

Steppingstones Medical Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

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

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Risks to patients were assessed and well managed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Results from the national GP patient survey published in July 2015 showed that patient's responded positively regarding access to care and treatment.

However, we received mixed feedback on the day of our inspection as some patients highlighted that it was difficult to access the practice through telephone and that waiting times were sometimes long.

- The practice had good facilities and was equipped to treat patients and meet their needs.
- While medical equipment was visibly clean, the practice did not have cleaning records to reflect the cleaning of medical equipment. Staff we spoke with confirmed that medical equipment was cleaned before and after use.
- The practice had a clear vision and there was a clear leadership structure in place. Staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- Ensure that the management of infection control is robust and reflects national guidance, including adequate record keeping to reflect the cleaning of medical equipment and to support the management of infection control.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- We saw calibration records to ensure that clinical equipment was checked and working properly however we could not see cleaning records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. Medical equipment was visibly clean and staff we spoke with confirmed that medical equipment was cleaned before and after use. The practice developed a template to reflect the cleaning of their medical equipment, this was shared with the lead inspector shortly after the inspection.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

There was evidence of appraisals and personal development plans for all staff.

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The management team explained that prior to their practice merger in April 2014, they were consistently in line with or above QOF targets each year. They explained that they had failed to meet some QOF targets due to an increase in their patient list size; which had increased by 5.5% in 18 months. The management team explained that they felt QOF targets would improve over time. To improve this, the practice employed a full time advanced nurse practitioner in July 2015 and a full time salaried GP in October 2015.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Patients said generally satisfied with the care provided by the practice and said their dignity and privacy was respected.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Results from the national GP patient survey published in July 2015 showed that patient's responded positively regarding access to care and treatment. However, we received mixed feedback on the day of our inspection as some patients highlighted that it was difficult to access the practice through telephone and that waiting times were sometimes long.
- 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.
- There were disabled facilities, hearing loop and translation services available. Vulnerable patients, patients with hearing impairments and those who did not have English as a first language were also flagged on the practices system. The GPs and the practice pharmacist also spoke a number of languages including Punjabi and Hindi.
- The practice nurse dedicated a full day for home visits to elderly patients. This service operated every two weeks (in addition to home visits from the GPs where required).
- The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice was part of an enhanced primary care development programme. The programme was designed to help practices across the area through a series of improvement projects to help with retention of GPs, aid service development and improve capacity in primary care.

Good



Are services well-led?

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

- The practice had a clear vision to provide the highest standard of medical services to patients and to ensure staff value one

Good



Summary of findings

another, as well as patients. The practice had a vision statement which incorporated 15 aims and ambitions of the practice. We noticed that this was displayed throughout the practice including waiting areas for staff and patients to read.

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for the management of notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. Staff we spoke with said they felt valued and supported. Some staff members commented how communication was improving due to the focus groups initiated as a result of the staff surveys.
- The patient participation group was active and involved in improvement projects across the practice.
- There was a strong focus on continuous learning and improvement at all levels. The practice had recruited a number of apprentices to help with administrative and reception duties, one of which became a full time member of the practice team. A member of the nursing team was also a trained mentor and would often mentor student nurses in the practice and provided shadowing opportunities on a regular basis.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice nurse dedicated a full day for home visits to elderly patients. This service operated every two weeks (in addition to home visits from the GPs where required). During these visits the nurse could administer flu vaccinations, carry out blood tests, complete chronic disease checks and review care plans.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The management team explained that they had failed to meet some QOF targets due to an increase in their patient list size; which had increased by 5.5% in 18 months. To improve this, the practice employed a full time advanced nurse practitioner in July 2015 and a full time salaried GP in October 2015.
- 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 medicines 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.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice followed a process to ensure all patients under the age of 16 would always be seen even without an appointment.
- We saw examples of joint working with midwives, health visitors and school nurses.

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 offered extended hours for working patients who could not attend during normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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 offered longer appointments at flexible times for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- 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.

