

The Golden Brook Practice

Quality Report

Long Eaton Health Centre
Midland Street
Long Eaton
Nottingham
NG10 1RY

Tel: 0115 8554200

Website: www.goldenbrookpractice.co.uk

Date of inspection visit: 3 November 2015

Date of publication: 11/02/2016

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 The Golden Brook Practice on 3 November 2015. Overall the practice is rated as good.

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

- The practice had arrangements in place to deal with information about safety. Staff were aware of their responsibility to report incidents and concerns and knew how to do this. Information relating to safety was documented, monitored and reviewed
- Risks to patients were assessed and well managed; although the practice needed to ensure they had oversight of all measures in place to mitigate risks related to the environment and premises.
- Staff used best practice guidance to assess patients' needs and plan their care. Staff had received relevant role specific training and further training needs were identified for staff through appraisal.

- Patients told us staff treated them with compassion, dignity and respect and involved them in decisions about their care
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were some areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure comprehensive arrangements are in place to identify, assess and manage all risks associated with premises including infection control.

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 were effective systems in place for reporting and recording significant events. Learning from significant events was shared within the practice and this was recorded in meetings minutes.
- Where people were affected by safety incidents, the practice demonstrated an open and transparent approach to investigating these. Apologies were offered where appropriate.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The practice had designated GPs responsible for safeguarding and had regular meeting with attached health professionals to discuss patients at risk.
- Risks to patients were assessed and generally well managed. However, the practice needed to ensure they undertook comprehensive infection control audits on a regular basis.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.
- Clinical audits demonstrated quality improvement. For example, recent action taken as a result of an audit led to improved management of patients with atrial fibrillation.
- Data showed patient outcomes were at or above average for the locality. For example, the practice's uptake for the cervical screening programme was 85.1% which was comparable to the CCG average of 84.8% and the national average of 81.8%.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that a number of clinical staff had additional qualifications and special interests.
- 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 people's needs. The practice held fortnightly multidisciplinary team meetings and worked closely with their attached care co-ordinator.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice higher than others for several aspects of care. For example, 99% of patients had confidence and trust in the last GP they saw or spoke to.
- Patients told us they were treated with care and concern by staff and that their privacy and dignity was respected. Feedback from comments cards aligned with these views.
- The practice provided information for patients which was accessible and easy to understand.
- We observed that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. For example the practice had recently received approval to work with another practice in the locality to deliver shared urgent care.
- 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 including the patient participation group (PPG).
- Patients said they generally found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.

Are services well-led?

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

Good



- The practice had a documented vision to deliver high quality care which was shared on the practice website. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by partners and management.
- The practice had a wide range of policies and procedures to govern activity and held regular governance meetings.
- The partners encouraged a culture of openness and honesty, and staff felt supported to raise issues and concerns.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established and met regularly. The PPG worked closely with the practice to review issues including appointment access and parking.
- There was a strong focus on continuous learning and improvement at all levels. The practice was a designated teaching practice in addition to being an approved training practice.

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.

Good



- The practice offered proactive, personalised care to meet the needs of 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 worked effectively with the multi-disciplinary teams to identify patients at risk of admission to hospital and to ensure their needs were met. The percentage of people aged 65 or over who received a seasonal flu vaccination was 75.1% which was marginally above the national average of 73.2%.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Care plans were in place for the 2.25% of patients identified as being at risk of admission.
- Indicators to measure the management of diabetes were higher than local and national averages. For example, the percentage of patients on the practice register for diabetes with a record of being referred to a structured education programme within nine months of entry onto the register was 97%. This was over 20% above the local and national averages.
- 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.

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.
- The practice's uptake for the cervical screening programme was 85.1% which was comparable to the CCG average of 84.8% and the national average of 81.8%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent appointments were always available on the day.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- A female GP provided a service to fit coils and contraceptive implants.

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. This included access to appointments including telephone consultations.
- The practice was proactive in offering online services and all GP appointments were offered through the online booking system
- Health promotion and screening was provided that reflected 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 those with a learning disability. The practice had been externally reviewed in respect of its delivery of learning disability health checks. The practice was found to have a robust system of call and recall for patients with a learning disability and had provided annual health checks to 92% of patients on its register.

Good



Summary of findings

- It offered longer appointments for people with a learning disability in addition to offering other reasonable adjustments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice 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).

