Green Street Clinic

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Green Street Clinic on 1 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:-

- Ensure that the practice continues to progress and embed a robust audit trail to record and monitor decisions, rationale, action taken and outcomes in relation to significant events and complaints.

Summary of findings

- Ensure that the practices reviews the accessibilty to clinical room panic buttons and appropriate adjustments made.Ensure that the cleaning of desk top equipment is recorded and auditable.
- Ensure that a system to manage the regular review/ update of the practices policies is implemented.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One partner represented the practice on the CCG forum reviewing ideas and contributing to improvements in practice. The practice also actively engaged with the South East Coast Clinical Senate.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice proactively offered over 75 reviews which included a medicines review and advanced care planning where appropriate.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 96% compared to the national average of 88%.
- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 April to 31March (01/04/2014 to 31/03/2015) was 98% compared to the national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- One GP had a special interest in spinal injury and neurodisability and provided care on a voluntary basis to patients at a local specialist unit. This included patients with total nursing care requirements and conditions such as Motor Neurone Disease.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had proactively searched for all patients between the ages of 16 to 18 years and invited them to receive the Meningitis ACWY vaccine as they were not included in the original target group, but deemed to be at risk.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 83% compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice offered a full family planning/contraceptive service.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group, including age 40 to 75 health checks.
- The practice offered extended hours for those patients who were unable to attend during the working day. Appointments were available from 7.30am to 8.30am on Wednesdays and 6.30pm to 7.40pm on either Tuesdays or Wednesdays on rotation.

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.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice offered a personalised and holistic approach to care. It was recognised that emotional well-being was as important as physical. One example of this was the mentoring of patients to become volunteers thereby helping them to develop coping strategies and social skills improving quality of life.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 244 survey forms were distributed and 128 were returned. This represented a 52% return rate and 1.24% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards, 36 of which were extremely positive about the standard of care received. One card also contained a suggestion in relation to early morning appointments and another referred to a matter that had been recorded as a significant event.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients described the staff as caring, kind and professional and felt that they were treated with dignity and respect. The practice encouraged patients to complete friends and families test comment cards. 1080 cards were received and 885 (82%) stated that they would be extremely likely and169 (16%) stated that they would be likely to recommend the practice to others. Seven cards (0.5%) out of the 1080 stated that they would be unlikely to recommend the practice and the remaining 1.5% were neutral.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that the practice continues to progress and embed a robust audit trail to record and monitor decisions, rationale, action taken and outcomes in relation to significant events and complaints.
- Ensure that the practices reviews the accessibility to clinical room panic buttons and appropriate adjustments made. Ensure that the cleaning of desk top equipment is recorded and auditable.
- Ensure that a system to manage the regular review/ update of the practices policies is implemented.

Green Street Clinic

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Green Street Clinic

Green Street Clinic is situated at 118 – 122 Green Street, Eastbourne, BN21 1RT, within a residential area.

On street parking is available close to the practice. There are six GP partners. Three are male and three are female.

There are three practice nurses and four healthcare assistants.

- The practice is open from 8.30 am to 12.30 pm and 1pm to 6.30 pm Monday to Friday.
- Telephone access to the reception team is available from 8.30am to 6.30pm Monday to Friday.
- Any patient attending the surgery between 12.30pm and 1pm can access the practice by ringing the doorbell.
- Appointments are from 8.30am to 11.30am and either 2.30pm to 4.30pm or 3.30pm to 5.30pm, (depending on the GPs personal schedule) Monday to Friday. Additional appointments are given to patients requiring urgent medical assessment. These additional appointments follow the usual clinic.
- Extended hours appointments are offered on Wednesday from 7.30am to 8.30am and also either Tuesdays or Wednesday evenings on rotation until 7.40pm.
- The practice offers a duty doctor system during each day. The duty doctor is responsible for managing all urgent healthcare from 8am through to 6.30pm.
- Patients requiring urgent advice between 8am and 8.30am will be directed to call IC24 and will then be referred to the practice duty doctor.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hour's service on telephone number 111.

