Pembroke House 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?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
Are services well-led?	Good

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Pembroke House Surgery on 6th 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 report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- 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.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

We identified areas of outstanding practice. For example;

The practice ran an organisation called "Karing" which had they had relaunched in 2015 with a programme of social events to meet the health and social needs of the higher than average proportion of older people in the local population. Older patients we spoke with told us this service had a positive impact on their outlook and improvements in their feelings of health and wellbeing.

The practice had launched an ophthalmology service to meet the needs of patients with eye problems in the area.

Summary of findings

The ophthalmology service treated on average 100 patients a quarter, of whom 50% could continue to be treated at the practice, removing the need for onward referral to secondary care.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

Are services caring?

Good

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.

Summary of findings

- 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.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- The practice had initiated positive service improvements for its patients that were over and above its contractual obligations, such as running a health and social interaction organisation called "Karing". It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). Older patients we spoke with told us this service had a positive impact on their outlook and improvements in their feelings of health and wellbeing.
- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.
- Patients told us it was easy to get an appointment with a named GP or a GP of choice, there was continuity of care and urgent appointments available on the same day.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- It had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Summary of findings

- The practice gathered feedback from patients using new technology, and it had an active patient participation group which influenced practice development. For example, acting on response to feedback the practice had recently completed three new additional consultation rooms, designed in line with the latest guidance.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

The practice had initiated positive service improvements for its patients that were over and above its contractual obligations, such as running a health and social interaction organisation called "Karing". It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). Older patients we spoke with told us this service had a positive impact on their outlook and improvements in their feelings of health and wellbeing. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

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, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

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

Nursing staff had lead roles in chronic disease management and 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 medicine 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. Of the 598 patients with diabetes, 93% had received an annual review and health check. Of 199 patients with Chronic Obstructive Pulmonary Disease (COPD) 93% had received an annual review and health check within the last 12 months.

Families, children and young people

Good

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

Summary of findings

There were systems in place to identify and follow up routine health screening appointments for children living in disadvantaged circumstances or those at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates for children 12 months old and for 24 months old were between 98-100% which was higher than CCG average of 93-95%.

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. We saw good examples of joint working with midwives, health visitors and school nurses. The health visitor team was based at the practice.

The practice had implemented a condom card scheme to protect and improve patient health. This was called the "C Card Scheme"; a confidential service which enabled patients aged 13-24 years old to get free condoms as well as sexual health information and advice. Young people could produce their "C Card" at reception and receive condoms discreetly without the need for potentially embarrassing explanations which could be overheard. This was particularly relevant as Torbay has one of the highest rates of unplanned teenage pregnancy in the country.

This scheme had achieved a positive impact. The C card scheme lead at the sexual health outreach team advised us that there was evidence from the latest data taken in 2013-14 of decreasing sexually transmitted infections and unwanted pregnancy rates within Torbay following the efforts of Pembroke House Medical Practice and other practices in Torbay which offered the C Card scheme. Between January - August 2015 the practice processed 25 chlamydia test kits (freely available in practice toilets) with only four returning positive supporting the evidence mentioned above.

Working age people (including those recently retired and students)

Good

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. 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. The practice was successfully achieving smoking cessation targets. Of 33 patients who smoked and wished to stop, 17 had been supported to stop smoking within four weeks. This matched local CCG targets.

The practice offered NHS health checks to patients aged between 40 – 65 years. The practice also offered these opportunistically when patients attended for other reasons. The practice computer system had a marker which appeared on eligible patients' records in order to remind staff to carry out these health checks. As a result the practice carried out a higher than CCG average number of these checks, achieving an average of 80 a month, which was higher than the CCG average.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had carried out annual health checks for 80 patients registered with a learning disability and 100% of these patients had received a check or a follow-up. The practice offered longer appointments for people with a learning disability. Staff showed us alternative communication formats such as easy to read letters, pictures, diagrams and nationally recognised symbols which were used to patients with learning disabilities or communication difficulties. For example, diagrams explained simply what retinal screening involved. There was clear picture signage around the practice, such as a picture of a toilet on the outside of toilet doors.

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.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Of the 100 patients experiencing poor mental health, 98% had received an annual physical health check. The remaining 2% had received follow up invitations. 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.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary

Summary of findings

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.

Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 123 responses which is equivalent to 1.2% of the patient list) demonstrated that the practice was performing in line with local and national averages.