- 84.3% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was similar to the CCG average of 85.3%.
- 82.6% of patients with a mental health condition had a comprehensive care plan documented in their records in the previous 12 months which was above the CCG average of 75.6%.
- 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 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

We reviewed the results of the national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. A total of 261 survey forms were distributed and 110 were returned. This was a response rate of 42%. The results showed:

- 80% of patients found it easy to get through to this surgery by phone compared to the CCG average of 75% and the national average of 73%.
- 83% of patients found the receptionists at this surgery helpful compared to the CCG average of 86% and the national average of 87%
- 85% 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 87% and the national average of 85%
- 93% of patients said the last appointment they got was convenient compared with the CCG average of 92% and the national average of 92%
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%
- 70% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and the national average of 65%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 17 completed comment cards which were all positive about the standard of care received. Patients said they were always treated with dignity and respect and described the practice staff as helpful and caring. Patients said they felt listened to and were given the time they needed to discuss their problems.

We spoke with seven patients, including two members of the patient participation group (PPG), during the inspection. All of the patients said that they found the premises clean and tidy and were always treated kindness and consideration by the practice staff. Patients highlighted that they did not feel rushed during appointments.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure comprehensive arrangements are in place to identify, assess and manage all risks associated with premises including infection control.

The Golden Brook Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to The Golden Brook Practice

The Golden Brook Practice provides primary medical services to approximately 9357 patients through a general medical services contract (GMS). Services are provided to patients from a single site. The practice is co-located with two other GP practices within Long Eaton Health Centre. Derbyshire Community Health Services NHS Foundation Trust also provides services from this location.

The level of deprivation within the practice population is below the national average. Income deprivation affecting children and older people is below the national average.

The clinical team comprises six GP partners, a nurse manager, two practice nurses and a healthcare assistant. The practice is an approved teaching practice and an accredited training practice; at the time of the inspection there was one GP registrar working at the practice.

The clinical team is supported by a full time practice manager, a reception manager and 11 secretarial, reception and administration staff.

The practice site opens from 8am to 6.30pm on Monday to Friday. The start times for morning appointments vary day to day and range from 8am to 8.50am. Afternoon appointments are offered until 6.00pm. The practice operates a duty doctor system and the duty doctor will see patients after 6.00pm where this is considered necessary.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU).

Why we carried out this inspection

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

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

How we carried out this inspection

Before our inspection, 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 3 November 2015. During our visit we:

- Spoke with a range of staff (including GPs, nurses, the practice manager and a range of reception and administrative staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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)

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.

Are services safe?

Our findings

Safe track record and learning

The practice had robust systems in place to report and record incidents and significant events.

- Staff told us they would inform the practice manager or the senior partners of an incident or event in the first instance. Following this, the appropriate staff member completed the reporting form which was available on the practice's computer system.
- The practice recorded all significant events on a central spreadsheet and reviewed these at weekly practice meetings. In addition, the practice analysed the significant events annually to detect any themes or trends.

We reviewed a range of information relating to safety and the minutes of meetings where this information was discussed. The practice ensured that lessons were shared and that action was taken to improve safety within the practice. For example, the practice had recorded a recent significant event where the use of emergency drugs was required to treat a patient. Following the event, learning was identified to ensure that emergency drugs were easily accessible and all staff knew of their location.

Where patients were affected by incidents of significant events the practice demonstrated an open and transparent approach to the sharing of information. We saw that apologies were offered where appropriate.

Overview of safety systems and processes

The practice demonstrated systems which kept people safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse which were in line with local requirements and national legislation. There were lead members of staff responsible for child and adult safeguarding and staff were aware of whom these were. Policies in place supported staff to fulfil their roles and outlined who to contact for further guidance if they had concerns about patient welfare. Staff had received training relevant to their role and GPs were trained to Level 3 for safeguarding children.
- Nurses and the healthcare assistant acted as chaperones if required. Notices were displayed in the

waiting area and consultation rooms to make patients aware that this service was available. All staff who acted as chaperones were appropriately trained and checks had been undertaken with the disclosure and barring service (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).

- The practice premises were observed to be clean and tidy. The lead nurse had recently been appointed as the clinical lead for infection control within the practice and attended clinical commissioning group (CCG) led infection control meetings to ensure they were kept up to date with best practice. The practice had a rolling programme of audit in place to check standards of cleanliness and hygiene on a quarterly basis which was undertaken by administrative staff. The practice had not recently undertaken a comprehensive infection control audit with clinical input. This meant the practice could not be assured that it had effective measures in place to protect staff and patients from risk of infection.
- Arrangements for managing medicines, including vaccinations and emergency drugs, ensured that patients were kept safe. Regular medicines audits were undertaken with the support of the clinical commissioning group (CCG) pharmacy team to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were stored securely and processes were in place to monitor their use. The practice used Patient Group Directions (PGDs) to enable nurses to administer medicines in line with legislation.
- We reviewed five employment files for clinical and non-clinical staff. We found that appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place to monitor and manage risks to patient and staff safety. There was a health and safety policy and staff were aware of how to access this. As the premises were part of a managed building, the

Are services safe?

responsible person for arrangements related to fire safety was the building manager. A fire risk assessment had been undertaken in December 2014 and records of regular fire drills were provided. All electrical equipment was checked to ensure it was safe to use and clinical equipment was calibrated to ensure it was working properly. Risks including legionella were also managed by the building management and evidence was provided to demonstrate that these had been assessed.

