

The Pike 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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Pike Practice on 5 April 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- 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.
- Results from the national GP patient survey showed 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.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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.

Good



- 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. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.

Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment and this had improved following the appointment of a permanent GP.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients who required additional support and their care monitored were included on an 'important patient' register which was monitored on a daily basis and care needs followed up where required.
- The practice had patient champions in place for example, for carers, vulnerable adults, patients suffering from loneliness and mental health. Staff taking on these roles were clearly identified and provided signposting and checked in with patients where appropriate to check on their welfare.
- Patient's feedback suggested in the main they found it easy to make an appointment with a named GP and there was continuity of care. Following the appointment of a permanent GP patients noted an improvement. Urgent appointments were available the same day.
- From November 2016 the practice implemented 15 minute appointments as standard. Early results have shown positive outcomes with good feedback from patients and clinicians.
- The practice ran a weekly drop in 'conversation café' for patients and people living locally as a means to break down barriers and provide signposting and advice, drop in access to an HCA and aimed to help reduce isolation for among the elderly and housebound.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners 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 practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- 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.
- Where older patients had complex needs, the practice shared summary care records with local care services and signposted to relevant social care and voluntary organisations for additional support.
- The practice had a dedicated Carers' Champion whose role included maintaining the register of carers and signposting. In addition the practice also had champions for palliative care, elderly and patients suffering from loneliness.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. We noted a number of examples in which the practice supported patients such as organised walks and a weekly drop-in coffee morning 'conversation café'.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice offered appointments up to 45 minutes for those with multiple long term conditions, offering an holistic review.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- Congratulation letters were sent to parents of new babies and new parents were provided with an early year's fact sheet, developed by SSP, providing information around vaccination schedules, breast feeding, cervical cytology screening and other health related information.
- Breast feeding facilities were available.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, appointments were available two mornings a week from 7:30am and the practice participated in a local extended hours hub in where patients could access GP services in the evening and on Saturdays and Sundays.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available daily and evening appointments with a nurse until 6:30pm one evening a week.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.

Good



Summary of findings

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 100% of patients with poor mental health had a comprehensive care plan documented in the record agreed between individuals, their family and/or carers as appropriate
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results were mixed when compared with local and national averages. 249 survey forms were distributed and 94 were returned. This represented approximately 3% of the practice's patient list.

- 68% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 53% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 31 comment cards which were all positive about the standard of care received. Comments included a noted improvement in continuity of care following the appointment of a permanent GP and examples of staff going the extra mile.

The practice had conducted an in house patient's survey during March 2017, which was completed by 122 patients (6%). Analysis of the survey by the practice showed:

- Are you happy with the overall Patient Experience when you visit our practice? 83% said yes, 12% said no.
- Would you recommend this practice to your family and friends? 88% said yes, 6% said no

Information from the "Friends and Family Test" indicated that the vast majority of patients completing the form were extremely likely or likely to recommend the practice to others.

The Pike 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 The Pike Practice

The Pike Practice provides primary medical services in Mossley, Ashton Under Lyne from Monday to Friday. The surgery is open Monday to Friday:

Monday 8am to 6:30pm

Tuesday 8am to 6:30pm

Wednesday 7:30am to 1pm

Thursday 7:30am to 6:30pm

Friday 8am to 6:30pm

Appointments with a GP are available:

Monday 9am to 12.30pm and 1pm to 5.30pm

Tuesday 9am to 12.30pm and 1pm to 5.30pm

Wednesday 7.30am to 1pm

Thursday 10am to 1.30pm and 2pm to 6.15 pm

Friday 8am to 12.30pm and 1.00pm to 4pm

Additionally patients can access GP services in the evening and on Saturdays and Sundays through a local extended hours hub.

Mossley is situated within the geographical area of Tameside and Glossop Clinical Commissioning Group (CCG).

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. It offers direct enhanced services for meningitis provision, the childhood vaccination and immunisation scheme, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, rotavirus and shingles immunisation and unplanned admissions. The practice also as part of a CCG initiative offered as standard 15 minute appointments to patients.

The Pike Practice is responsible for providing care to 1880 patients

The practice consists of two GPs, one full time lead GP (female) and a part time GP (male). The practice also has an advanced nurse practitioner for one session week, a part time practice nurse and health care assistant. The practice is supported by a practice manager, office manager receptionists and administrators.

The practice is part of SSP Health GPMS Ltd, a federated organisation and benefits from support from the leadership and governance teams. The practice have access to support and leadership from, for example a nursing lead and pharmacist as well as access to human resources, auditing and finance teams.

When the practice is closed patients are directed to the out of hours service.

