Sacriston Medical Centre

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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sacriston Medical Centre on 15 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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 and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

The practice has employed a Community Nurse for the Frail and Elderly to care for housebound patients and those with multiple long term conditions. While the project is still in its infancy, the practice provided examples of the impact it has had on preventing hospital admissions and safeguarding older people and those whose circumstances make them vulnerable.

The practice employed an external agency, for a period of nine months, to improve the appointment system as a

Summary of findings

direct result of the feedback given by patients. This was funded 50% by the practice and 50% by an improvement scheme. Now these changes have been implemented, patients report high satisfaction with the appointments system, and this was corroborated by our interviews with staff and patients.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- There were enough staff to keep patients safe.
- There was enough equipment to safely carry out tasks.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked regularly with members of multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development
- Staff had regular protected learning time enabling them to update their skills and training.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had an ethos of care towards its staff members with regular social events and shared break / mealtimes.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Despite a cut in funding, the practice is continuing to offer extended opening hours, in order to meet the needs of the working population and families with school-age children.
- Patients whose age or condition made them vulnerable to needing extra care were able to access a local GP from Chester le Street Federation who work a rota at weekends. This may be their own GP. In addition, the employment of a Community Nurse for the Frail and Elderly had greatly improved access to health. The impact of this had already been seen by a safeguarding referral made by the nurse.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Considerable investment had been made into creating a highly accessible appointments system and patients were very satisfied with the changes.
- Patients were able to have a telephone consultation with the GP of their choice, due to allocation of dedicated telephone consultation time.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Patients would always be seen if they needed an appointment, (even if there were not registered with the practice but appeared unwell or vulnerable.)

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There were systems in place to monitor and improve quality and identify risk
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. They had recently employed a partner agency for nine months in order to initiate change from patient feedback.
- The practice was striving hard to engage and raise the profile of the patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.
- Staff had received inductions and regularly attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

The practice is rated as outstanding for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice recruited a Community Nurse for the Frail and Elderly after identifying that 1% (98) of its patients would benefit from this service. Patients who were housebound or took numerous repeat medications or had multiple long term conditions were eligible for this service. In addition, nurses and GPs could use their own discretion to refer patients in need of the service. Assessments, pathways of care, reviews and feedback tools had been designed to further develop the service. Staff were able to provide examples of where the service had safeguarded patients from abuse, through regular visiting and monitoring. End of life care was discussed frankly and openly with the patients and their wishes and feelings were documented and shared with next of kin, where a patient requested this. In the previous six months, the practice carried out 106 assessments and reassessments of patients in this group. They were able to identify deterioration in health and social care needs as a result of the assessments and continually monitor their older population.

The practice held a register of patients who were at risk of unplanned emergency admission to hospital and these patients were sent a letter to offer them an additional weekend service. By being identified as potentially needing extra weekend support, patients were given a dedicated mobile number to speak to a GP based at a local surgery who could give advice or do a home visit if required. This service appeared to be having a positive impact upon unplanned admissions to hospital, although quantitative data was not yet available. The practice was, overall, responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Longer appointments and home visits were available when needed. Nurse led diabetes, asthma, COPD and CHD clinics ran weekly. The practice employed a pharmacist to review medication needs of patients and this was done through home visits when appropriate. Patients with long term conditions had a named

Summary of findings

GP and a structured annual review (in the month of their birthday) to check their health and medicines needs were being met. This was in addition to CCG pharmacy support. 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.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours, from 7.30am on Mondays, and the premises were suitable for children and babies. We saw positive examples of joint working with midwives, health visitors and school nurses. Practice nurses have all completed C Card training which is a system for safe distribution of contraception to young people.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. We were told it was easy to obtain an appointment outside of standard working hours. 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. Despite a cease in funding, the practice had continued to open at 7.30am four mornings per week to increase accessibility for its patients.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients with a learning disability, and people who do require interpreter services. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice informed vulnerable patients about how to access various support groups and voluntary organisations, and volunteers visited the practice on 'open days' to raise awareness of

this. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Staff were all up-to-date with safeguarding training.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 80% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. A register of patients with diagnosed dementia was held by the practice. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with, and above, local and national averages. 307 survey forms were distributed and 122 were returned. This represented 39.7% of the forms returned, and just over 1% of the practice population. These results came after nine months of engagement by with Productive General Practice (through the NHS institute for Innovation and Improvement). Figures in brackets indicate previous results, thus showing a marked improvement in data:

