Appleby Surgery

Quality Report

Hawkeys Lane,
North Shields,
Tyne and Wear,
NE29 0SF
Tel: 0191 2961770
Website: www.applebysurgery.nhs.uk

Date of inspection visit: 14 June 2016
Date of publication: 18/07/2016

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 Appleby Surgery on 14 June 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- The practice had very good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- The practice had an effective governance framework which supported good quality care.
- Clinical and non-clinical staff had lead roles and staff throughout the practice worked very well together as a team. Staff retention was high and there had been only one change to the partnership over the past 15 years.
- Managers had a comprehensive understanding of the performance of the practice.
- The practice had effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The areas where the provider should make improvements are:

- Continue to seek ways to identify carers within the practice population.
- Implement Patient Specific Directions to allow the practice's healthcare assistant to administer flu immunisations to patients.

Summary of findings

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 nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

There was evidence of medicines management. The practice did not have, but was in the process of developing formal Patient Specific Directions to allow the healthcare assistant to administer future flu immunisations.

Good infection control arrangements were in place and the practice was clean and hygienic. Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

Are services effective?

Good

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. Staff received annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment. There was evidence of clinical audit activity and improvements made as a result of this.

Data showed patient outcomes were in line with national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 91.6% of the points available for 2014/2015. This was below the local and national averages of 96.7% and 93.5% respectively. However, during the inspection we saw that performance had improved and the practice had achieved 98.6% of the total available points for the period 1 April 2015 to 31 March 2016.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

The National GP Patient Survey published in January 2016 showed the practice was broadly in line with national and local averages for satisfaction scores on consultations with doctors and nurses. Results showed 96% of respondents said they had confidence and trust in the last GP they saw, compared to the national average of 95%; 97% said they had confidence and trust in the last nurse they saw, the same as the national average.

The results of the practice's own patient survey were also positive; for example, 85% of respondents said they would recommend the practice.

The practice had a relatively low number of patients registered as carers; 31 patients (0.5% of the practice list). Attempts to increase the number of carers had been made; a carers champion had been appointed and staff had begun to develop links with a local carers' support group.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The practice had very 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 that the practice responded quickly to issues raised. The practice manager also maintained a 'grumble' sheet; to log any negative or positive comments made. Learning from complaints was shared with staff.

The practice scored well in relation to access in the National GP Patient Survey. The most recent results (published in January 2016) showed 92% (compared to 85% nationally and 86% locally) of respondents were able to get an appointment or speak to someone when necessary. 86% of respondents said they were satisfied with opening hours (compared to the national and local averages of 75% and 80% respectively). The practice also scored well on the ease of getting through on the telephone to make an appointment (86% of patients said this was easy or very easy, compared to the national average of 73% and a CCG average of 81%).

Are services well-led?

Good

The practice is rated as good for providing well-led services.

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients'

Summary of findings

needs. There was a clear and documented vision for the practice which had been developed with staff. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Practice specific policies were in place and were available to all staff. The practice manager had implemented an efficient and effective system to ensure all policies were reviewed, up to date and cascaded to staff.

There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- Doctors carried out twice weekly ward rounds and had regular phone contact with staff at a local nursing home.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.

People with long term conditions

Good

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

- Clinical staff had lead roles in chronic disease management, supported by named administrative staff.
- Patients at risk of admission to hospital were identified as a priority.
- One of the practice nurses was able to start diabetic patients on insulin, if required, with support and follow-up, rather than patients having to visit hospital.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check with health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Summary of findings

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Combined six week mother and baby health checks were offered for convenience and to provide holistic care.
- The practice's uptake for the cervical screening programme was 80.1%, which was slightly below the CCG average of 83.1% and the national average of 81.8%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

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 and flexible. Extended hours surgeries were offered on alternate Saturday mornings between 8.30am and 11.30am. In addition, surgeries started at 7.40am two weekday mornings per week for working patients who could not attend during normal opening hours.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations. Life expectancy varied across the practice population; with a difference of 10 years in the most extreme cases. The practice had taken steps to address these inequalities; and had increased capacity in the nursing team to allow further NHS health checks to be carried out.

Summary of findings

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.
- 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 and out of hours.
- Arrangements were in place to support patients who were carers. The practice had some systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment, although these could be improved. The practice had begun to make attempts to increase the number of carers; a carers champion had been appointed and staff had developed links with a local carers' support group.

