Hill Brow Surgery PMS Practice

Quality Report

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Date of inspection visit: 9 December 2014
Date of publication: 31/03/2015

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 inspection at Hill Brow Surgery on 9 December 2014. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing well-led, effective, caring and responsive services. It was also good for providing services for older people, people with long term conditions, families, children and young people and the working age population.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, including those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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. Complaints were addressed in a timely manner and the practice endeavoured to resolve complaints to a satisfactory conclusion.
- 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.

Summary of findings

- 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.

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 safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Are services effective?

Good

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence (NICE) guidance is referenced and used routinely. People's needs are assessed and care is planned and delivered in line with current legislation. This includes assessment of capacity and the promotion of good health. Staff have received training appropriate to their roles. The practice can identify appraisals and the personal development plans for staff.

Are services caring?

Good

The practice is rated as good for caring. Data showed patients rated the practice higher than other practices in the area and nationally for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS England Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice and a named GP and continuity of care, with urgent appointments available on the same day. The practice had adequate facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff.

Are services well-led?

Good

The practice is rated as good for well-led. The practice had a vision to deliver this. Staff were aware of the vision and their

Summary of findings

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 regular governance meetings had taken place. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had a Patient Participation Group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in dementia care. The practice was responsive to the needs of older people, including offering home visits and visits to eight care homes in the Barnsley area on a daily basis day. The practice was involved in a pilot to prevent the inappropriate end of life admission to hospital.

The practice offered NHS reviews, Flu vaccinations, Shingles vaccinations and medication reviews.

People with long term conditions

Good

The practice is rated as good for the population group of people with long term conditions. Emergency processes were in place and referrals made for patients in this group that had a sudden deterioration in health. When needed longer appointments and home visits were available. These patients had a named GP and structured annual reviews to check their health and medication needs were being met. For those people with the most complex needs the named GP worked with health and care professionals to deliver a multidisciplinary package of care.

Diabetic foot screening and retinal screening services are carried out at the surgery with Health Care Assistants (HCA) trained to do the checks. INR (International Normalised Ratio) blood tests monitoring was carried out at the surgery, using an IT system for dosing. This enabled patients to have a 10 minute appointment at the surgery rather than two to four hours spent at the hospital.

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. Systems were in place for identifying and following-up children living in disadvantaged circumstances and those who were at risk. Patients told us and we saw evidence that children and young people were treated in an age appropriate way and recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children

Summary of findings

and babies. We were provided with good examples of joint working with midwives and health visitors. Emergency processes were in place and referrals made for children and pregnant women who had a sudden deterioration in health.

The practice had a policy that children were seen on the same day and never turned away. A local women's and child refuge registers all residents with the practice. The reputation for providing access to appointments for children is well known in the locality.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of the 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 offer continuity of care. The practice was proactive in offering online services (3404 patients were registered for this service) as well as a full range of health promotion and screening which reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice held a record of patients living in vulnerable circumstances including those with learning disabilities. The practice offered longer appointments for people with learning disabilities.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the population group of people experiencing poor mental health including people with dementia. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia.

Summary of findings

The practice had a system in place to follow up on patients who had attended accident and emergency where there may have been mental health needs. Staff had received training on how to care for people with mental health needs and dementia and had also signed up to be dementia friends.

The practice had been assessed to become a dementia friendly surgery and were in the process of ordering the new signage that had been recommended.

Summary of findings

What people who use the service say

We received eight CQC comment cards and spoke with seven patients on the day of our visit. We spoke with people from different age groups and with people who had different physical needs and those who had varying levels of contact with the practice.

The patients were complimentary about the care provided by the staff, their overall friendliness and behaviour of all staff. They felt the doctors and nurses were competent and knowledgeable about their treatment needs and said that they were given a professional and efficient service. They told us that their long term health conditions were monitored and they felt well supported.

Patients reported that they felt that the staff treated them with dignity and respect and told us that the staff listened to them and were well informed.

Patients said the practice was very good and felt that their views were valued by the staff. They were complimentary about the appointments system and its ease of access and the flexibility provided.

Patients told us that the practice was always clean and tidy.

Hill Brow Surgery PMS Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector, another CQC Inspector and three specialist advisors, two GPs and a practice manager.

Background to Hill Brow Surgery PMS Practice

Hill Brow Surgery is registered with CQC to provide primary care services, which includes access to GPs, family planning, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures. It provides GP services for patients living in the Barnsley area. The practice has six GP partners, five salaried GPs, a management team, practice nurses, healthcare assistants, administrative staff and cleaning staff.