Detailed findings

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 April 2017. During our visit we:

- Spoke with a range of staff including the lead GP, practice manager, office manager, health care assistant and receptionists, as well as staff from SSP Health GPMS Ltd including a director and the chief operating officer and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

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 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).
- From the sample of 11 documented significant events we reviewed we found these were appropriately investigated and actions and outcomes shared. We saw that where appropriate, 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.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. The practice also monitored trends in significant events and evaluated any action taken.

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. 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 practice were also able to seek advice and guidance from the SSP safeguarding lead.
- 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 protection or child safeguarding level three.

- 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 had a system for managing safety alerts from external agencies. For example those from the medicines and healthcare products regulatory agency (MHRA). These were reviewed at practice meeting by the GPs, practice nurse and practice manager and action was taken when required.

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.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency 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. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits. There was a pharmacist from SSP who worked with the practice to support regular medicines audits and to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this

Are services safe?

extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed three 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.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, 1% above the clinical commissioning group (CCG) average 1.5% above the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators were above the CCG and national average at 96%. (7% above the CCG average and 6.5% above the national average).
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average at 100% (1.5% above the CCG average and 3% above the national average.)
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were below the CCG and national average at 79% (16% below the CCG and national average.) We reviewed data provided by the practice in year 2016/17 and noted the practice had now achieved 100%

There was evidence of quality improvement including clinical audit:

- There had been a range of full cycle and single cycle clinical and non-clinical audits completed in the last two years. Audits had been identified from clinical

events, CCG data and review of new clinical guidance. We were provided with examples of completed audits where the improvements made were implemented and monitored, including appropriate prescribing of antibiotics.

- The practice also carried out non clinical audits which looked at for example, patient access and referrals.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.
- The practice used data to effectively monitor and improve outcomes for patients.
- A pharmacist provided support to the practice. They ran prescribing safety checks and audits, where any issues were highlighted these were passed to a GP to act on. Outcomes of audits were discussed routinely during clinical meetings within the practice.
- The practice also worked with set performance indicators set by the provider SSP and met with the provider and colleagues within the organisation to benchmark, monitor and review quality 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 could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, nurse and clinical leads with SSP and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals regularly when care plans were routinely reviewed and updated for patients with complex needs.

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.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice worked with a number of local health and social care providers in the area, for example sign posting patients over 65 to a weekly drop in at a local church and working with the Be Well team who support patients in the community with healthy lifestyle advice.
- Patient champions within the practice also supported and signposted patients to lead healthy lifestyles. These champions were visible within the practice and were also highlighted within the practice newsletter. We saw champions were in place for long term conditions, promoting activity, mental health and patient loneliness.
- Starting in March 2017 the practice had introduced a walking group as a means to encourage patients to get active and promote well-being.
- The practice health care assistant provided weekly smoking cessation clinics and a podiatrist visited the practice on a monthly basis.

The practice's uptake for the cervical screening programme was 87%, which was above the CCG and the national average of 81%. Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable with CCG and national averages. For example, NHS England figures showed that in 2016 91% of children aged 5 years had received the full measles, mumps and rubella (MMR) vaccination similar to the national average of 88%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. We saw a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Speaking with staff who had taken on the role of champion, we noted they were passionate and committed to ensuring patient had access to information and signposting to relevant organisations. We noted in particular the whole practice commitment to support and encourage patients who may be isolated and encouraging these patients to engage in local activities.
- We were provided with several examples of staff understanding patient's individual needs and providing support where necessary, these included, ensuring a patient who had become homeless received swift access to a GP to enable them to get the certificates required to enable them to get accommodation. Staff also provided money for a bus to ensure the patient got to the shelter before the cut off point which prevented the patient from spending another night on the street.
- 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.
- Patients could be treated by a clinician of the same sex.

All of the 31 patient Care Quality Commission comment cards we received were 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.

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

- 83% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average and national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 85% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 87% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responses were mixed with regard to questions about their involvement in planning and making decisions about their care and treatment. Results were however below the local and national averages. For example:

Are services caring?

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 80% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

The practice were aware of the lower than average satisfaction scores which they thought were a result of challenges recruiting a permanent GP and a reliance on Locums. However as from November 2016 a full time GP was in post so improved results were anticipated by the practice.

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. We saw notices in the reception areas informing patients this service was available.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place,

date and time for their first outpatient appointment in a hospital. The practice monitored and peer reviewed referrals made by clinicians to ensure they were appropriate and carried out in appropriate time frames.

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. Support for isolated or house-bound patients was monitored and these patients were included within the practice 'important patient' list

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 76 patients as carers (approximately 4% of the practice list). There was a Carers Champion within the practice and a dedicated carers information board within the waiting area. Carers were provided with an annual health review and where it was difficult for carers to attend the practice for appointments due to caring responsibilities home visits were available. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

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.