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 worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- One of the GPs had developed a weight loss protocol, so staff in the local nursing home knew when to report a patient's weight loss to a GP, and what action the GP should take about certain levels of weight loss.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations. The practice had strong links with the local talking therapies team. Patients could access an in-house counsellor and local social prescribing schemes.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Summary of findings

What people who use the service say

We spoke with six patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed one CQC comment card which had been completed by patients prior to our inspection.

Patients were very complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were happy with the appointments system.

The National GP Patient Survey results published in January 2016 showed the practice was performing above local and national averages. There were 118 responses (from 258 sent out); a response rate of 46%. This represented 2% of the practice's patient list. Of those who responded:

- 93% said their overall experience was good or very good, compared with a clinical commissioning group (CCG) average of 89% and a national average of 85%.
- 86% found it easy to get through to this surgery by phone, compared with a CCG average of 81% and a national average of 73%.
- 93% found the receptionists at this surgery helpful, compared with a CCG average of 89% and a national average of 87%.
- 92% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 86% and a national average of 85%.
- 99% said the last appointment they got was convenient, compared with a CCG average of 93% and a national average of 92%.
- 92% described their experience of making an appointment as good, compared with a CCG average of 78% and a national average of 73%.
- 72% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 73% and a national average of 65%.
- 69% felt they don't normally have to wait too long to be seen, compared with a CCG average of 66% and a national average of 58%.

Areas for improvement

Action the service SHOULD take to improve

Continue to seek ways to identify carers within the practice population.

Implement Patient Specific Directions to allow the practice's healthcare assistant to administer flu immunisations to patients.

Appleby Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Appleby Surgery

Appleby Surgery is registered with the Care Quality Commission to provide primary care services. It is located in the town of North Shields, Tyne and Wear.

The practice provides services to around 6,000 patients from one location: Hawkeys Lane, North Shields, Tyne and Wear, NE29 0SF. We visited this address as part of the inspection. The practice has four GP partners (two female and two male), one salaried GPs (female), three practice nurses (all female), a healthcare assistant, a practice manager, and 10 staff who carry out reception and administrative duties.

The practice is a training practice and one of the GPs is an accredited GP trainer. At the time of the inspection there was one trainee GP working at the practice.

The practice is part of North Tyneside clinical commissioning group (CCG). The practice population is made up of a higher than average proportion of patients over the age 65 (24.1% compared to the national average of 18.9%). Information taken from Public Health England placed the area in which the practice is located in the fifth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is located in a purpose built two storey building. The majority patient facilities are on the ground floor. A counselling room is located on the first floor; as the practice does not have a lift, appointments are available on the ground floor for any patients with mobility problems There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 8.30am and 6pm Monday to Friday and between 8.30am and 11.30am on alternate Saturday mornings. Patients can book appointments in person, on-line or by telephone.

Appointments were available at the following times:

- Monday to Friday - 8.30am to 11am; then from 3.30pm to 5.30pm (in addition, surgeries started at 7.40am two weekday mornings per week)
- Saturday – 8.30am to 11.20am.

A duty doctor is available each afternoon until 6pm.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

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

Why we carried out this inspection

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

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

meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

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

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

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 14 June 2016. We spoke with six patients and 10 members of staff from the practice. We spoke with and interviewed three GPs, a practice nurse, the practice manager, and five staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed one CQC comment card where a patients had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

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 also 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).
- The practice had effective arrangements in place to inform any patients who may have been affected by an incident. 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.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events.

Staff told us they were encouraged to report incidents. 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, following one incident the arrangements to issue prescriptions for controlled drugs (medicines that require extra checks because of their potential misuse) were amended.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Alerts were disseminated by the practice manager to the relevant lead clinician. The lead then decided what action should be taken to ensure continuing patient safety, and mitigate risks. The alerts were passed on to other relevant staff and discussed at the clinical governance meetings.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe, 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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained child safeguarding level three and the nurses to level two.
- 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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurse's was the infection control clinical lead; they 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Regular checks of the cleanliness standards were undertaken, these were not formally documented but the practice manager told us a new system would be implemented to record the checks.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal) but some improvements could be made. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe

prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The Health Care Assistant had received specific training and administered flu immunisations (only when a doctor or nurse was on the premises). The practice was in the process of developing formal Patient Specific Directions for future flu immunisations.

- Recruitment checks were carried out and the four files we reviewed showed that appropriate checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were effective procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments 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. The practice also had a large number 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 type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).
- Arrangements were in place for planning and monitoring the number 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.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers and telephones in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to ensure all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. Managers told us any new guidelines were discussed by clinical staff but they were looking to strengthen these arrangements by introducing a more formal review system.
- The practice monitored that these guidelines were followed through risk assessments and clinical audits.