The practice operates under a General Medical Services contract and has 10,294 patients registered.

40% of the practice population are over the age of 65 years, 61% of the practice population are either in work or full-time education and 61% of the practice population have a long-standing health condition.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 March 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager and members of the reception team. We also spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. However, there was no robust audit trail for the rationale, decisions and action taken in relation to significant events. The practice had taken steps to address this since the date of the inspection and submitted evidence that improvements were being made.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Staff told us that lessons were shared and action was taken to improve safety in the practice. For example, a patient attended the surgery with an urgent sample for testing. The results of the test were significant but the member of staff conducting the test was unaware of the significance of the results and that it should be brought to the GPs immediate attention. This resulted in a two hour delay in the patient receiving the correct treatment. There was no untoward effect on the patient's recovery. The system for dealing with abnormal test results was improved to prevent a reoccurrence and all relevant staff were made aware of the incident and amended processes.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Quarterly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, whilst all equipment appeared clean, the daily cleaning schedules did not ensure that there was an audit trail for the cleaning of desk top equipment.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient

Good

Are services safe?

Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff, and mix of staff needed to meet patients' needs. This included restricting the number of staff who could take leave at any one time. The practice manager was responsible for monitoring all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was a panic button installed in all the clinical and consultation rooms. However, they were not all situated in the most accessible position. This was particularly apparent in one of the nurse's treatment rooms where the structure of the room had been altered to improve overall space in the practice.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. It was reviewed annually and the practice manager retained a copy outside of the practice.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available. There were a number of areas where the QOF exception rates were significantly higher than both the Clinical Commission Group(CCG) and the national averages.

Data from 1/4/2014 to 31/3/2015 showed that the:-

- QOF exception rate for mental health patient outcomes was 36.3% compared to the CCG average of 15.6% and the national average of 11.1%. The practice provided information to demonstrate that this was due to a high proportion of patients currently in remission from their mental health concerns and therefore not in need of review and a high proportion of patients who discussed the offer of a review with the practice nurse and had declined that offer. The practice suggested that a review of all patients shown with a mental health code could be of benefit in providing a more accurate picture of the exception rate for mental health.
- QOF exception rate for osteoporosis was 30.8% compared to the CCG average of 15.8% and a national average of 12.5%. The practice provided information from their clinical audit of the use of bone sparing agents. This showed that there were 22 patients registered with a diagnosis of osteoporosis during the relevant period. Of these 15 were being treated with a bone sparing agent, four were not suitable to be treated with a bone sparing agent, two were newly diagnosed and one patient was not being treated with a bone sparing agent. Therefore there was evidence that those patients that were suitable for treatment were being considered for treatment.
- QOF exception rate for rheumatoid arthritis was 20.5% compared to the CCG average of 13.8% and the national average of 7.4%. The practice was aware of the difficulty that some of these patients faced in attending for review due to poor mobility. Most patients were also being treated by the hospital rheumatology department and felt that their condition was being monitored sufficiently by that service and the practice had observed a decrease in interest to attend these reviews. The practice had pop-ups on the patients' notes to remind any member of the practice team to encourage these patients to make an appointment for review.

Performance for diabetes related indicators was better than the national average.

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 85% compared to the national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 90% compared to the national average of 81%

Performance for mental health related indicators was similar to the national average

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 98% compared to the national average of 90%.
- The percentage of patients with physical and/or mental health conditions whose notes recorded a smoking status in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the national average of 94%.

Good

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- There had been eleven clinical audits completed in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the review and proactive education of diabetic patients controlled by diet, or where there was no risk of hypoglycaemic episodes. This action resulted in a greater understanding of the condition and reduced the unnecessary usage of blood glucose testing strips. This audit resulted in improved knowledgeand a reduction of anxiety in some patients. It also improved the management of the prescribing of blood glucose testing strips reducing these costs.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Each member of staff had a personalised training file which was managed by the practice manager.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to refresher training and on-line circulations.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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 investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when healthcare concerns and issues in relation to vulnerable patients or those with complex needs, were discussed.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Good

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83% compared to the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and there was a centrally based system for the automatic follow up of women whose cervical smear results were abnormal.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0% to 96% compared to the CCG average of 1% to 95% and five year olds from 83% to 96% compared to the CCG average of 89% to 96%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

We received 39 patient Care Quality Commission comment cards , 36 of which were extremely positive about the service experienced. One referred to a matter that had been dealt with as a significant event and one contained a suggestion in relation to early morning appointments. Overall, patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Good

Are services caring?