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 longer appointments available at flexible times for people experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about 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 where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

Results from the national GP patient survey published in July 2015 showed that patients responded positively regarding access to care and treatment. However, we received mixed feedback on the day of our inspection as some patients highlighted that it was difficult to access the practice by telephone and that waiting times were sometimes long.

Results from the survey show were based on 111 responses and a response rate of 27%:

- 87% of patients found it easy to get through to this surgery by phone compared with the CCG average of 68% and national average of 73%.

94% of patients found the receptionists at this surgery helpful compared with the CCG and national averages of 87%.

- 66% of patients with a preferred GP usually saw or spoke to that GP compared with the CCG average of 56% and national average of 60%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 83% and the national average of 84%.

- 99% of patients said the last appointment they got was convenient compared with the CCG and national averages of 92%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 72% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 72% of patients felt they did not normally have to wait too long to be seen compared with the CCG and national averages of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Patients and service users completed 42 CQC comment cards. While comment cards contained positive comments about the care provided, some patients commented they sometimes felt rushed during consultations. Comments indicated that patients were not always informed when clinics were running late and that waiting times were sometimes long. During our inspection patients told us that they felt involved in decision making about the care and treatment they received and that staff were respectful and helpful.

Steppingstones Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Steppingstones Medical Practice

Steppingstones Medical Centre is a long established practice located in the Dudley areas of the West Midlands. The practice list size has increased from 6200 to 8420 patients since April 2014 due to the merger with a neighbouring practice. Patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes three GP partners, a salaried GP, five practice nurses and a healthcare assistant. The GP partners and the practice manager form the practice

management team and they are supported by a reception supervisor, a practice secretary and a team of eight receptionists who all cover reception and administration duties.

The practice is open between 8am and 6.30pm during weekdays except for Tuesdays and Thursdays when the practice offers extended hours until 8.30pm. Appointments run from 8.30am to 6pm during weekdays, on Tuesdays and Thursdays appointments are available until 8.30pm. Pre-bookable appointments can also be booked up to six weeks in advance. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

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. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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

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)

The inspector :-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 28 October 2015.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

The practice took an open and transparent approach to reporting incidents and the staff we spoke with were aware of their responsibilities to raise concerns.

- The practice had a system in place for reporting incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.
 - We reviewed records of four significant events that had occurred during the last 12 months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded in relation to a medicine issue. The practice took remedial action straight away and also completed a full investigation which was documented on a significant event reporting template. Findings were also communicated to the secondary care provider involved as well as the pharmaceutical team.
 - The practice carried out an analysis of the significant events. We saw agendas and minutes of monthly practice meetings where key topics including significant events, complaints and patient safety alerts were reviewed and discussed. However, we noticed that the monthly minutes were several months old. The management team explained that they had decided to hold more frequent staff meetings since March 2015. These were described as weekly communications meetings where all staff attended to discuss key topics and share learning from significant events, incidents and complaints. We saw written notes to support these meetings and staff we spoke with confirmed that learning was shared in the weekly communications meetings. The practice manager explained that they were planning to formally minute the weekly communications meetings and formal minutes were shared with the lead inspector shortly after the inspection.
 - We also saw that significant events was a standing agenda item on the practices monthly multi-disciplinary meetings and significant events were also discussed in clinical meetings which were held every six weeks.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, 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 outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had initiated a flagging system where a specific icon was attached to records to flag vulnerable children and those at risk. This icon was rolled out across the area and has been used by local practices since 2005. The practice also displayed a variety of information for vulnerable children and adults, a safeguarding board in the waiting room sign-posted people to various support groups. There was a lead member of staff for safeguarding. The GP attended multidisciplinary and safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
 - A notice in the waiting room advised patients that nurses would act as chaperones if required. All nursing staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Two members of the reception team were also due to attend chaperone training in November, the practice manager talked through plans to risk assess these staff members to determine whether a DBS check was necessary. The two staff members confirmed that they did not currently carry out chaperone duties as they had not yet completed the training or had formal risk assessments completed by the practice manager.
 - We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw up to date completed cleaning schedules which included six monthly cleaning

