

Greenside Surgery

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?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9
Outstanding practice	9

Detailed findings from this inspection

Our inspection team	10
Background to Greenside Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

We carried out an announced comprehensive inspection at Greenside Surgery on 28 October 2015. Overall the practice is rated as good.

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.
- 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.

- 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.

We saw two areas of outstanding practice:

- The team at Greenside Surgery through patient consultations, written advice and other publicity had sought to reduce the demand for inappropriate prescribing of medicines. They had successfully reduced the prescription rate of some medicines and by involving the whole team ensured patients were given correct and consistent advice.

Summary of findings

- The practice had achieved high rates of flu vaccination uptake for patients aged over 65 and patients in defined influenza clinical risk groups through proactively contacting and encouraging patients to attend.

However there were areas that the practice needs to make improvements:

Importantly the provider should:

- Ensure the floor in the waiting room is not a slip or fall risk to patients

- Ensure benzylpenicillin is available in case of suspected meningitis
- Ensure that emergency medicines and equipment are stored together to enable a fast response in the case of an emergency.
- Ensure that all GPs have up to date safeguarding training to level three

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. 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. Risks to patients were assessed and well managed. However, on the day of the inspection we found the floor in the waiting room was slippery. The practice reassured us this would be addressed. Equipment was calibrated and safety tested.

Good



Are services effective?

The practice is rated as outstanding for providing effective services. Data showed patient outcomes were at or above average for the locality. High uptake rates of flu vaccinations had been achieved for the over 65s and patients in clinical risk groups. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely and we also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. For example, by significantly improving protocols for prescribing of some medicines. The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. 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 plans for all staff. Staff worked with multidisciplinary teams and engaged well with the Clinical Commissioning Group (CCG) to benchmark against other practices and undertake audits to improve patient care and prescribing.

Outstanding



Are services caring?

The practice is rated as good for providing caring services. Data showed that 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 observed that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. A variety of patient communication methods were used including text messages, noticeboards, online information and direct contact by telephone. The number of appointments available were reviewed weekly and flexibility was offered to accommodate patients needs. 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. Children up to the age of 16 years were always seen on the same day as requested. 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 practice proactively sought feedback from staff and patients, which it acted on. There was a newly formed patient participation group (PPG) in place. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as outstanding for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in 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 and end of life care. It was responsive to the needs of older people. The GPs had proactively identified housebound patients and offered annual home visits for this group, home visits and rapid access appointments were also available for those with enhanced needs. The practice had increased the uptake of flu vaccinations for this group to 79% and were working closely with the local medicines management team to review patients over the age of 75 who were taking ten or more repeat medications.

Outstanding



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Both GPs had undertaken learning modules on injectable treatments for diabetics. One GP had completed a diploma in Chronic Obstructive Pulmonary Disease (COPD) which is a disease of the lungs and plans were in place to screen for COPD in patients who smoked. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice actively encouraged at risk patients to attend for flu vaccination and uptake was considerably higher than the national average.

Good



Families, children and young people

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 accident and emergency (A&E) attendances. Uptake rates were relatively high for all standard childhood immunisations. Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the practice had an ethos of always seeing children up to the age of 16

Good



Summary of findings

years on the same day as requested. Parents/guardians were always contacted if a young child did not attend for their appointment. The premises were suitable for children and babies. Eight week checks and immunisations for babies were carried out by the GPs and used as an opportunity to review vulnerable families with new babies. A full range of family planning services was offered which included the fitting of implants and coils and providing emergency contraception.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). 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. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Staff had the flexibility to offer patients who worked earlier or later appointments as required. The practice offered extended hours surgeries for working people.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had a register of people with a learning disability for whom longer appointments were available. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary 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 normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). There were 22 patients on the mental health register all of whom had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. Reception staff had undertaken Dementia Friends training to enable them to support and better understand the needs of patients who

Good



Summary of findings

had dementia, particularly when booking appointments or speaking to them on the telephone. The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia. The practice hosted a counselling service run by the charity MIND which was open to members of the public and registered patients.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages, in many aspects of care. Of 365 survey forms distributed there were 116 responses and a response rate of 32% which represents 5% of the patient population.