- 76% found it easy to get through to this surgery by phone compared to the national average of 73%.
- 81% (previously 77%) were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 96% described the overall experience of their GP surgery as fairly good or very good compared to the national average of 85%.
- 95% (previously 57%) said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the national average of 79%.
- 87% (previously 59%) were very satisfied with the practice opening hours compared to the national average of 78%.
- 81% (previously 70%) said they were able to make an appointment when they needed to speak to a GP or nurse, compared to the national average of 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were all positive about the standard of care received. A recurring theme within the comment cards was the caring and helpful approach of the GPs and nurses. Patients were particularly pleased with the accessibility of appointments and this was also reflected in the patient survey.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

Sacriston Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice manager specialist adviser and an Expert by Experience.

Background to Sacriston Medical Centre

Sacriston Medical Centre is located in Sacriston, County Durham. It is part of the North Durham Clinical Commissioning Group. The total practice patient population is 9824. Housed in a purpose built 'green' eco-friendly building, the practice shares space with allied health professionals. During the design and build of the medical centre, staff and patients were consulted about the build and were able to contribute to design ideas to ensure their medical centre suited their needs.

The proportion of the practice population in the 65 years and over age group is slightly above the England average. The practice scored five on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. The overall practice deprivation score is higher than the England average. People living in more deprived areas tend to have a greater need for health services.

The staff team comprises seven GP partners. Three of the partners are female GPs. There are three practice nurses, a healthcare assistant and a phlebotomist. The practice also employs a community nurse for the frail and elderly. The practice is managed and supported by a practice manager, two team leaders, two secretaries, a data entry clerk and eight receptionists. In total there are 23 staff, in addition to the GPs.

The practice is open Monday to Friday 8am until 6pm (excluding bank holidays). Extended opening hours are provided on Monday evenings until 8.30pm and four mornings per week from 7.30am (not Wednesdays). The practice offers pre-bookable appointments where these are booked in advance. Urgent appointments are available daily for patients that need them. The practice telephones switch to the out-of-hours provider at 6pm each evening and at weekends and bank holidays. This is an agreement between the practice and the CCG as normal core hours are until 6.30pm The practice is a training practice and often has GPs in training.

The practice has a General Medical Services contract with NHS England. They also provide some Directed Enhanced Services, for example they offer minor surgery and the childhood vaccination and immunisation scheme.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 March 2016. During our visit we:

- Spoke to a range of staff and spoke to patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. All complaints received by the practice were recorded. The practice carried out an analysis of the significant events and they were entered onto the SIRMS system (Safeguarding Incident Reporting and Management System). This is an electronic reporting system which allows the practice to collate information easily. Monthly significant event meetings were held for all staff members.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. An example of this included a cytology sample obtained from a patient who had undergone a cervical smear test. The sample was placed into a pot which had gone out-of-date. An action plan was developed to ensure all stock would be rotated, to avoid any further incidence.

Overview of safety systems and processes

The practice could demonstrate its safe track record through its risk management systems for safeguarding, health and safety including infection control, medication management and staffing.

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding and all staff could identify the leads by name. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding Children level 3.

A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken supported by staff from the local hospital trust and there was a clearly documented system to record cleaning of equipment.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.

The practice had a recruitment policy however; one of four files we sampled showed that they were not following this routinely. The practice stated they would rectify this in future. Recruitment checks in the policy included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had a minimum standard of making 70 appointments available per 1000 patients (the recommended amount).

Monitoring risks to patients

Good

Are services safe?

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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 was available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of the plan was also kept off site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients who had diabetes. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Patients' consent to care and treatment was always sought 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment. The practice monitored the process for seeking consent by records audits. This helped to ensure the practice met its responsibility within legislation and followed national guidance.

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 90.3% of the total number of points available. The exception rate was 7.4% (slightly below the CCG average and the England average) Data showed:

- Performance for diabetes related indicators was comparable to the national average. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol or less in the preceding 12 months, was 75% which was 2% below the national average. The exception rate for these patients was below national averages at 9.7%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 79% which was 5% below the national average. The exception rate for these patients was below the national average at 2.2%.
- Performance for mental health related indicators was similar to the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 82.8% which was around 6% below the national average. The exception rate for these patients was below the national average at 3.8%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was below the local CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 80% which was 4% below the national average. The exception rate for these patients was 5.3% which was below the national average.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits completed in the last two years, three of these were completed audits of two cycles where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice monitored people on high risk medicines to ensure they received the right dose taking into account their kidney function.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an

assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. Nurses knew how to access clinical supervision off site, but not all had managed to attend this due to workload pressures.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. They had regular protected learning time and this often took place off site, giving staff the chance to discuss training needs and practices with colleagues from the local area.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 records audits.
- All staff were able to identify the different forms of consent and could indicate they understood when consent was not being offered.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was given by a Healthcare assistant who was the lead for this within the practice.