Overview of safety systems and processes

Are services safe?

of non-disposable curtains. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- We saw calibration records to ensure that clinical equipment was checked and working properly, however we could not see cleaning records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. Nurses confirmed that medical equipment was cleaned before and after use however cleaning records were not kept to evidence this. We raised this with members of the management team during a feedback session at the end of our inspection. Staff we spoke with assured us that a log would be developed as a priority. The practice developed a template to reflect the cleaning of their medical equipment and this was shared with the lead inspector shortly after the inspection.
- Regular medicine audits were carried out with support from the practice based pharmacist to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The practice also worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice twice a week. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were to be managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

- The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.
- The five staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place. The practice had a number of up to date fire risk assessments and the practice shared records to show that regular fire drills had taken place. 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 infection control, legionella and health and safety.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice used a regular locum GP through a locum agency to cover if ever one of the GPs was on leave. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was a system on the computers in various rooms including treatment and consultation rooms as well as office and reception areas which alerted staff to any emergency in the practice.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a checking system in place and there were systems in place to monitor their use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.

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. Staff accessed and monitored guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs.

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 86% of the total number of points available, with 4% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect. Data from 2013/2014 showed:

- The percentage of patients with hypertension having regular blood pressure tests was 60% which was below the CCG average of 82% and national averages of 88%.
- Performance for mental health related indicators was 80% compared to the CCG average of 81% and national average of 90%.
- The dementia diagnosis rate was 86% compared to the CCG average of 79% and national average of 86%.
- Performance for overall diabetes related indicators was 74% which was below the CCG average of 85% and national average of 97%.

The management team explained that prior to their practice merger in April 2014, they were consistently in line or above QOF targets each year. They explained that they had failed to meet some QOF targets due to an increase in their patient list size; which had increased by 5.5% in 18 months. Staff explained how this impacted on appointment demand, as well as working with changes to their population. To improve this, the practice employed a

full time advanced nurse practitioner in July 2015 and a full time salaried GP in October 2015. The management team explained how they were working through recall systems, offering health promotion and educating patients to help them to manage their health. The management team explained that they felt QOF targets would improve over time.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We saw evidence of two clinical audits completed in the last two years. These were completed audits where the improvements made were implemented and monitored. For example, we saw a completed audit with regards to diagnosis and associated testing for prostate cancer. The audit was initiated by a GP who identified a coding problem whilst reviewing prostate testing and results letters. As a result, the GP also implemented a system to ensure specific test results were coded on the clinical system. The initial audit from November 2014 identified some anomalies between diagnosis letters and findings on the clinical system. The audit highlighted how immediate action was taken to ensure all records were up to date and coded under the criteria set by the audit. The repeated audit highlighted improvements, with diagnosis coding rates increasing from 77% to 93%. The audit noted how the practice had implemented more robust systems and how patients were more likely to have a more accurate subsequent prostate diagnosis.

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, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff also received ongoing training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This

Are services effective?

(for example, treatment is effective)

included ongoing support during training sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.

Coordinating patient care and information sharing

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that monthly multi-disciplinary team meetings took place, with regular representation from a wide range of health and social care services including social workers, district nurses and community mental health nurses. We saw minutes of meetings to support that joint working took place. Vulnerable patients and patients with complex needs were regularly discussed and their care plans were routinely reviewed and updated. We saw that discussions took place 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, including when they were referred, or after they were discharged from hospital.

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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified and supported by the practice, patients were also signposted to relevant services to provide additional support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. The practice's uptake for the cervical screening programme was 85%, compared to the national average of 87%. 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 screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for under two year olds ranged from 82% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 89% to 98% compared to the CCG average of 93% to 98%.