The practice was open 7:30am to 6:30pm Monday to Friday and closed on a weekend. Patients could book appointments in person, via the phone and online. When the practice was closed patients accessed the out of hours NHS 111 service.

The practice was part of NHS Barnsley CCG. It was responsible for providing primary care services to 11,500 patients. The practice started in the 1920s and the practice team are well experienced.

The CQC intelligent monitoring placed the practice in band 2. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

The intelligence monitoring tool for 2013-2014 noted that for some patients with mental health problems, there was a comparatively low proportion of these patients that had comprehensive care plans. Our inspection found that on the whole all patients who had mental health problems had up to date care plans in place.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme covering Clinical Commissioning Groups (CCG) throughout the country.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 in accordance with the Care Act 2014.

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Before our inspection we carried out an analysis of the data from our intelligent monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We reviewed all areas of the practice including the administrative areas. We sought views from patients through face-to-face interviews and via comment cards completed by patients in the two weeks prior to the inspection visit. We spoke with GPs, the practice manager, practice nurses, administrative staff, receptionists, healthcare assistants and domestic staff.

We observed how staff treated patients visiting and phoning the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. Significant Event Audits (SEA) were undertaken and individual learning was documented.

We looked at a sample of five significant events that were recorded on the IT system. The GPs told us they captured all incidents and near misses. These were discussed at monthly clinical meetings and changes in practice and learning points were actioned and disseminated to other members of the team. We were told of an example whereby following one particular incident the practice now reviewed all 'did not attend' hospital letters after GPs had seen them to ensure that effective use of hospital appointments was maintained. Our view of the process was that it was thorough and learning for the practice occurred.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last year. This showed the practice had managed these consistently over time and so could evidence a safe track record.

Staff we spoke with told us there was an effective system for regular audits and monthly meetings that examined clinical issues. The results of these discussions were recorded and distributed to staff as and when required. Current audits include reviews on hypertension.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that had occurred during the last year and these were made available to us. A discussion for significant events occurred weekly to review actions, significant events and complaints. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues to be considered at these meetings. As a result of these meetings coding of IT records had been improved and we saw evidence of this.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Practice training records made available to us showed that all staff had received relevant role specific training on safeguarding. We asked clinical and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours.

The practice had named GPs appointed as leads in safeguarding vulnerable adults and children who had been trained to enable them to fulfil this role. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

Chaperone training had been undertaken by all staff. The staff understood their responsibilities when acting as chaperones including where to place themselves in order to maintain the dignity of patients during examinations.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were all in date and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. This was being followed by the practice staff, and the action to take in the event of a potential failure was described. Medication reviews were undertaken once a year which were prompted by the IT system.

When nurses or Health Care Assistants (HCA) administered prescription only medicines e.g. vaccines, patient group directives or patients specific directions were in place to support practice and were in line with relevant legislation.

The practice had a protocol for repeat prescribing which was in line with GMC guidance; we saw a copy of the repeat prescription policy. This covered how staff that generated prescriptions were trained, how changes to patients repeat medications were managed and the system for reviewing patients repeat medicines to ensure the medicine were still safe and necessary. Reviews took place annually or monthly dependant on the patient's requirements.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we

checked were within their expiry dates. Expired and unwanted medicines were disposed of appropriately by an approved waste disposal contractor. We saw a copy of the practices 'Waste Management Policy'.

Cleanliness and infection control

We observed the premises to be clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a nurse in the lead role for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and thereafter periodic updates.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, personal protective equipment including disposable gloves and aprons were available for staff to use. Staff were able to describe how they would use these in order to comply with the practice's infection control policy.

Hand hygiene techniques signage was displayed in consulting and treatment rooms and in staff and patient toilets. Hand washing sinks with hand gel and hand towel dispensers were available in treatment rooms. All staff had been trained in hand washing techniques.

We saw evidence that staff had their immunisation status checked which meant the risk of staff transmitting infection to patients was reduced. Staff told us how they would respond to needle stick injuries and blood or body fluid spillages which met with current guidance.

Equipment

Staff we spoke with told us they had sufficient equipment and knew how to safely use the equipment in order to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this dated 22 January 2014. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw certificates and a report for portable appliance testing dated 15 May 2014.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service (DBS). We were told that the practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure they was enough staff on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice had a health and safety policy.

Each risk was assessed, rated and mitigating actions recorded to reduce and manage the risk. We were told that any risks were discussed at GP partners' meetings and within team meetings.