- We saw information relating to mental health services and bereavement in the reception area to signpost patients to support services.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 125 patients as carers (1.2% of the practice list). Carers were offered an annual health check either opportunistically or by appointment. Those carers who had difficulty in attending the surgery due to their caring responsibilities were offered home visits. The practice had a dedicated carers notice board in one of the waiting areas, and information to signpost patients to support services was available in all waiting areas and on the practice website. The practice had also engaged with local support services and invited representatives to spend time at the surgery engaging directly with patients.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone and in writing to offer support. A section on the practice website provided advice to patients on what to do if a death occurred in the home. All staff were aware of the need to be sensitive to the need to minimise distress at the time of a bereavement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Wednesday morning from 7.30am to 8.30am and on Tuesday or Wednesday evenings on rotation , up until 8pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The majority of appointments were offered on the day and morning clinics were extended to meet the demand. Some pre-bookable appointments were available via the GP up to three weeks in advance for follow ups.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There werefacilities for people with disabilties on the ground floor. Staff re located to ground floor rooms when required to accommodate patients with limited mobility.
- Translation services were available and staff knew how to access them.

Access to the service

The practice was open from 8.30 am to 12.30 pm and 1pm to 6.30 pm Monday to Friday.

Telephone access to the reception team was available from 8.30am to 6.30pm Monday to Friday.

Any patient attending the surgery between 12.30pm and 1pm could access the practice by ringing the bell.

Pre-bookable appointments were available up to three weeks in advance. Appointments were from 8.30am to 11.30am and either 2.30pm to 4.30pm or 3.30pm to 5.30pm, (depending on the GPs personal schedule) Monday to Friday. Additional appointments were given to patients requiring urgent medical assessment. These additional appointments followed the usual clinic.

Extended hours appointments were offered on Wednesday from 7.30am to 8.30am and also either Tuesdays or Wednesday evenings on rotation until 7.40pm.

The practice offered a duty doctor during each day that was responsible for managing all urgent healthcare from 8am through to 6.30pm.

Patients requiring urgent advice between 8am and 8.30am were directed to call IC24 and referred to the practice duty doctor.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 82% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available in the reception area and on the practice website to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found that there was a policy in place and patients had access to information on how to complain. However, whilst complaints were managed effectively, there was no robust auditable system in place for recording activity and

Good

Are services responsive to people's needs?

(for example, to feedback?)

outcomes of complaints. Those we looked at had been satisfactorily handled and dealt with in a timely way with apologies given where appropriate. Lessons were learnt from individual concerns and complaints. For example, one patient complained about the number of courses of and change of antibiotics prescribed. It became apparent that the rationale for the treatment had not been fully explained to the patient. An apology and an explanation was given. All staff were reminded of the importance of full communication to patients.

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 quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, whilst the practices policies were valid in their content, some terminology contained within them suggested that they were in need of some updating.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- The GPs attended a GP led discussion meeting involving local practices on a Thursday evening. This meeting was held approximately on a monthly basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- We noted that the practice attended Clinical Commissioning Group (CCG) led away days every three months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

Are services well-led?

Good

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

management team. For example, the PPG raised concerns about the apparent need for more practice nurse appointments and in response the practice conducted a review and allocated more hours to this area of the service. The concern was resolved and service improved.

- The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Outside experts were invited to attend practice meetings to speak to clinical staff and share their expertise and experiences. Examples of this were; diabetes and cardiology. Staff told us that they also learnt from feedback and discussion with local hospitals to which patients had been referred and that this learning was also cascaded to clinical staff at the practice.