Flu vaccination rates for the over 65s was 75%, compared to the national average of 73%. Flu vaccinations for those patients in the at risk groups was 58%, compared to the national average of 52%. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 and for people aged over 75. 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 helpful to patients both attending at the reception desk and on the telephone.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

Patients completed 24 CQC comment cards, although we received mixed feedback on the comment cards, most of them contained positive comments about the service experienced. Most comments described the service as good and staff were described as helpful. Comment cards also described the practice as clean and tidy. We also spoke with six patients on the day of our inspection. They also told us they were generally satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey (published in July 2015) showed patients felt they were treated with compassion, dignity and respect. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG and national averages of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.
- 94% patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. While comment cards contained positive comments about the care provided, some patients commented they sometimes felt rushed during consultations. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

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 and 1% of the practice list had been identified as carers. The practice offered flu jabs and annual reviews for anyone who was a carer. The practice also had a carers notice board containing supportive advice and signpost information to other services.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. Notices and leaflets in the patient waiting room told patients how to access a number of support groups and organisations.

The practice also supported patients by referring them to a gateway worker from the local mental health trust who

Are services caring?

provided counselling services on a weekly basis in the practice. The gateway worker also attended and contributed to the monthly multi-disciplinary team meetings at the practice.

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 clinical commissioning group (CCG) to improve outcomes for patients in the area. For example, the practice was part of an enhanced primary care development programme. The programme was designed to help practices across the area through a series of improvement projects to help with retention of GPs, aid service development and improve capacity in primary care. Some of the improvements implemented at the practice so far included a rolling programme of staff surveys and the employment of a practice based pharmacist. Focus groups were formed as part of the findings from the staff survey results which was developed under the direction of the enhanced primary care development programme. Patient participation group (PPG) members and staff members each formed a focus group to concentrate on key areas for improvement including communication, teamwork and access of appointments.

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 extended hours for working patients who could not attend during normal opening hours.
- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.
- Home visits were available for older patients and patients who would benefit from these.
- The practice nurse dedicated a full day for home visits to elderly patients. This service operated every two weeks (in addition to home visits from the GPs where required). During these visits the nurse could administer flu vaccinations, carry out blood tests, complete chronic disease checks and review care plans. The management team discussed this service and explained how patients had verbally given positive feedback regarding the nurse visits. The practice team were very proud of this service.

- Urgent access appointments were available for children and those with serious medical conditions. The practice followed a process to ensure all patients under the age of 16 would always be seen even without an appointment.
- There were disabled facilities, hearing loop and translation services available. Vulnerable patients, patients with hearing impairments and those who did not have English as a first language were also flagged on the practices system.
- Some of the practices population did not have English as a first language and staff were familiar with how to access translators through the services available to them. The GPs and the practice pharmacist also spoke a number of languages including Punjabi and Hindi. The practice developed a non-English speaking consent form for patients to complete with a clinician during consultations. The form was developed so patients could consent to a specific person such as a family member, to speak on their behalf. The practice also had a protocol in place to support this process. The practice's check-in system was also available in nine languages. We saw that these were clearly signposted on the check in machine during our inspection.

Access to the service

The practice was open between 8am and 6.30pm on Mondays, Wednesdays and Fridays with appointments available from 8.30am to 6pm. Extended hours were available on Tuesdays and Thursdays when the practice was open between 8am and 8pm. Appointments were available from 8.30am to 8pm on these days. Pre-bookable appointments could be booked up to six weeks in advance and urgent appointments were also available for Patients that needed them.

Results from the national GP patient survey showed that patient's responded positively regarding access to care and treatment. For example:

- 90% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 87% patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 84% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 72% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

We noticed that several completed comment cards did not reflect the positive results from the national GP patient survey with regards to access. Some comment cards highlighted that it was difficult to get through on the telephone and that waiting times were sometimes long. Comments indicated that patients were not always informed when clinics were running late.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that posters and leaflets were available to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found that these were satisfactorily handled. For example, we saw how the practice had responded to one complaint. The information highlighted that appropriate actions were taken as a result of the complaint and that the practice demonstrated openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We noticed that three of the five complaints related to manner of staff members. We discussed this with the practice manager during our inspection who shared training files with us to show how staff had since been trained on communication techniques and conflict resolution.