We saw a copy of a clinical risk assessment carried out on 23 October 2014 by the medical protection society. The report looked at risks in relation to appointments, chaperones, DBS, communication, controlled drugs and doctors bags, health and safety, Control of Substances Hazardous to Health (COSHH), infection control, immunisations, prescribing and test results.

Health and safety information was displayed for staff to see.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including a defibrillator which was used to attempt to restart a person's heart in an emergency. All staff we spoke with knew the location of this equipment and how to use it.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patient's needs were assessed and care and treatment considered, in line with current legislation, standards and evidence-based guidance. We spoke with the GP who told us that they used relevant and current evidence-based guidance such as the National Institute for Health and Care Excellence (NICE) guidelines. These were applied during assessment, diagnosis, and referral to other services, management of long term conditions or chronic conditions. NICE guidance was discussed at monthly clinical meetings.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last year. This showed the practice had managed these consistently over time and so could evidence a safe track record.

Staff we spoke with told us there was an effective system for regular audits and monthly meetings that examined clinical issues. The results of these discussions were recorded and distributed to staff as and when required. Current audits included hypertension and Disease Modifying Anti Rheumatic Drugs (DMARD).

Management, monitoring and improving outcomes for people

Information about the outcomes of patients' care and treatment were routinely collected by the practice. The practice manager told us that this was done through on-line patient surveys, NHS Choices website and Quality and Outcomes Framework (QOF). We saw that action plans were in place to monitor the outcomes and the action taken as a result to make improvements. Staff were involved in activities to monitor and improve patients' outcomes. Information from QOF showed that the practice were appropriately identifying and monitoring patients with health related problems.

Examples of improvements include: blood test reporting and medicines management.

Effective staffing

Staff had the skills, knowledge, qualifications and experience to deliver effective care and treatment. Staff received appropriate training to meet their learning needs and to cover the scope of their work. Newly employed staff were supported in the first few months of working in the practice. We were able to review staff training records and we saw that this covered areas such safeguarding, health and safety, fire and first aid. A training matrix was available to us and this confirmed all staff members and the training they had received.

Staff had received an appraisal every year and the practice manager confirmed to us that all staff would receive an appraisal yearly. Staff told us they were able to discuss any issues or training needs with their manager.

Staff told us that they felt they had opportunities to develop and were able to take study leave and protected time to attend courses. Multi-disciplinary training and the open supportive culture were effective. We spoke with the finance and premises manager who confirmed that the practice had supported them to study for a diploma in practice management. This involved study leave and time at the practice dedicated to studying for this qualification.

Working with colleagues and other services

The practice had clear arrangements in place for referrals to other services. Patients told us that they were given a choice of which hospital they would like to be referred to. It was the GP's responsibility to follow up on these referrals.

Staff worked together to assess and plan ongoing care and treatment in a timely way when patients were discharged from hospital. The practice had an effective means of ensuring continuity of care and treatment of those patients discharged from hospital. Records from the hospital were scanned onto the patients' records so a clear history could be kept and an effective plan made.

The practice had systems in place for managing blood results and recording information from other health care providers including discharge letters. The GP viewed all of the blood results and took action where needed.

Information sharing

The practice had established clinical leads, both nurses and GPs, who are given the time, resources and support to carry out their role.

The practice worked well with attached teams to follow up and identify safeguarding alerts. The practice had moved to level specific safeguarding training which meant that staff were trained to level two or level three depending on the role they fulfilled.

Good

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and the Children's and Families Act 2014 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually or more frequently if changes in clinical circumstances required it. Staff gave us examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision.

Health promotion and prevention

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance.

The practice was delivering additional services; minor surgery in house and in the locality, contraception and implants, substance misuse, smoking clinics and a travel clinic. Flu vaccinations for pre-school children and pregnant women was also available as well as NHS health checks and dementia screening.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the GP patient survey tool and feedback from patients undertaken by the practice's patient participation group (PPG). Questionnaires were available on-line. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the latest patient survey showed the practice was rated 'well above the national average' for opening hours satisfaction, appointment satisfaction and seeing the GP within 24 hours. Overall summary of the survey showed that 88% of patients rated the practice as good, very good or excellent.

