

Christiana Hartley Medical Practice

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

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Christiana Hartley Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Christiana Hartley Medical Practice on 29 September 2017. Overall the practice is rated as outstanding. The practice is rated as outstanding for providing responsive services for older people, vulnerable people and those experiencing poor mental health; and well led services for all population groups and good for providing safe, effective and caring services.

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

- Safety was a key priority for the practice and comprehensive risk assessments and audits covering a range of issues were regularly conducted. The practice additionally utilised external auditors to ensure the safety of the practice systems and premises.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. There were systems to manage safety alerts. Learning from any incidents was discussed at internal and external meetings with other healthcare professionals to promote shared learning.
- The practice had invested in modernising the premises. The environment was pristine yet welcoming with plenty of information available for patients.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. The practice sought additional training materials for staff. For example, comprehensive guides for infection control.
- Patients we spoke with and Care Quality Commission (CQC) comment cards reviewed indicated that patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had updated its telephone system to improve access. Patients we spoke with said they found it easy to make an appointment. Urgent appointments were available the same day.
- There was a strong and clear leadership structure and staff felt supported by management.

Summary of findings

- Communications with staff had been well considered to ensure information was easily accessible and that staff carried out their roles effectively. For example, there was a communications noticeboard for staff to review two policies a week.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

We saw areas of outstanding practice:

The practice implemented a series of measures to help provide equitable access and health care provision for their patients. For example:

- The practice had set up a programme to review all their patients who were in care homes and nursing homes. These reviews took place every 12-15 weeks to ensure patients were receiving correct medicines and timely referrals when necessary. The reviews involved

family, carers and staff from the homes attending the practice to co-ordinate care and provide holistic care for the patient. This was in addition to the GPs and nursing staff attending the homes. Patients on antipsychotic medicines were checked to ensure they were under the care of a psychiatrist. The structured reviews had resulted in a 6% reduction in the prescribing of antipsychotic medicines and a 2% reduction in emergency hospital admissions over the past 12 months for these patients.

- Accessible Information standards had been well considered. For example, the practice had conducted a telephone survey for visually impaired patients to improve their experience of the service provided. This had resulted in these patients being made more aware of the facilities available to them.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. This was because:-

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, received reasonable support, truthful information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services. This was because:-

- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services. This was because:-

- Patients we spoke with and information from Care Quality Commission patient comment cards we reviewed indicated that 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 accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The health care assistant was the carers' lead and offered these patients a review to assist with any support required.
- Staff were trained in providing dignity and respect to patients.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. This was because:

- The practice team was forward thinking in terms of promoting equitable access. For example, by introducing a 'Teen Seen' health review project for 15 year olds and there was a dedicated teen friendly area in the waiting room.
- Accessible Information standards had been well considered. For example, the practice had conducted a telephone survey for blind patients to improve their experience of the service provided. Easy read format material was available within the waiting room.
- The practice had set up a programme to proactively review all their patients who were in care homes and nursing homes. This involved family, carers and staff from the homes. This was organised for a time when family or carers could be present.
- This was in addition to the GPs and nursing staff attending the care homes. These reviews took place every 12-15 weeks. The reviews included medicine reviews, health checks, DNAR status, the need for any referrals to other services, and a review of any Deprivation of Liberty Safeguards (DoLS) in addition to addressing any family concerns. We saw statements of feedback from the care homes involved that the reviews had helped their staff support patients with their care plans. The reviews had had a positive impact in the reduction of prescribing of antipsychotic medicines and a reduction in emergency hospital admissions.
- Care home staff recommended the practice to residents. The practice had voluntarily increased the number of patients they accepted from care homes from 70 to 120 patients over the past year.
- Children in care were invited to discuss their needs with the lead GP for safeguarding when registering with the service and were given priority access.
- Extended appointments were available for travel advice with travel vaccinations.
- Urgent appointments were available the same day.

Outstanding



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available in the waiting room. Learning from complaints was shared with staff.
- The practice had invested in modernising the premises and had updated its telephone systems to improve access.

Are services well-led?

The practice is rated as outstanding for being well-led. This was because the strong and effective leadership in the practice had resulted in:

- Innovative ideas to enhance equitable access and provision of healthcare to all its patients.
- Learning from any safety incident was shared with external health care teams.
- Governance and performance management arrangements being proactively reviewed.
- Involvement of all staff in improvement work and a continuous plan for quality assurance.
- Good communications and training to upskill staff at all levels.
- Safety was a key priority for the practice and comprehensive risk assessments and audits covering a range of issues were regularly conducted. The practice additionally utilised external auditors to ensure the safety of the practice systems and premises.
- The GP lead contributed to national guidance.
- The practice had business plans and policies and procedures to govern activity.
- There were arrangements in place to monitor and improve quality.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice had considered the well-being of staff and there was a staff reward system in place.
- The practice encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The provider was aware of the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients. The practice engaged with the patient participation group.