- Arrangements were in place to manage the number and skill mix of staff required to meet patients' needs. There were rota systems in place for each staff group to ensure that there were enough staff on duty. In addition to this the practice ensured it maintained a strategic overview of its staffing situation. For example, the practice had determined that if their patient list continued to increase a formal review of staffing would be instigated when the list size reached 10000 patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. In addition there were emergency alarms throughout the practice to enable staff to request help if required.
- Basic life support training was delivered annually 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place which had been updated in November 2014. This covered major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Practice staff demonstrated that they used evidence based guidelines and standards to plan and deliver care for patients. These included local clinical commissioning group (CCG) guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date including regular nursing and clinical meetings. We saw that the practice was proactive in using clinical audits to monitor the implementation of guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed that the practice had achieved 99.6% of the total number of points available, with an exception reporting rate of 13.6%. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). This practice was not an outlier for any QOF or other national clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 98.8% which was 0.2% above the CCG average and 7.8% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 88% which was similar to the CCG average of 85.6% and the national average of 83.6%
- Performance for mental health related indicators was 100% which was above the CCG average of 93.9% and the national average of 92.8%.
- The dementia diagnosis rate was 83.7% which was significantly above the national average of 66.1%. Data indicated that 84.3% of patients diagnosed with dementia had received a face to face review in the last 12 months which was similar to the national average.

Although the practice's rate of exception reporting was higher than the national average, we saw that the practice were ensuring that exception reporting was undertaken in line with guidance within QOF.

The practice had a robust rolling programme of audit in place. The partners told us they used audit to challenge clinical practice and behaviour. We saw evidence to demonstrate continued quality improvement as a result of audits;

- There had been 18 clinical audits undertaken in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included improved management of patients with atrial fibrillation and consequently reduced their risk of stroke.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. For example, the practice worked closely with the CCG pharmacy team to undertake regular medicines audits related to items such as high cost prescribing.

The practice maintained chronic disease care registers as required for the QOF; however they also felt it was necessary to maintain additional chronic disease registers which were not required within QOF. They told us they wanted to ensure that other conditions, not included within QOF, were not overlooked. In response to this, the practice had instigated additional chronic care registers for other conditions. For example, the practice maintained a register for patients diagnosed with coeliac disease. This had been implemented following an audit of coeliac patients and recall system had been introduced in conjunction with a new template.

We saw that the practice had an effective recall system in place. For example, the practice had an enhanced service to provide health checks for patients with a learning disability. The practice had been externally audited in 2015 and this had demonstrated that 92% of eligible patients had received an annual health check.

Effective staffing

Are services effective?

(for example, treatment is effective)

We saw that staff had a range of experience, skills and knowledge which enabled them to deliver effective care and treatment.

- The practice had comprehensive induction programmes for newly appointed clinical and non-clinical members of staff that covered topics such as safeguarding, first aid, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse who undertook the learning disability health checks had attended learning disability enhanced service training to ensure they were competent to undertake the checks.
- Learning needs of staff were identified through annual appraisals, meetings and wider reviews of practice development. Staff had access to a range of training which was appropriate to meet the needs of their role. In addition to formal training sessions support was provided through regular meetings, mentoring and clinical supervision. The practice manager had been in post since January 2015 and had implemented a new appraisal system. We saw evidence to demonstrate that training needs of staff had been identified and planned for through the appraisal system.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to CCG led training and in-house training. The practice was considering the implementation of e-learning for staff.

Coordinating patient care and information sharing

Information required to plan and deliver care was available to relevant members of staff in a timely and accessible way. Information was accessed through the practice's electronic patient record system and via a shared computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

We saw that staff worked with other health and social care professionals to meet the needs of their patients and to assess and plan care and treatment. Multidisciplinary team

meetings were held fortnightly and were attended by a range of health and social care professionals including GPs, an attached care co-ordinator and district nurses. The practice had care plans in place for 2.25% of its patients considered the most vulnerable and we saw evidence that these were regularly reviewed and updated. This was the highest of all of the practices in the CCG area. The care plans were held by out of hours services to ensure that the needs of individual patients could be met outside of core practice hours. Data demonstrated that the practice rate of emergency admissions was the second lowest within the CCG area. In addition the GPs told us that they worked effectively with their attached care co-ordinator to ensure the needs of the most vulnerable patients were met.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

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

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted or referred to the relevant service.
- The practice hosted a range of services including alcohol cessation support, counselling, health trainers

Are services effective?