The practice scored higher than average in the following areas:

- 78% of respondents with a preferred GP usually get to see or speak to that GP. This was higher than the CCG average of 64% and the national average of 60%.
- 93% of respondents would recommend this surgery to someone new to the area. This was higher than the CCG average of 83% and the national average of 78%.
- 97% of respondents find the receptionists at this surgery helpful. This was higher than the CCG average of 90% and the national average of 87%.

The practice achieved comparable scores to the CCG and national averages in the following areas:

- 75% of respondents find it easy to get through to this surgery by phone. This was comparable to the CCG average of 80% and higher than the national average of 73%.
- 96% of respondents had confidence and trust in the last nurse they saw or spoke to. This was comparable to the CCG average of 98% and the national average of 97%.
- 93% of respondents say the last nurse they saw or spoke to was good at explaining tests and treatments. This was the same as the CCG average of 93% and higher than the national average of 90%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 157 (which is 1.5% of the practice patient list size of 10,150) comment cards which were overwhelmingly positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs provided compassionate care when patients required extra support. We also spoke with six members of the PPG who spoke highly of the service.

Outstanding practice

The practice ran an organisation called “Karing” which had they had relaunched in 2015 with a programme of social events to meet the health and social needs of the higher than average proportion of older people in the local population. Older patients we spoke with told us this service had a positive impact on their outlook and improvements in their feelings of health and wellbeing.

The practice had launched an ophthalmology service to meet the needs of patients with eye problems in the area. The ophthalmology service treated on average 100 patients a quarter, of whom 50% could continue to be treated at the practice, removing the need for onward referral to secondary care.

Care Quality Commission

Pembroke House 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 practice nurse specialist adviser, a second CQC Inspector and an Expert by Experience.

Background to Pembroke House Surgery

Pembroke House Surgery is located in the seaside resort of Preston in Paignton. There were 10,150 patients on the practice list and the majority of patients were of white British background. The practice manager told us there were a higher proportion of older people on the patient list compared with other practices in the area.

The practice is a training practice (training practices have GP trainees and student doctors). The practice has seven GPs (four male and three female). The practice is managed by five GP partners, a practice manager partner and a limited company partner. The practice also had two salaried GPs and one trainee GP. There are five practice nurses, three health care assistants, together with a team of reception and administration staff.

The practice is open between the NHS contracted opening hours 8am - 6.30pm Monday to Friday. Appointments can be offered anytime within these hours. Extended hours surgeries are offered on Saturdays between 8am to 12.30pm. The practice had completed a patient survey before deciding on these extended opening hours.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service which is delivered by another provider.

The practice has a Personal Medical Service (PMS) contract and also offers enhanced services for example; extended hours every Saturday morning.

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.

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

Detailed findings

- 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 carried out an announced visit on Tuesday 6th October 2015.

During our visit we spoke with a range of staff and spoke with eight patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 157 comment cards where patients and members of the public shared their views and experiences of the service. We also spoke with six members of the patient participation group (PPG).

Good

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 and automatically treated as a significant event. The practice had 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. Monthly clinical governance meetings were held which included incidents and significant events as a standing agenda item. An annual audit also took place which examined these. An example included an incident where members of staff who were closing the building had inadvertently locked a patient within. The patient had been able to alert others as to their plight within hours and had come to no harm. The members of staff involved had presented their findings to the team as a whole to enable shared learning to take place. Systems had been changed to avoid reoccurrence in the future.

Another example included a patient who did not understand why they had been given a certain medicine. When raised with their GP this had been immediately rectified and the GP had provided a full explanation. Shared learning had taken place.

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 member of lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role such as level three child safeguarding training.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. Clinical staff acted as chaperones and were trained for the role and had received a disclosure and barring 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 in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The most recent infection control audit had been completed in November 2014; the next was planned for November 2015.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular

medicine 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- 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 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. There was a system in place which ensured this staff mix was maintained even during holiday periods.

Arrangements to deal with emergencies and major incidents

All clinical rooms had a panic button to summon assistance. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room.

The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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. All the medicines we checked were in date and fit for use.

A patient had collapsed outside the building recently and the practice staff had safely deployed emergency techniques and equipment successfully.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had been reviewed in August 2015. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and 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.