Outstanding



Summary of findings

- There was a focus on continuous learning and improvement at all levels. Career progression was encouraged. Staff training was a priority and protected learning time was available for all staff.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as outstanding for the care of older people. This was because the practice is rated outstanding for providing both responsive and well led services for this population group.

- The practice had set up a programme to review all their patients who were in care /nursing homes. This involved the family/carers and staff from the care home. This was in addition to the GPs and nursing staff attending the care homes. These reviews took place every 12-15 weeks. The reviews included medicine reviews, health checks, DNAR status, the need for any referrals to other services, and a review of any DoLS in addition to addressing any family concerns. We saw statements of feedback from the care homes involved that the reviews had helped their staff support patients with their care plans.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. There was a named GP for over 75 year olds.
- The practice checked that housebound patients had some contact every six months and if not the nurse carried out a home visit or contacted the patient by telephone.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Outstanding



People with long term conditions

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

- There was a system to recall patients for a structured review to check their health and medicines needs were being met. These reviews were conducted when necessary and not just annually.
- 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.
- The practice employed a pharmacist to assist with medication reviews. All newly registered patients received a medication review.

Good



Summary of findings

Families, children and young people

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

Good



- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics and provided immunisations.
- The practice offered after school and evening appointments.
- The practice had identified that teenagers were not often seen at the practice and had sent information leaflets out to all patients who were 15 inviting them to attend a health review with a clinician of their choice. The practice extended this invite to include a drop in service for instant help. The lead GP was in discussions with the local school nurses to further promote this service.

Working age people (including those recently retired and students)

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

Good



- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered evening appointments on a Tuesday with the nurse and GP.
- Appointments with the nurse, health care assistant and phlebotomist were available before 8am three times a week.

People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. This was because the practice is rated outstanding for providing both responsive and well led services for this population group.

Outstanding



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had carried out a telephone survey of visually impaired patients to make them aware of services available.

Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). This was because the practice is rated outstanding for providing both responsive and well led services for this population group.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations
- Receptionists had received dementia friends training. The practice nurse was the dementia lead and carried out dementia reviews for housebound and care home patients. The practice actively tried to diagnose dementia diagnosis and promoted advanced care planning. Patients with dementia living in care homes were reviewed every 12-15 weeks to ensure all their needs were met.

Outstanding



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing in line with local and national averages (from 99 survey forms representing approximately 2% of the practice's patient list).

- 87% of patients described the overall experience of this GP practice as good compared with the local clinical commissioning group (CCG) average of 87% and the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 80%, national average of 77%).
- 87% of patients described their experience of making an appointment as good (CCG average 73%, national average of 73 %.)
- 95% of patients said they had confidence and trust in the last GP they saw (CCG average of 97%, national average of 95%.)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards, all of which were positive about the standard of care received.

We spoke with patients from the patient participation group during the inspection. They were very satisfied with the service and care they received.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results from September 2017 from 44 responses, showed that 38 patients were extremely likely and four were likely to recommend the practice, and one was neither likely nor unlikely to recommend the practice.

Christiana Hartley Medical Practice

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.

Background to Christiana Hartley Medical Practice

Christiana Hartley Medical Practice is located in a residential area of Southport. There were approximately 5,103 patients on the practice list and the majority of patients were of white British background.

The practice is a teaching practice managed by an individual GP. There is one salaried GP and a regular locum GP. Additional clinical staff include, two practice nurses, a healthcare assistant, a practice pharmacist and a phlebotomist. Clinical staff are supported by a practice manager, reception and administration staff. The practice is open 7.45am to 6.30pm Monday, Wednesday and Thursday and 8am to 6.30pm on Fridays and 8am-8pm on Tuesdays. Patients accessed the Out-of-Hours GP service by calling NHS 111.

The practice is commissioned by NHS Southport and Formby local clinical commissioning group and has a Personal Medical Service (PMS) contract and also offers enhanced services for example; extended hours.

Why we carried out this inspection

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

How we carried out this inspection

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)

Detailed findings

- people whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia).