The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG average of 78% and the national average of 74%. The practice ensured a female sample taker was available; it also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were at 99% and five year olds from 94% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Opportunistic screening was done in order to diagnose any long term conditions and provide early intervention. Flu vaccinations

Good

Are services effective?

(for example, treatment is effective)

were also given opportunistically. Appropriate follow-up consultations on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients with long term conditions such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes had individual care plans. Housebound patients had these care plans in their own homes, and visiting professionals from the practice ensured the ambulance service and out of hours colleagues were aware of these plans.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 48 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 90% and national average of 87%.
- 97% said the GP gave them enough time (CCG average 90%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 98%, national average 97%)
- 94% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (national average 90%).
- 92% said they found the receptionists at the practice helpful (CCG average 87%, national average 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 on 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. Results were in line with, and above, local and national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 96%.
- 95% said the last GP they saw was good at involving them in decisions about their care (national average 82%)
- 87% said the last nurse they saw was good at involving them in decisions about their care (national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Weekend services were planned in advance for those identified as needing extra visits or appointments. Patients were then given a dedicated number to ring and asked to attend a local alternative venue, where they could still see one of their own GPs. This had been arranged in collaboration with other local practices via the federation.
- The practice employed a Community Nurse for the Frail and Elderly. This had greatly improved access to health for a vulnerable group. By the nature of its outreach service, the practice was able to care for its older population in their own homes and make plans for end of life care. It also allowed the nurse to identify and report safeguarding issues which would, perhaps otherwise, have been unidentified.
- The practice offered earlier daily opening hours from 7.30am for working and school-aged patients who could not attend during normal opening hours. The practice continued to run this service even after funding had ceased.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had installed a lift to offer access to a lower ground and a second floor.
- When registering at the practice, patients were given an additional checklist asking them to identify any additional needs for example: visual impairment, hearing difficulty, learning disability or caring responsibilities.
- Community outreach services to housebound patients and those who were vulnerable or had long term conditions were given very dedicated resources by the practice.
- The practice engaged in Productive General Practice (through the NHS institute for Innovation and Improvement.) As a result of this, the practice overhauled its appointment system. These changes were directly attributable to the practice's efforts and data included provides evidence of this improvement.
- There was a weekend service available for those who were vulnerable to needing additional GP services.
- The practice seemed well engaged with its patients and used the patient participation group to engage with and identify the needs of the practice population.

The practice was open for core hours between 8am and 6pm Monday to Friday. In addition, extended hours ensured appointments were available from 7.30am four mornings per week and until 8.30pm on Mondays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% found it easy to get through to this surgery by phone compared to the national average of 73%.
- 81% (previously 77%) were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 96% described the overall experience of their GP surgery as fairly good or very good compared to the national average of 85%.
- 95% (previously 57%) said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the national average of 79%.
- 87% (previously 59%) were very satisfied with the practice opening hours compared to the national average of 78%.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 81% (previously 70%) said they were able to make an appointment when they needed to speak to a GP or nurse, compared to the national average of 76%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We looked at ten complaints received in the last 12 months and found these were satisfactorily handled. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient with a long term condition who was taking weekly medication complained to the practice that they had not undergone any reviews. As a result the practice undertook an audit of monitoring of this condition, and implemented an effective system to ensure reviews would not be missed. The patient was then sent this information in writing.

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 but not all staff knew and understood the values. Details of the vision and practice values were part of the practice's strategy and business plan.

Governance arrangements

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement in patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GP was supported to address professional development needs for revalidation and all staff were supported by appraisal or had planned appraisals and continuing professional development. All staff had learnt from incidents and complaints.

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Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. For example, the practice had employed an external body, to ensure it could deliver an effective appointments system in response to staff and patient feedback.

Staff told us that informal meetings were held daily as well as formal meetings monthly and any issues would be discussed. Every day, staff took their coffee and meal breaks together, with the GP partners. This offered an informal platform for discussion of practice issues. Staff told us that there was a supportive approach to staff development. Staff described the practice as having a friendly and open door culture.

Continuous improvement

There was a strong 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.