Patients completed CQC comment cards to provide us with feedback on the practice. We received eight completed cards and all were positive about the service experienced. Patients said they felt the practice offered a good service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with six patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and they said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice switchboard was shielded by glass partitions which helped keep patient information private.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff. There was evidence of learning taking place as staff meeting minutes showed issues had been discussed. Recent discussions were around blind patient support and carers support.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the GP patient survey showed the majority of practice respondents said the GP listened to patients and they felt the GP was good at explaining treatment and results. Both these results were above the average compared to this Clinical Commissioning Groups (CCG) area and nationally.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that face to face 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. The practice offered longer appointments when the use of an interpreter was required.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area, 89% said that 'the last GP they saw or spoke to was good at listening to them'. The patients we spoke to on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, on the TV screen and patient website also signposted people to a number of support groups and organisations. The practice's computer

Good

Are services caring?

system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population.

There had been very little turnover of staff during the last three years which enabled good continuity of care and accessibility to appointments with a GP of choice. Longer appointments were available for people who needed them and for those with long term conditions. This also included appointments with a named GP or nurse. Home visits were made to nursing and residential care homes by a named GP on a daily basis.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services e.g. unemployed and carers.

The practice provided equality and diversity training. Staff we spoke with confirmed that they had read the 'Equal Opportunities Policy' and that equality and diversity was discussed at staff appraisals and team events.

The premises and services had been adapted to meet the needs of people with disabilities.

Access to the service

Appointments were available from 7:40am to 6:00pm on weekdays. Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients were generally satisfied with the appointments system; the majority described their experience of making an appointment as good. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice.

In the past 12 months GPs had consulted with 39,541 patients in appointments, Nurses 11,106 and HCAs 10,490. In addition to this approximately 43,000 repeat prescriptions had been ordered and printed. Reception staff had dealt with 104,000 repeat patient contacts this year. This showed us the practice was working to a high level of demand.

Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their 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. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the practice.

The practice manager responded to complaints and offered the patient a face to face meeting to discuss the issue.

From January 2014 Hill Brow Practice had received 22 complaints, which had been dealt with via the practice

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaints procedure. This was an increase on previous years totals and led the practice to hold a mid-year review to look for patterns and trends. The review confirmed all complaints were logged appropriately and action had been taken where necessary. The discussion of complaints at monthly practice meetings and learning points were added to practice development sessions.

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. We were told details of the vision and practice values were part of the practice's business plan. These values were at the heart of the staff we spoke with. The practice vision and values included 'provide an excellent standard of care to our patients, our staff and doctors'.

We spoke with eight members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the IT system or as a paper copy. All the policies and procedures we looked at had been reviewed annually and were up to date.

The practice held monthly governance meetings. We looked at minutes from the last meeting and found that performance; quality, risks and business development had been discussed.

The practice had robust arrangements for identifying, recording and managing risks. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented. A system was in place to respond to safety alerts from external sources which may have implications or risk for the practice. The staff had also received training in health and safety and infection control. Fire safety procedures and environmental and fire risk assessments were in place and these had been regularly reviewed.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing at the national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain and improve outcomes.

Leadership, openness and transparency

We were shown a leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and the senior partner was the lead for safeguarding. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. The practice manager told us that they had an open non-hierarchical culture and welcomed the opinions of everyone in the practice team. Staff told us that they felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that team meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys, comment cards and complaints received. We looked at the results of the annual patient survey and were shown a report on comments from patients. The latest patient survey information showed that '93% say the last appointment they got was convenient' , '94% say the last GP they saw or spoke to was good at listening to them' and '100% say it's easy to telephone the out-of-hours service'.

The Patient Participation Group (PPG) was currently operating as a joint group with the two sister practices, HBP Lundwood and Highgate surgery. The PPG had been looking at areas which were common to all three practices.

In an attempt to attract more members to the PPG the practice had advertised a virtual PPG on the practice website, which would be run via email. There were currently 18 members of this group.

The PPG contained representatives from various population groups; including older people. The practice manager showed us the analysis of the last patient report which was considered in conjunction with the PPG dated March 2014.

The practice had gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any

Are services well-led?

Good

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

concerns or issues with colleagues and management. The practice had a whistle blowing policy which formed part of the staff handbook and was available to all staff within the practice.

The practice held away days. We looked at the agenda for a training session to be held on 10 December 2014 in which key objectives around the working environment, standard of service and sustainability was to be discussed.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at two staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training. The practice also held interactive training sessions with staff; examples of these included a quiz and a treasure hunt.

The practice offered all GPs and nurses protected time to develop their skills and competencies. Staff who we spoke with confirmed this protected time was available. Staff also told us they were actively encouraged to take study time.