetes and the subsequent medicines prescribed to manage the condition and the education provided to improve the patients understanding. Re-audit showed an improvement in the stability of the blood glucose levels following diet advice from the practice nurse and further structured education whilst following NICE guidelines for treatment.

The practice demonstrated good performance in respect of prescribing, for example they had prescribing rates of 0.19 for antibiotics which was below the CCG average of 0.25. The practice worked closely with the CCG pharmacist team who attended the practice to help review medications and give advice when required.

Effective staffing

Discussions with staff and reviews of records demonstrated that staff had the skills, knowledge and experience to deliver effective care and treatment.

The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. Inductions were well planned and timetabled to cover all areas of the individual's role and the operation of the practice. Feedback from recently

inducted staff was positive and demonstrated that they had received a clear and comprehensive induction which included a period of shadowing an experienced member of staff enabling them gain confidence in their new role.

The practice used appraisals and meetings to identify the learning needs of staff. Staff received on-going support throughout the year through one-to-one meetings, coaching and mentoring and clinical supervision. All staff had received an appraisal within the last 12 months. Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness in addition to this any training staff felt would be beneficial in their role was supported and assistance given to complete training courses through e-learning modules or in-house training. For example the healthcare assistant had highlighted training to acquire new skills and understanding of COPD and a practice nurse had also volunteered to undertake the course in support, with the backing of the practice.'

Coordinating patient care and information sharing

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

Staff demonstrated close and effective working relationships with other health and social care services to ensure they understood and met the needs of patients and to plan on-going care and treatment. A monthly multi-disciplinary team (MDT) meeting was held and attended by a social worker, community matron palliative care and district nurses. We spoke to these community teams who said the practice staff were supportive and friendly and readily contactable between meetings to arrange care for patients. Care plans were updated and reviewed within the practice as well as in conjunction with the MDT meetings.

Consent to care and treatment

Staff demonstrated knowledge of the consent and decision-making requirements relevant to their roles. This included an understanding of the legislation and guidance such as the Mental Capacity Act 2005. Mental capacity assessments were undertaken where these were required and outcome recorded. In respect of care and treatment provided to children, staff undertook assessments of capacity to consent to treatment in line with guidance and legislation. The practice monitored their process for seeking consent through audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice had systems in place to identify patients who may be in need of additional support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those who required diet and lifestyle advice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 86% which was better than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We saw evidence that the practice nurses reviewed screening rates and discussed how they could improve screening rates further.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 90% to 100%.

The practice held regular flu clinics in the winter and was proactive in their promotion of these. Flu vaccination rates for the over 65s were 76% and at risk groups 54%. These were in line with the national averages of 73% and 56% respectively.

The practice managed the care of patients with diabetes and initiated treatment previously only available in hospitals which allowed patients to receive care locally.

New patients registering with the practice were provided with a comprehensive registration pack which included a general health questionnaire, an alcohol questionnaire and a pregnancy questionnaire. We were given examples of information packs that were issued to patients with specific conditions, such as diabetes and COPD, to help understand their condition and signpost to further care provided in the

Good

Are services effective?

(for example, treatment is effective)

community as well as outlining the care the practice would provide. NHS health checks were offered for patients aged 40-74 and new patient registration health checks were offered where required.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During the inspection we observed that members of staff interacted with patients in a polite and friendly manner. Members of staff were courteous and helpful towards patients at the reception desk, on the telephones and around the practice.

Staff told us they would lock the door during sensitive examinations to ensure these were not interrupted. Curtains were provided in the treatment rooms to ensure that patients' privacy and dignity was maintained during examinations, investigations and treatments. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 61 completed CQC comment cards we received were extremely positive about the service experienced. Patients said staff were friendly, welcoming, and helpful. We spoke with three members of the patient participation group on the day of our inspection. They told us they were very pleased with the care received from the practice and felt their privacy and dignity was respected. Comment cards reflected positively on the compassionate care and support provided by the practice staff when this was required.

Results from the national GP patient survey showed patients were broadly happy with how they were treated and that this was with compassion, dignity and respect. The practice was performing at a similar level to local and national averages for its satisfaction scores on consultations with nurses; however consultations with doctors fell below local and national averages. For example:

- 88% said they had confidence in the last GP they saw or spoke to, compared to a CCG average of 96% and a national average of 95%.
- 78% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 98% patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and national average of 87%.

The lower satisfaction with GP consultations had been noted by the practice and was being addressed to improve the quality of care given to patients. The GPs had attended training; such as a dignity and respect course and a consultation skills course, both of which were discussed during appraisals and shared with all clinical staff. The PPG were involved in meetings involving the GP survey data and patient feedback to enable open discussions about ways to improve patient care.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decisions about their care and treatment. Patients said issues were properly explained to them and they were offered the opportunity ask questions. This aligned with patient views expressed in completed comment cards.

Views expressed in comment cards and from patients we spoke with assured us patients were listened to and sufficient time in consultations to consider information and options.

The national GP patient survey showed patients' response was below average when questioned about their involvement in planning and making decisions about their care and treatment. For example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%. In spite of this all other evidence indicated the practice was delivering a caring service.

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

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Information was displayed in the patient waiting area which told patients how they could access local and national support groups and organisations.