The inspection team :-

- Reviewed information available to us from other organisations e.g. local commissioning group.
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 29 September 2017.
- Spoke to staff and representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was an incident log book. The practice had produced an incident response flow chart to help staff manage incidents appropriately. The practice carried out a thorough analysis of individual significant events and analysed significant events periodically to identify any trends. Incidents were discussed at both internal and external meetings to promote shared learning.
- We reviewed one documented example which demonstrated that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- All medicine safety alerts were considered and comprehensively dealt with. For example, for a recent alert about the safety of insulin pumps, the practice contacted all their patients taking insulin to check whether the alert pertained to them. Alerts were routinely discussed by the pharmacist at clinical meetings and when applicable, meetings with all members of staff.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and there were additional flowcharts with information available in reception and consultation rooms. The policies and flow charts 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 practice had audited their safeguarding systems. Medical records for children on safeguarding registers were reviewed monthly along with any unplanned A&E admissions or failure to attend appointments.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. The practice manager met with the health visitor usually on a weekly basis to discuss any concerns. Children in care were invited to discuss their needs with the lead GP for safeguarding when registering with the service and were given priority access.
- 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. There were cleaning schedules and monitoring systems in place.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. The practice carried out regular annual audits and took any action required. The practice had sought additional external guidance to help keep up to date with best practice and to train staff.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes 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 clinical commissioning group pharmacy teams and their pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice employed a pharmacist to assist with medicine reviews. All newly registered patients received a medicine review. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient

Are services safe?

Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a system for managing uncollected prescriptions.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

- There were procedures for assessing, monitoring and managing risks to patient and staff safety. The premises management carried out fire risk assessments and there had been a recent fire drill.
- Other risk assessments to monitor safety of the premises were also carried out, 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).
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice had carried out a risk assessment for unplanned staff shortages.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents.

- There was an emergency incident protocol which included having meetings immediately after any event.
- 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 was available.
- Emergency medicines were available and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan for major IT and power failure incidents only. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems 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. NICE guidelines were discussed at staff meetings. The lead GP helped review new guidance documents.

The practice nurse was the dementia lead and carried out dementia reviews for housebound and care home patients. The practice actively tried to diagnose dementia diagnosis and promoted advanced care planning.

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 practice had carried out an independent data review of their performance and had identified key areas for improvement such as some cancer screening. The practice had worked towards reducing their exception reporting and this had been reduced in 2016/2017 by 3% to only six patients.

There was evidence of quality improvement including clinical audit. The practice kept a log of audits and review dates. There was a structured approach to the management of quality improvement and the practice proactively identified audits in response to:

- Change in guidelines
- Significant events
- Safety alerts

The practice carried out a range of audits including, district nurse referrals, 2 week rule referrals, consultation and coding and cancer. The audits were two cycle audits or ongoing.

The practice reviewed its antibiotic prescribing profiles on a monthly basis.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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 had regular locum GPs and there was a comprehensive induction pack available.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- 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. 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. Staff attended external training days and had protected learning time once a month which incorporated team building exercises.

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.

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 care plans were routinely reviewed and updated for patients with complex needs.

The practice audited their district nurse referrals to ensure the patients received the correct monitoring and reported any issues to the district nurse team leader.

Are services effective?

(for example, treatment is effective)

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

The practice worked closely with the mental health services. The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations.

Consent to care and treatment

GPs understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and guidance for children. All staff had received training about the Mental Capacity Act. The practice kept a register of patients on DoLS.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services.

The practice provided in house services. For example, the practice had a weight drop in clinic for patients between 5-6pm every Wednesday to help patients lose weight.

The practice carried out immunisations and screening programmes.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff were trained in providing dignity and respect to patients.

Care Quality Commission comment cards we received were generally positive about the service experienced. 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 two patients from the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey from July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was performing in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 86%.
- 94% of patients said they found the receptionists at the practice helpful compared with 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.

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. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 82%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. The practice website could be converted to other languages.
- Staff had received dementia awareness training.
- The practice had carried out a telephone survey of visually impaired patients to make them aware of services available.

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. For example, domestic abuse advice. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 93 patients as carers (1.8% of the practice list). The health care assistant was the carers' lead and offered these patients a review to assist with any support required. Written information was available in the waiting room and the practice website to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or 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. One of the practice nurses was a designated bereavement lead as they had previously had experience in counselling.

The practice participated in local charity schemes. For example, they were holding a coffee morning to raise funds.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice had set up a programme to review all their patients who were in care homes and nursing homes. This involved family, carers and staff from the homes. This was in addition to the GPs and nursing staff attending the homes. These reviews took place every 12-15 weeks to ensure patients were receiving correct medicines and timely referrals when necessary. Patients on antipsychotic medicines were checked to ensure they were under the care of a psychiatrist. The structured reviews had resulted in a 6% reduction of prescribing of antipsychotic medicines and a 2% reduction in emergency hospital admissions over the past 12 months for these patients.
- Care home staff recommended the practice to residents. The practice had voluntarily increased the number of patients they accepted from care homes from 70 to 120 patients over the past year.
- The practice had identified that teenagers were not often seen at the practice and had sent information leaflets out to all patients who were 15 inviting them to attend a health review with a clinician of their choice. The practice extended this invite to include a drop in service for instant help. The lead GP was in discussions with the local school nurses to further promote this service.
- The practice was in the process of extending the boundary for accepting patients to meet local need.
- 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 practice checked that housebound patients had some contact every six months and if not the nurse carried out a home visit or contacted the patient by telephone.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.

- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Accessible Information standards had been well considered. For example, the practice had conducted a telephone survey of visually impaired patients to improve their experience of the service provided.
- There were accessible facilities, which included a hearing loop, easy read format information, large print information leaflets and interpretation services available.
- Patients had access to phlebotomy services.
- The practice engaged well with the patient participation group and actively sought engagement within local community groups and their patients.

Access to the service

The practice had considered the needs of the working population and was open 7.45am to 6.30pm Monday, Wednesday and Thursday and 8am to 6.30pm on Fridays, and 8am to 8pm on Tuesdays.

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

Results from the national GP patient survey from July 2017 showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 87% of patients said they could get through easily to the practice by phone (CCG average 64%, national average of 71 %.)
- 87% of patients described their experience of making an appointment as good (CCG average 73%, national average of 73 %.)

The practice had a triage system to assess:

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

In response to a safety alert, the practice had strengthened its systems and all staff had been trained to deal with incoming calls for requests for house visits. Staff had access to a flowchart for information. In cases where the urgency of need was so great that it would be inappropriate for the



Are services responsive to people's needs?

(for example, to feedback?)

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 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 to help patients understand the complaints system.
- The practice acknowledged complaints and offered patients an explanation and an apology.
- Complaints were discussed at staff meetings to encourage shared learning.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The lead GP had taken over the management of the practice approximately one year ago. The practice had reviewed and reflected on the changing needs of its local population and had redesigned its operating model in response, building intelligently on the healthy foundations already in place. This restructure involved employing a pharmacist, practice nurse and upskilling existing members of staff. The practice had invested its resources back into the services provided to the patients as an alternative to recruiting an additional GP partner.

The practice had a clear mission statement which was displayed on the practice web site and within the waiting room:- 'To enhance the health and well-being of our patients, by providing high quality, individualised and accessible care, in a safe, responsive and courteous manner.'

The mission statement was underpinned by the practice's four core values of: openness, fairness, respect and accountability. Staff we spoke with were engaged in the process of continuous improvement to deliver high standards of care and worked well together as a team.

There were clear business plans which were discussed at staff meetings. The plans included staff development.

Governance arrangements

Governance arrangements included::

- A clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, in addition to clinical leads, there was a bereavement lead and a carer's lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. For example, the practice utilised a staff communication board. Each week two policies were placed on the board for staff to review and sign.
- A comprehensive understanding of the performance of the practice was maintained. The practice sought external audits of their safety systems and quality assurance management.

The practice had carried out an independent data review of their performance. The practice had worked towards

reducing their exception reporting and this had been reduced in 2016/2017 by 3% to only six patients. When performance issues were highlighted these were appropriately addressed.

- A variety of practice meetings. For example, weekly meetings with the GPs, pharmacists and health visitor, monthly meetings with all staff which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Safety was a key priority and there were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice utilised external audits to maximise their systems in place.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the lead GP demonstrated they had a high level of experience, capacity and capability to run the practice. For example, the lead GP was involved in reviewing national guidance and was involved in the interview process, training and exams for medical students. The leadership skills and governance systems in place underpinned the delivery of high quality person centred care. The lead GP had developed innovative ideas to enhance equitable access and provision of healthcare to all its patients.

The practice was open about their performance. For example, an annual infection control audit and statement was displayed in the waiting room for patients to view.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. We reviewed one incident and we found that the practice had systems to ensure that when things went wrong with care and treatment:

Are services well-led?

Outstanding



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

- 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- The practice held regular team meetings and actively encouraged staff to contribute to the agenda. 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported and were proud of the work they did.
- The practice promoted the well-being of their staff. For example, the flu vaccination was offered to all staff. The practice had a reward system for their staff. Working environment risk assessments had been appropriately actioned and staff had been provided with appropriate equipment such as wrist support and foot rests for working at their computers.
- The practice promoted career progression of staff. For example, one of the receptionists had been trained to be a health care assistant. The lead GP was involved in training medical students and feedback from students was very positive.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

• Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the introduction of a text reminder service.

• The NHS Friends and Family test, complaints and compliments received.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice attended locality meetings and CCG meetings and was part of the local GP Federation to improve services for patients in the local area.

The practice had recently been refurbished and had updated its telephone system to meet patients' needs.

The practice team was forward thinking in terms of making the best use of available resources and promoting equitable access. For example, the 'Teen Seen' health reviews.

The practice had carried out an assessment of how carers were identified and supported within the practice and recognised a shortfall in their systems. The practice had an action plan with a target of referring 10% of their patient list to a carers' local support group and offering carers the flu vaccination. The practice had implemented a staff identification pathway and patient identification pathway. The health care assistant was the carer's lead and contacted patients to offer support.