- 90% find it easy to get through to this surgery by phone compared with a CCG average of 66% and a national average of 73%.
- 83% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 76% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 59% and a national average of 60%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.

- 89% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 79% describe their experience of making an appointment as good compared with a CCG average of 69% and a national average of 73%.
- 61% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 53% feel they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients told us they felt safe and comfortable with both GPs and felt that staff were professional, caring and respectful. Two patients gave us examples where the GPs had helped and supported them through difficult times.

Areas for improvement

Action the service **SHOULD** take to improve

There were areas that the practice needs to make improvements:

Importantly the provider should:

- Ensure the floor in the waiting room is not a slip or fall risk to patients
- Ensure benzylpenicillin is available in case of suspected meningitis
- Ensure that emergency medicines and equipment are stored together to enable a fast response in the case of an emergency.
- Ensure that all GPs have up to date safeguarding training to level three

Outstanding practice

We saw two areas of outstanding practice:

- The team at Greenside Surgery through patient consultations, written advice and other publicity had sought to reduce the demand for inappropriate prescribing of medicines. They had successfully reduced the prescription rate of some medicines and by involving the whole team ensured patients were given correct and consistent advice.
- The practice had achieved high rates of flu vaccination uptake for patients aged over 65 and patients in defined influenza clinical risk groups through proactively contacting and encouraging patients to attend.

Greenside Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Greenside Surgery

Greenside Surgery is a small practice providing services for 2405 patients under a General Medical Services (GMS) contract. It is a two story property located on Greenside in Cleckheaton town centre close to the bus station.

Greenside Surgery has recently undergone modernisation with upgraded consultation and treatment rooms. There are two GPs, one male and one female, a part time practice nurse, a practice manager and four administrative/reception staff members, one of whom also acted in the capacity of a phlebotomist. At the time of our visit the practice was operating without the services of the practice nurse.

Cleckheaton is a Metropolitan District Ward in Kirklees, it is in the fourth decile on the scale of deprivation for neighbourhoods in England. Levels of unemployment and patients with health-related problems in daily life are higher than the national average which can indicate an increased demand for GP services. Life expectancy is 78 for males and 82 for females.

The practice is open between 8.30am to 6pm Monday to Friday.

Appointments are from:

8.30 to 12pm and 4pm to 5.30pm Mondays;

8.30am to 11am and 1.50pm to 3.20pm Tuesdays;

8.30am to 11am and 5.15pm to 5.45pm Wednesdays;

8.30am to 11am and 4.30pm to 5.30pm Thursdays;

10am to 12pm and 3pm to 5pm Fridays.

From 8am to 8.30am and 6pm to 6.30pm telephone calls go through to Local Care Direct triage, for any urgent issues the receptionists are able to contact the GPs by mobile phone.

Extended hours surgeries are offered from 6.30pm to 7.45pm on Mondays. Appointments are reviewed at the beginning of each week and appointments are made available to suit patients wherever possible.

When the practice is closed out of hours services are provided by Local Care Direct and NHS 111.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed the policies, procedures and other information the practice provided before and during the inspection.

We reviewed all areas of the practice including the administrative areas. We sought views from patients through seven face-to-face interviews. We spoke with the two GPs, the practice manager, the medicines optimisation project manager from the CCG and receptionists.

We observed how staff treated patients when they visited or telephoned the practice. We reviewed a variety of systems used by the practice to run the service how the practice team worked together.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, these changes were made as a result of incidents in the practice over the past two years:

- development of a list of vulnerable patients in response to a significant event
- ensuring all staff had a panic button to summon help in an emergency
- a system for double checking information entered onto patients' clinical notes

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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 was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and patients deemed to be at risk were discussed at monthly multidisciplinary team meetings. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The

safeguarding lead had completed training to level three. One of the GPs had completed safeguarding training at level two but there were plans to complete this training up to the recommended level three.

- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed in the reception office. The practice had not carried out a recent fire risk assessment or fire drills but these were planned. Fire extinguishers were available and had been tested. A member of staff was identified as a fire marshal and staff could describe the action to be taken in the event of a fire.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a 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.
- The premises had been modernised and refurbished to ensure clinical rooms were fit for purpose and the environment was pleasant. Patients told us they liked the improvements that had been made although we found the floor in the patient waiting area to be quite slippery. The practice reassured us this was a result of bleaching agents used during cleaning and this would be addressed.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice manager was the infection prevention and control (IPC) lead and also carried out cleaning audits. There was an IPC protocol in place and staff had received up to date training.
- Annual IPC audits were undertaken and we saw evidence that action was taken to address any

Are services safe?

improvements identified as a result. Flowcharts were observed in treatment rooms. For example, action to be taken in the event of a needlestick injury and for the correct segregation of clinical and domestic waste.

- Medicines, emergency drugs and vaccinations were appropriately stored, in date and secure. The arrangements for prescribing and recording were in accordance with accepted guidance.
- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. For example, since taking over the practice the GPs had worked closely with the North Kirklees CCG medicines optimisation project manager to ensure that the high prescribing of benzodiazepines was significantly reduced from 572 patients to less than 50 (Benzodiazepines are a group of medicines that can be used to help with severe sleeping difficulties or anxiety). Additional special clinics were held to review patients taking these medications, to explain the risks, discuss any issues and where appropriate to support them to stop taking benzodiazepines. A systematic approach involving the whole practice team ensured consistent advice was given to patients. Greenside Surgery was one of six local practices that participated in the pilot of The Clarity Project, a local CCG health initiative which provided patients with a structured benzodiazepines withdrawal programme. The programme had been shortlisted for the Primary Care Innovation category at the 2015 Health Service Journal (HSJ) Awards.
- The practice were working hard to ensure antibiotic prescribing was in line with guidelines. They had identified a higher than local average of prescribing but acknowledged this was partly as a result of their specialist work in dermatology.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For

example, 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 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 and a system to ensure that staff holidays did not impact on patient services.

Arrangements to deal with 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 reception office. The practice had a defibrillator on the premises and oxygen with adult and children's masks available. A first aid kit and accident book were also available. Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. However, benzylpenicillin which is used in suspected cases of meningitis was not available but the practice manager provided evidence that this had been ordered after the inspection. We found that emergency equipment and medicines were stored in separate areas, which did not facilitate a quick response in the case of an emergency. All the medicines we checked were in date and fit for use, a system was in place for regularly checking and replacing them as necessary. Emergency action flowcharts for adults and children were clearly displayed in treatment areas, for example in case of anaphylaxis, which is an acute allergic reaction.

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 and local contractors.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Greenside Surgery was part of a cluster of local practices, where the GPs attended six weekly meetings to discuss and share best practice. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records which had been proactively undertaken by the GPs. For example:

- Identifying housebound patients and carrying out routine annual home visits.
- Checking patient notes were summarised correctly.
- Contacting at risk patients to book influenza vaccinations and providing additional clinics which had significantly increased rates of uptake in patients over 65 and those in clinical risk groups.
- Reviewing patients with long term conditions and those on repeat prescriptions to ensure the appropriate reviews and tests had been carried out.
- Reviewing all patients taking benzodiazepines to significantly reduce inappropriate prescribing
- Reviewing antibiotic prescribing and working closely with the CCG medicines management team to ensure quality prescribing.
- One of the GPs was a lead on the identification and treatment of dermatological conditions and provided education sessions for GPs and health care professionals from other practices in the CCG area. Plans were in place to provide training to care home staff to recognise suspicious skin moles and lesions in response to a recent case.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF

and performance against national screening programmes to monitor outcomes for patients. Current results were 100% of the total number of points available, with 1.9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-14 showed;

- Performance for diabetes related indicators were better than the national average. The GPs had identified high numbers of diabetic patients. Due to limited nursing capacity they had undertaken further training in this area. The percentage of patients with diabetes on the register who had received an influenza immunisation was 98% which was higher than the national rate of 93%.
- Performance for hypertension indicators was 100% which was 11.5 percentage points above CCG Average and 11.6 above the England Average.
- The percentage of dementia patients whose care had been reviewed in a face to face review in the preceding 12 months was 100% which was above the national average of 84%.
- The practice had increased the uptake of influenza vaccinations in the over 65s compared to the previous year and achieved above the national target of 75%

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been five clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included updating an existing protocol for patients taking methotrexate and DMARDs, which are a group of medications commonly used in patients with rheumatoid arthritis.