Management, monitoring and improving outcomes for people

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

The latest publicly available data from 2014/15 showed the practice had achieved 91.6% of the total number of points available, which was below the England average of 94.7%. However, during the inspection we saw that performance had improved and the practice had achieved 98.6% of the total available points for the period 1 April 2015 to 31 March 2016.

At 8.9%, the clinical exception reporting rate was below the England average of 9.2% (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

The data for 2014/2015 showed:

- Performance for chronic obstructive pulmonary disease (COPD) related indicators was below the national average (83.9% compared to 96% nationally). However, data for 2015/2016 showed that performance had improved and the practice had achieved all of the points available.
- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally).
- Performance for mental health related indicators was below the national average (70.8% compared to 92.8% nationally). However, data for 2015/2016 showed that performance had improved and the practice had achieved all of the points available.
- Performance for rheumatoid arthritis related indicators was below the national average (16.7% compared to 95.4% nationally). However, a new approach to inviting patients for their reviews was introduced over the past year. Data for 2015/2016 showed that performance had improved and the practice had achieved 97% of the points available.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings. This included an audit of the prescribing of the combined hormonal contraceptive (CHC), due to the associated cardiovascular risks for some women. An initial audit was carried out which showed that some checks were not always carried out at routine 'pill' checks, for example, only 60% of patients had their current weight recorded. Action was taken and the monitoring arrangements were amended. A further audit cycle was carried out and this showed an improvement, in that 95% of patients who had been prescribed a CHC had their weight recorded.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- We reviewed staff training records and found that staff had received a range of mandatory and additional training, including safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Several staff told us how the practice had supported them to undertake external qualifications, including NVQs and a course on 'access to health'. The healthcare assistant was the first in the area to undertake training to allow them to carry out foot checks for patients with diabetes.

Coordinating patient care and information sharing

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a fortnightly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

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

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. For example:

- Patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80.1%, which was slightly below the CCG average of 83.1% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.7% to 100% compared to the CCG averages of between 97.3% and 98.8%. Rates for five year olds ranged from 94.3 % to 100%, compared to the CCG averages of between 95.3% and 98.4%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Life expectancy varied across the practice population; with a difference of 10 years in the most extreme cases. The practice had taken steps to address these inequalities and employed a public health nurse to carry out further NHS health checks. The scheme was relatively new but staff told us some new

Good

Are services effective?

(for example, treatment is effective)

diagnoses had been made as a direct result of the additional health checks. Appropriate follow-ups on 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 throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

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

Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey, published in January 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. Scores on consultations with doctors and nurses were broadly in line with local and national averages. For example, of those who responded:

- 96% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 87% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 89% and the national average of 85%.
- 97% said they had confidence and trust in the last nurse they saw, compared to the CCG average of 98% and the national average of 97%.
- 90% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 91% and the national average of 91%.
- 93% 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 card we received was also positive and aligned with these views.

Results from the January 2016 National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example, of those who responded:

- 89% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 90% said the GP gave them enough time, compared to the CCG average of 90% and the national average of 87%.
- 89% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 90% and the national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 86% and the national average of 82%.
- 89% said the last nurse they spoke to was good listening to them, compared to the CCG and average of 91% and the national average of 91%.
- 92% said the nurse gave them enough time, compared to the CCG average of 93% and the national average of 92%.
- 91% said the nurse was good at explaining tests and treatments, compared to the CCG average of 91% and the national average of 90%.

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there were leaflets with information about talking therapy services, a local loneliness support group, toddler play sessions and a breastfeeding support group.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers; 31 patients (0.5% of the practice list) had been identified as carers. They were offered health checks and referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them. Managers were aware that the number of carers on the register did not reflect the actual number within the practice population. The practice had made attempts to increase the number of carers; a carers champion had been appointed and staff had begun to develop links with a local carers' support group.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population and planned services accordingly. Services took account of the needs of different patient groups and helped to provide flexibility, choice and continuity of care. For example,