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 provide the highest standard of medical services to patients and to ensure staff valued one another as well as the patients. The practice had a vision statement which incorporated 15 aims and ambitions of the practice. We noticed that this was displayed throughout the practice including waiting areas for staff and patients to read.

We spoke with ten members of staff who all spoke positively about working at the practice. Staff we spoke with said they felt valued and supported. Some staff members commented how communication was improving due to the focus groups initiated as a result of the staff surveys.

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 programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. The team encouraged a culture of openness and honesty. They were visible in the practice and staff commented that staff were supportive and approachable. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

Staff discussed their attendance and involvement during the weekly communications meetings where staff were involved in discussions about how to run and develop the practice. Staff told us that there was an open culture within the practice and they confirmed that they had the opportunity to raise any issues at staff meetings or during one to one meetings.

The management team explained how they had structured their morning appointments to allow the GPs to have a 30 minute catch up break with one another each day. This improved communication between the GPs giving them time to discuss clinical practice and share learning on a daily basis. The GPs we spoke with told us how this had improved morale and also helped them to catch up and take some time out during busy morning clinics.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis. We saw monthly minutes from PPG meetings and PPG newsletters. We spoke with two members of the PPG during our inspection. The PPG were involved in flu clinics, patient surveys and ran a number of children's competitions in the practice. The PPG members described how they often attended the practice as a group to talk patients through patient surveys. The PPG assisted with flu clinics by welcoming patients and providing them with resources and information on flu vaccinations. The PPG members also explained how they ran children's crafts competitions to reduce children's fear of going to the doctors. These had been popular amongst children in the practice. The competition winners were announced in the practice and prizes were awarded by the lead GP.
- We saw how the PPG were involved in the enhanced primary care development plan, this was a programme initiated by the CCG. The practice developed a number of focus groups to focus on key areas of improvement which were identified from practice surveys. The PPG were part of a number of focus groups including communication and access. We saw how as part of

Are services well-led?

Good 

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

these groups, the PPG had worked on improving communication within the practice by introducing a communications board in the staff room. The communication board shared progress on the project so far. The PPG were also working on improving access by displaying DNA rates (did not attend) in the practice. They promoted online booking through newsletters and posters to help with telephone access and they also educated patients at the practice by talking them through online booking and the self-check in service.

- The practice gathered feedback from staff through staff surveys. The practice shared reports from two different staff surveys which were carried out in June and October 2015. The surveys highlighted how improvement was needed in relation to staff morale and communication. To improve this, the practice introduced weekly communications meetings and daily GP break sessions. The management team also reviewed roles and adjusted staffing structures so that staff had clearly defined roles and responsibilities. The survey results prompted the need to improve team work and the practice had developed a programme of staff events where staff could share ideas and work on teambuilding. We saw posters on display to promote the next staff event. Details of the event held in October

demonstrated how staff had protected time to work together as a practice team to discuss strengths, weaknesses and ways to boost staff morale. Staff told us how morale and communication was improving and spoke positively about the staff events. The practice were also planning on repeating the first survey carried out in June 2015 to compare data and highlight areas of improvement as well as areas for further development.

Continuous improvement

At the beginning of our inspection the management team carried out a presentation. During the presentation, staff told us how the practice had developed a good relationship with a local college. The practice had recruited a number of apprentices to help with administrative and reception duties, one of which became a full time member of the practice team. A member of the nursing team was also a trained mentor and would often mentor student nurses in the practice and provided shadowing opportunities on a regular basis. Plans for the future were discussed with the inspection team during the practices presentation. The GP partners explained how the practice was hoping to work towards becoming a training practice so they could offer opportunities to trainee GPs.