The practice had a carers' policy and system in place to aid the identification of carers. The practice held a carers' register which enabled the practice to include details on their computer system which identified individuals as carers. The practice had a named carers' champion who encouraged carers' support within the practice and engaged with the CCG in promoting the work of carers, by designing posters to use at events in the area.. All carers were encouraged to have a flu vaccination annually.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card where appropriate. Contact was followed by a consultation or by giving advice on accessing support services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. We saw that the practice planned and delivered services to take into account the needs of different patient groups. This ensured that patients were offered a flexible service in addition to having choice and continuity of care. Examples of this included:

- Appointments were offered from 7:30am each weekday morning
- Urgent appointments were available on the same day and home visits were undertaken by the duty doctor as required.
- There was disabled facilities available and good access throughout the practice for wheelchair users.
- Longer appointments were available for patients with additional needs.
- The practice had close links to two local care homes and named GPs conducted regular visits
- The practice provided maternity and contraception services including coil fitting, coil checks and sexual health services.
- The practice used a text messaging service to remind patients about appointments.

Access to the service

The practice was open from 7.30am to 6.45pm every weekday Appointments with doctors were available between the following hours:

- Monday 7:30am to 12pm and 4pm-6pm
- Tuesday 7:30am to 11:30am and 1pm – 3:30pm and 4pm-6pm
- Wednesday 7:30am to 12pm and 4pm-6pm
- Thursday 7:30am to 12pm and 4pm-6:30pm
- Friday 7:30am to 12pm and 2:30pm – 6pm

The GP patient showed patients' satisfaction with how they could access care and treatment was above local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%
- 99% of patients said they could get through easily to the surgery by phone compared to the CCG average of 87% and national average of 73%.
- 91% of patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 73%.
- 80% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 60% and national average of 58%.

Listening and learning from concerns and complaints

The practice had a robust system in place for handling complaints and concerns. The practice's complaints policy was in line with contractual obligations for GPs in England and procedures were in line with recognised guidance. There was a designated person within the practice responsible for handling complaints.

The practice had a wide range of information available to enable patients to access the complaints systems. This included posters, leaflets, information on the practice website in addition to information in the practice handbook.

We looked at five complaints received in the last 12 months and found that the practice had responded to complaints in an effective and timely manner. The practice demonstrated openness in responding to complaints. The practice also displayed a poster in the waiting room listing anonymised comments and complaints with relevant feedback to keep patients informed of changes the practice had made accordingly.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Clinical meetings were used to discuss complaints and all staff were involved with the outcome and subsequent changes to policies and procedures.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high standards of medical care and involve patients in the management of their care whilst being courteous, approachable, friendly and accommodating.

Staff we spoke with were aware of the vision and values of the practice and were engaged with these.

The business plan was in the process of being reviewed to maintain its relevance however the practice demonstrated a robust strategy during the inspection. This included succession planning of staff and development of the building to increase capacity to meet future demand likely to come from the building of a new housing development.

Governance arrangements

The practice had a clear system of governance in place which effectively supported staff to deliver quality care and treatment and to improve systems and processes. Effective structures and procedures were in place within the practice to meet their clinical governance requirements and these included:

- A clear management and staffing structure with clinical staff having lead roles in specific areas.
- The practice had a range of practice specific policies which were available to all staff electronically and supported them in their roles.
- The practice had a comprehensive understanding of their performance as a practice. Evidence indicated that the practice reviewed their performance regularly through a rolling programme of meetings, including performance monitoring meetings and senior management meetings.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- Effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions which ensured that patients and staff were kept safe. A member of the administration team assisted with the management of health and safety.

Leadership, openness and transparency

We saw the partners and the practice manager had the experience, skills, capacity and capability to run the practice and ensure high quality care As well as being a full time partner the lead GP had close links with the development of the CCG. The practice focussed on providing care that was safe, high quality and compassionate.

GPs and management were visible within the practice and staff told us they were approachable and had an open door policy. The practice encouraged a culture of openness and transparency and all members of staff said they felt listened to by senior staff. There was a low turnover of staff within the practice and staff were supported to develop and progress in their roles.

We saw that that the practice had regular meetings for all staffing groups and staff told us they had the opportunity to raise issues at meetings. Staff said they were respected and listened to and that suggestions they made were valued by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. For example the practice had posters and leaflets in the waiting area which encouraged patient feedback in person, via telephone or online. The practice had posters displayed in the waiting area which told patients about the feedback they had received and what action they had taken.

The practice had an active patient participation group (PPG) which undertook patient surveys and submitted proposals for improvements to the practice management. The PPG met every two months and meetings were attended by the practice manager or a GP. In addition to the main group there was a virtual PPG which helped encourage participation from working age members. The PPG had been involved in organising events, supporting ones led by the practice as well as building alterations such as the fitting of automated doors to the practice. The practice shared themes and trends it received from patient feedback with the PPG to seek solutions to issues.

The practice sought to gather feedback from staff through meetings, appraisals and discussions. Ways to improve patient in areas the GP survey had highlighted as below average were gathered during meetings with staff and the

Are services well-led?

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PPG in order to form an action plan which resulted in additional training and clinical risk assessments which was presented to staff and the PPG at further meetings so everybody could benefit.

Staff said they felt comfortable in giving feedback and would not hesitate to discuss concerns or issues. Staff felt engaged with the practice and had the opportunity to make suggestions about how it was run.