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 were aware of their patient demographics in which over 50% of patients were under 45 year's of age. The practice was also located within a rural community and the majority of their elderly patient population living in their own homes. As a result they provided a range of appointment times to suit working age people and had champions in place to promote patients activities and reduce isolation among the elderly population and monitor the needs of housebound patients.
- The practice is open until 6.30pm Monday/Tuesday/ Thursday/ Friday. For patient who need to attend outside of normal working hours, extended hours appointments with a GP were available Wednesday from 7:30am and Thursday from 7:30am with a Health care assistant.
- From November 2016 the practice engaged in a CCG initiative to provide as standard 15 minute appointments for patients. Informal feedback from patients and staff was positive in relation to longer appointments and had resulted in care being provided in house and a reduction in referrals into secondary care settings.
- 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 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.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.

- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice created an 'important patient' register to ensure the needs of the most vulnerable patients were being met and their care was monitored. The register represented approximately 14% of patients and included, for example, vulnerable adults, over 75's, children and families on the at risk register, housebound patients, carers, patients with a cancer diagnosis and those at the end stages of life. The register was overseen on a daily basis by the practice manager and lead GP to ensure patients' needs were being met and reviewed on a regular basis.
- In April 2016 started a weekly drop in, 'Conversation café' for patients and people living locally to attend. The drop in aimed to break down barriers and promote healthy lifestyles and reduce isolation. The café offered people the opportunity to see the health care assistant without an appointment and speak with staff in confidence and sign posting to organisations which may be able to provide additional support. The café was routinely attended by up to 20 patients and informal feedback was very positive from patients.
- The practice had achieved Gold in the NHS 'Pride in Practice' award from the Lesbian, Gay and Transgender foundation. The practice had also appointed a member of staff who was the champion for LGBT patients.

Access to the service

The practice was open Monday to Friday:

Monday 8am to 6:30pm

Tuesday 8am to 6:30pm

Wednesday 7:30am to 1pm

Thursday 7:30am to 6:30pm

Friday 8am to 6:30pm

Appointments were from:

Monday 9am to 12.30pm and 1pm to 5.30pm

Tuesday 9am to 12.30pm and 1pm to 5.30pm

Wednesday 7.30am to 1pm

Thursday 10am to 1.30pm and 2pm to 6.15 pm

Friday 8am to 12.30pm and 1.00pm to 4pm

Are services responsive to people's needs?

(for example, to feedback?)

Additionally patients could access GP services in the evening and on Saturdays and Sundays through a local extended hours hub.

Extended hours appointments were offered two mornings a week. In addition to pre-bookable appointments . Urgent appointments were also available for patients that needed them.

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

- 64% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 85%.
- 86% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 56% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

The practice were aware of the lower than average satisfaction scores which were a result of challenges recruiting a permanent GP and a reliance on locums. From

November 2016 a full time GP was in post. We noted from the 31 CQC comment cards received as part of the inspection, patients commented on improvements since the recruitment of new GP.

The practice had a system to assess:

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

This was achieved by the GP triage, in which a GP would telephone the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. 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 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.

We looked at one formal complaint received in the last 12 months and found it was satisfactorily handled, dealt with in a timely way with openness and transparency. Compliments and complaints were also discussed routinely within practice meetings. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. An annual analysis of all compliments and complaints was carried out to identify any patterns or trends.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. This aligned with the overarching values of the provider SSP Health GPMS Ltd.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- The practice was part of SSP Health GPMS Ltd, a federated organisation and benefited from support from the leadership and governance teams. The practice had access to support and leadership from, for example a nursing lead and pharmacist as well as access to human resources, auditing and finance teams.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The practice manager also attended meetings with SSP to review the practice performance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. This was supported by a dedicated audit team within SSP
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of meetings a structure that allowed for lessons to be learned and shared following significant events and complaints.

- The practice manager regularly attended meetings with the provider and fed back to the team any relevant developments within the organisation as a whole.

Leadership and culture

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

The provider was aware of and had systems 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 training for all staff on communicating with patients about notifiable safety incidents. The organisation encouraged a culture of openness and honesty. 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.
- Staff told us the practice held regular team meetings.
- 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, particularly by the managers and lead GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the practice encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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 on a monthly basis, they were a newly formed group following the previous PPG which had reduced in numbers.
- the NHS Friends and Family test, complaints and compliments received and via the suggestion box and feedback from the practice newsletter.
- staff through an annual staff survey carried out by the provider, through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- the practice carried out in their own internal patient satisfaction survey and the results and actions plans were discussed with staff. We noted from the survey carried out in March 2017 patients were encouraged to give feedback on areas for improvement and an action plan developed.
- Patient newsletters were available within the practice and on the practice website providing update and details of staff roles including champions. The newsletters also provided details of local events and healthy lifestyle information.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The team continue to look at means in which patients can engage in healthy lifestyle activities such as the active walks and promote the conversation café.