Effective staffing

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

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



Are services effective?

(for example, treatment is effective)

safety and confidentiality and staff were issued with a handbook. There were no newly appointed staff, however the practice manager was in the process of updating staff personal files.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. For example, one of the reception team members had undergone training to become a phlebotomist, and two members had undergone cold chain training to effectively stock and monitor the vaccine fridges.
- Training included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- 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.
- There were limited practice nursing hours and as a result the GPs had undertaken further training in several areas, for example diabetes and COPD diplomas. The GPs identified this was an issue and were seeking to increase the number of nursing hours available.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services. All out of hours and accident and emergency reports were monitored daily.

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

plans were routinely reviewed and updated. The practice identified that district nurses had not been attending the multi-disciplinary team meetings and had written to the service and the CCG to address this for future meetings.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Gillick competence, which is used to assess a young person's capacity to make decisions. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients who were believed to be 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 available from a local support group.

The practice offered comprehensive screening programmes. The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average (also 82%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation uptake rates for the vaccinations given were comparable to CCG/national averages. For example, uptake rates for children aged 24 months and under ranged from 97% to 100% and for five year olds they ranged from 97% to 100%.



Are services effective? (for example, treatment is effective)

Flu vaccination rates for the over 65s were 79%. Uptake for those patients who were in a defined clinical risk group was 82%. These were well above the national averages of 73% and 52% respectively. The practice had received a letter from NHS England which congratulated them on the work the GPs had undertaken to proactively contact, invite and inform patients about the importance of vaccination which increased the uptake of flu vaccinations from previous years.

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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs. The GPs came out of their consulting rooms to greet and call patients in person.

All of the 12 patient CQC 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. We also spoke with three members of the newly formed patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable to practices in the CCG and nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 83% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 that the GPs maintained eye contact during consultations, which they felt was important to them. They felt listened to, 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%

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. There was a practice register of all people who were carers. 2% of the practice list had been identified as carers and were being supported, for example by offering

Are services caring?

health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, prescribing to guidelines and sign up to the local polypharmacy improvement scheme to improve disease management and reduce unscheduled hospital admissions.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered a flexible appointment system for working patients who could not attend during normal opening hours. Late appointments were available on Mondays.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these and the practice was identifying and developing a register of all housebound patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services were available.
- Reception staff had undertaken dementia friends training to support those patients with dementia to make appointments and access services.

Access to the service

The practice was open between 8.30am to 6pm Monday to Friday.

Appointment times appeared to be limited but these were reviewed every Monday at the practice meeting and additional capacity added where appropriate, the receptionists had the flexibility to add earlier or later appointments for working people. Extended hours surgeries were offered from 6:30pm to 7:45pm 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 patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 90% patients said they could get through easily to the surgery by phone compared to the CCG average of 66% and national average of 73%.
- 79% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 61% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a 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 saw information to help patients understand the complaints system was displayed in the waiting room, on the practice website and in the patient information leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at five complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the compliant.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, allowing patient access to the waiting room at lunchtimes to avoid patients who arrive early having to stand outside.

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 documented aims and objectives and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values which were regularly monitored.

The GPs acknowledged they were delivering a high volume of work, especially in view of the limited number of practice nursing hours available. It was identified this was an area which needed addressing for the long term.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

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 that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at

weekly 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 sought patients' feedback and engaged patients in the delivery of the service. It had gathered feedback from patients through the patient surveys and complaints received which had been analysed and action plans created to monitor patient waiting times. The practice had formed a new PPG and an initial meeting had taken place to plan meeting dates and regular agenda items.

The practice had also gathered feedback from staff through regular meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, information that was useful to have on the patient information screen in reception. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

One of the GPs who had a special interest in dermatology had set up a dermatology lunch club and evening meetings to share learning with other local GPs. There were also plans in place to provide education to care home staff to identify suspicious skin moles and lesions. For example, whilst bathing and dressing residents.

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. For example, involvement in the Clarity Project to reduce long term use of sleeping tablets.