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, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Smoking cessation advice was available from a local support group. The practice had a depression and anxiety support service co-located at the premises. Patients were signposted to the relevant service. There was a retinal screening clinic which took place at the practice twice a week. The practice provided an ophthalmology service to patients on demand, which reduced patient referral to secondary care. Patients who used this service numbered 100 in the last 12 months. Of those 100 patients, half had been treated locally at the practice and the other half were referred to secondary care.

The practice's uptake for the cervical screening programme was 92%, which was higher than the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice carried out an annual cervical smear audit to identify any potential shared learning to improve patient health.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under twos and five year olds ranged from 98% to 100%. This was higher than the CCG average of 96%.

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

The practice had implemented a condom card scheme to protect and improve patient health. This was called the "C Card Scheme"; a confidential service which enabled patients aged 13-24 years old to get free condoms as well as sexual health information and advice. Young people could produce their "C Card" at reception and receive condoms discreetly without the need for potentially embarrassing explanations which could be overheard. The young person friendly clinic included advice on sexual health. This was particularly relevant as Torbay has one of the highest rates of unplanned teenage pregnancy in the country.

This scheme had achieved a positive impact. The C card scheme lead at the sexual health outreach team advised us that there was evidence from the latest data taken in 2013-14 of decreasing sexually transmitted infections and unplanned pregnancy rates within Torbay following the efforts of Pembroke House Medical Practice and other practices in Torbay which offered the C Card scheme. Between January - August 2015 the practice has processed 25 chlamydia test kits (freely available in practice toilets) with only four returning positive supporting the evidence mentioned above.

Coordinating patient care

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 care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

The practice carried out weekly multi-disciplinary team meetings to co-ordinate patient care effectively. A focus

group had been instigated by the practice to support hard to reach patients. The practice worked closely with other health professionals to reduce Accident & Emergency admission rates. The practice had the fifth lowest unplanned admission rates out of the 35 practices in the local CCG. This supported patients by enabling them to receive appropriate, co-ordinated care at home, without their admission to hospital.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (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. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Current results were 100% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. QOF exception reporting was below 5%. Data from 2013-2014 showed:

- Of 497 patients who had blood sugar level of 75 or less, 94% had received a 12 monthly health review.
- Of 199 COPD (respiratory disorders) patients – 98% had received their flu vaccination.

The practice could evidence quality improvement with two cycle clinical audits and all relevant staff were involved. The practice participated in local CCG audits such as antibiotic prescribing in residential homes. An example of good practice was that information from audits on patients with long term conditions had been shared with other practices locally to improve treatment outcomes for these patients in the area and had set up a clinic to specifically treat patients with long term conditions.

We looked at clinical audits for asthma, spirometry, prescribing and diabetes. All of these audits had been repeated and showed a full audit cycle in place. Findings from the asthma audit showed that inhaler devices had been changed in response to patient needs. Due to the high level of care of diabetic patients their QOF figures were in the top percentile of the CCG. For example, in April 2015, thirty out of thirty newly diagnosed patients all attended a diabetes education programme, a success rate of 100%.

This was due to the fact that practice staff were maximising patient medical therapy and health promotion advice.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in- house training.
- All GPs were up to date with their yearly appraisals. There were annual appraisal systems in place for all members of staff and all staff had received an annual appraisal.

Good

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 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.

All of the 157 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 members of the PPG on the day of our inspection. They 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.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. 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. 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 suffered 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.

Data from the National GP Patient Survey July 2015 showed from 123 responses that performance in some areas was above average. For example;

- 94% say the last GP they saw or spoke to was good at giving them enough time, which was higher than the CCG average of 91% and the national average of 87%.
- 94% say the last GP they saw or spoke to was good at treating them with care and concern, which was higher than the CCG average of 90% and the national average of 85%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey July 2015 information 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:

- 95% say the last GP they saw or spoke to was good at explaining tests and treatments, which was higher than the CCG average of 90% and the national average of 86%.
- 88% say the last GP they saw or spoke to was good at involving them in decisions about their care, which was higher than the CCG average of 86% and the national average of 81%.

Outstanding

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 improve outcomes for patients in the area. For example, the practice had launched an ophthalmology service to meet the needs of patients with eye problems in the area. The ophthalmology service treated on average 100 patients a quarter, of whom 50% could continue to be treated at the practice, removing the need for onward referral to secondary care.

The practice worked with a national charity to support vulnerable patients new to the area or who had suffered a bereavement. Support included a befriending service to encourage social interaction and avoid isolation.