- The practice offered extended opening hours on alternate Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for anyone who needed them. This included people with a learning disability and people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Doctors carried out twice weekly ward rounds and had regular phone contact with staff at a local nursing home. One of the GPs had developed a weight loss protocol, so staff in the local nursing home knew when to report a patient's weight loss to a GP, and what action the GP should take about certain levels of weight loss.
- Telephone consultations were available each day.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice population had a high prevalence of diabetes (7%, compared to the national average of 5% and the local average of 5.5%). One of the practice nurses was able to start diabetic patients on insulin, if required, with support and follow-up, rather than patients having to visit hospital.
- Combined six week mother and baby health checks were offered for convenience and to provide holistic care.
- The practice had strong links with the local talking therapies team. Patients could access an in-house counsellor and local social prescribing schemes.
- There were disabled facilities, a hearing loop and translation services available.
- The site had level access; the majority of patient facilities were on the ground floor. A counselling room was located on the first floor; the practice did not have a lift, so appointments were available on the ground floor for any patients with mobility problems.
- Appointments with GPs could be booked online, in person, on the telephone.

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday. Appointments were available at the following times:

- Monday to Friday - 8.30am to 11am; then from 3.30pm to 5.30pm
- Saturday – 8.30am to 11.20am

Extended hours surgeries were offered between 8.30am and 11.30am on alternate Saturday mornings and two weekday surgeries also started at 7.40am. In addition to pre-bookable appointments that could be booked six months to a year in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was well above local and national averages. Patients we spoke with on the day were able to get appointments when they needed them. For example:

- 86% of patients were satisfied with the practice's opening hours, compared to the CCG average of 80% and the national average of 75%.
- 86% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 81% and the national average of 73%.
- 92% of patients described their experience of making an appointment as good, compared to the CCG average of 78% and the national average of 73%.
- 69% of patients said they didn't have to wait too long after their appointment time, compared to the CCG average of 66% and the national average of 58%.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice displayed openness and transparency when dealing with complaints. We looked at the one formal complaint received in the last 12 months and found this had been satisfactorily handled and dealt with in a timely way. The practice manager also maintained a 'grumble' sheet; to log any negative or positive comments made. Any concerns raised were treated in the same way as formal complaints; and in addition were taken to the practice's patient participation group for review.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a concern about an ambulance booking, revised procedures were implemented within the practice.

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 on the practice website. The mission statement included the following aims 'ensure that our patients receive the best overall experience around the health care which we provide for them, seek to be welcoming, considerate and professional, aiming to deal with people in the same way that we would expect ourselves and our families to be dealt with, aspire to use our skills and up to date knowledge to work with our patients in delivering the very best of medical care across the physical, psychological and social realms in which our help is needed'.
- There was strong collaboration and support across all staff groups. Staff throughout the practice had all been involved in the development of the mission statement; staff we spoke with told us they had appreciated being asked for their views.
- The practice had a comprehensive forward plan in place which reflected the vision and values; this was regularly monitored.

Governance arrangements

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

- There was a clear staffing structure; staff were aware of their own roles and responsibilities. Clinical and non-clinical staff had lead roles, for example, one of the medical receptionists was the administrative lead for NHS health checks, another was responsible for cervical cytology. The systems in place helped the practice to achieve high scores in the quality and outcomes framework (QOF).
- Practice specific policies were in place and were available to all staff. The practice manager had implemented an efficient and effective system to ensure all policies were reviewed, up to date and cascaded to staff.
- Managers had a comprehensive understanding of the performance of the practice.
- Clinical and internal audit processes functioned well.
- The practice had effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice manager had devised a comprehensive set of risk assessments which were regularly reviewed and updated as necessary.

Leadership, openness and transparency

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 managers were approachable and always took the time to listen to them. There was a stable leadership team, with only one change to the GP partnership arrangements over the past 15 years.

Many of the managers and staff were involved in the local community and also fulfilled roles outside of the practice. For example, one of the managers was a local councillor, another member of staff supported a local soup kitchen and a GP had until very recently been an RNLI officer. This helped to develop links with patients and other organisations. The councillor role helped the practice to be aware of issues throughout the area; for example, managers were aware of the differences in life expectancy rates and had taken action to address this.

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:

- Affected patients were given reasonable support, truthful information and a verbal and written apology
- Records of verbal interactions were maintained, as well as written correspondence.

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

- Staff told us that regular team meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.

Are services well-led?

Good

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

- There were very high levels of staff satisfaction. Staff said they felt respected, valued and supported, particularly by the practice manager and the partners in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. In addition to the National GP Patient Survey, the practice also commissioned an external company to carry out a further survey. A PPG had been established, which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, at a recent meeting PPG members had suggested the practice advertised the online services more widely; plans were in place to develop a patient information leaflet. Patients had also been consulted on the extended opening hours and asked whether they preferred evening or morning surgeries; the practice acted on the feedback provided.

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