The practice also ran an organisation called "Karing" which had they had relaunched in 2015 with a programme of events to meet the health and social needs of the higher than average proportion of older people in the local population. "Karing" provided social activities, transport to and from the practice or hospital, coach trips, lunch clubs, quiz afternoons, water colour painting and healthy lifestyle advice. "Karing" was managed and funded by the practice and staffed by volunteers. The organisation's newsletter "The Chronicle" was published on a quarterly basis and was also available on the website. Older patients we spoke with told us this service had a positive impact on their outlook and improvements in their feelings of health and wellbeing.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. Members of the PPG included patients from a range of different population groups. One recent proposal to introduce computerised checking in screens had been implemented. The PPG had drafted the PowerPoint information presentation which played on screens in all three of the patient waiting areas.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice had adopted a Doctor First telephone appointment system so that GPs could tailor the length, time and nature of appointments according to patient need. The practice had adopted this in April 2014 as a result of patient and CCG feedback.
- The practice opened every Saturday morning from 8am to 12.30pm in order to accommodate working age patients who found it difficult to attend during office hours.
- Longer appointments available for people with a learning disability.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had installed a lift to improve access.

Access to the service

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with opening hours was 86% compared to the CCG average of 79% and national average of 75%.

The practice used a Doctor First telephone appointment system. This had been adopted following feedback from patients and the CCG. It enabled the practice GPs to speak with a higher number of patients and offer tailored appointments according to patient need.

The practice was open from 8am to 6pm Monday and offered extended hours on a Saturday from 8am until 12.30pm for pre-bookable appointments. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available.

Appointments could be booked online, and repeat prescriptions could also be accessed online. The practice had a comprehensive website.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

Information about how to make a complaint was available in the waiting room and in a practice leaflet. The

Outstanding

Are services responsive to people's needs?

(for example, to feedback?)

complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. There had been nine formal complaints in the previous twelve months which had been dealt with in a timely and professional manner. There had also been 12 compliments received in the same period.

Are services well-led?

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

Our findings

Vision and strategy

Pembroke House Surgery had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. The practice had a statement of purpose with clear aims of objectives.

The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. There was a weekly all staff meeting which shared information and learning points with the whole team. A whiteboard at the practice could be written on by any member of staff prior to the meeting and any item could be included on the agenda. Meeting minutes showed that examples included computer training, caring co-ordinator role, diabetic and epilepsy plans.

The practice had invited in specialists to provide presentations to the team. For example, specialists had attended team meetings in order to share learning about how to interact with patients with learning disabilities and Alzheimer's disease.

Governance arrangements

High standards were promoted and owned by all practice staff and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.

For example, the practice had an overarching governance policy which outlined structures and procedures in place which incorporated key areas: such as clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance systems in the practice were underpinned by:

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

Innovation

PPG members told us the practice was open to new ideas and innovation and that patients' were able to contribute to agenda setting and their ideas for making improvements to the practice were listened to. One recent example was in spreading the word to patients about flu vaccination sessions. Flu vaccination sessions had only been advertised within the practice. The PPG suggested that text reminders were sent to patients in vulnerable groups, who were advised by text message to attend a flu vaccination session. This meant that patients who had not visited the practice could be made aware of the sessions. As a result text messages were sent to such patients within 24 hours of the PPG meeting.

The practice team was forward thinking and part of pilot schemes to improve outcomes for patients in the area for example, providing ophthalmology services and providing a condom card scheme.

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

There was a high level of constructive engagement with staff and a high level of staff satisfaction.

The practice gathered feedback from patients using new technology, and it had a very active patient participation group which influenced practice development.

The practice proactively sought patients' feedback and engaged patients in the delivery of the service. For example;

- 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, carried out patient surveys

Are services well-led?

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

and submitted proposals for improvements to the practice management team. For example, extended hours surgeries were offered on Saturdays between 8am to 12.30pm. The practice had listened to and acted upon the results of a PPG led patient survey before deciding on these extended opening hours.

- The practice had also gathered feedback from staff through an annual staff survey, through six monthly staff social events days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had considered the most effective way to cope with increasing population levels through expansion and a joined up approach with neighbouring practices. The practice had recently completed three new additional consultation rooms, designed in line with the latest guidance. The practice had instigated joint working with other nearby medical practices in the shared deployment of staff. The practice was studying how it could implement seven days a week opening times, moving forward from its current six days a week model.