(for example, treatment is effective)

and mental health services. The practice told us they chose to host these services to benefit their patients and that services could be accessed by patients from other practices in the area.

The practice had systems in place to ensure patients attended screening programmes and ensured that results were followed up appropriately. The practice's uptake for the cervical screening programme was 85.1% which was comparable to the CCG average of 84.8% and 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and practice indicator rates were above

CCG and national rates for both. For example, 67% of eligible patients had attended for bowel cancer screening which was above the CCG average of 62% and the national average of 58.3%.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 99.2% and five year olds from 94.6% to 98.9%.

Flu vaccination rates for the over 65s were 75.1% and at risk groups 43.5%. These were comparable to the national averages of 73.2% and 49.2% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During the inspection we saw that staff treated patients with dignity and respect. Staff were helpful to patients both on the telephone and within the practice.

Measures were in place to ensure patients felt at ease within the practice. These included:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were kept closed during consultations and locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if they wished to discuss sensitive issues or appeared distressed

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All 17 completed comment cards we received were all positive about the standard of care received. Patients said they were always treated with dignity and respect and described the practice staff as helpful and caring. Patients said they felt listened to and were given the time they needed to discuss their problems.

We spoke with seven patients, including two members of the patient participation group (PPG), during the inspection. All of the patients said that they found the premises clean and tidy and were always treated with kindness and consideration by the practice staff. Patients highlighted that they did not feel rushed during appointments.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

- 88% said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average 95%.
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 90%.

Satisfaction scores for interactions with reception staff were in line with the CCG and national averages:

- 83% said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Additionally, the practice demonstrated a caring approach towards their patient population through organising events such as collections for food banks during seasonal influenza clinics.

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. In addition patients said they felt listened to and did not feel rushed during consultations which ensured they had sufficient time to make informed decisions about treatment. Patient feedback on the comment cards we received was positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were marginally above local and national averages. For example:

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

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language.

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. For example, there was information related to carers, dementia and mental health.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a dedicated carers' champion and a carers' noticeboard in the waiting area displayed information to direct carers to various sources of support.

Staff told us that if families had experienced a bereavement, their usual GP contacted them if this was considered appropriate. 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. Administrative staff ensured that any existing appointments for deceased patients were cancelled.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had recently received approval from the CCG to work with another practice in the locality to share urgent care services.

In addition to this the practice worked to ensure its services were accessible to different population groups. For example:

- The practice had undertaken a comprehensive review of access and as a result offered more appointments earlier in the morning from 8am to facilitate access for working age patients.
- There were longer appointments available for people with a learning disability. A recent external audit had identified that the practice ensured that reasonable adjustments were made for patients with a learning disability.
- Home visits were available for housebound patients
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Consultation rooms were situated on the ground floor of the practice and disabled parking was available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments times varied depending on the day of the week. The start time for morning appointments ranged from 8am to 8.50am. Afternoon appointments were offered until 6pm. The practice told us that the duty doctor would see patients later than this where it was required. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice had recently undertaken a comprehensive review of access to the service and made changes to the density of appointments offered first thing in the morning in addition to offering SMS reminders. Patients were surveyed and

results showed an increased satisfaction with access and an increased uptake of online appointments. Comprehensive information was available on the practice's website to explain the appointment system.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 80% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and the national average of 73%.
- 71% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.
- 70% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and the national average 65%.

Listening and learning from concerns and complaints

We saw that the practice had systems in place to effectively manage complaints and concerns.

- The practice's 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.
- Leaflets for patients wishing to make a complaint about the practice were available from the reception staff; however the practice did not have information about the complaints process visibly displayed in their waiting area.

We looked at seven complaints received in the last 12 months and found these were dealt with promptly and sensitively. We saw that meetings were offered to discuss to resolve issues in the manner which the complainant wanted. Apologies were given to people making complaints where appropriate. Lessons were learnt from concerns and complaints and appropriate action was taken to improve the quality of care. All complaints were discussed at the weekly practice meeting. For example, one complaint related to the attitude of a member of staff. The

Are services responsive to people's needs? (for example, to feedback?)

staff member had been interviewed as part of the investigation into the complaint and the complainant was informed that the staff member would reflect on their attitude should the situation arise again.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a clear vision to provide high quality care in a friendly, family based context and this was shared with patients on their website. Staff were aware of, and engaged with, this vision to provide high quality care.
- The partners and the practice manager held regular meetings to discuss the practice's strategy and to plan for the future. For example, the practice had recently agreed to a sharing of practice management resource with another co-located practice on a trial basis.

Governance arrangements

The practice had effective governance systems in place which supported the delivery of good quality care. These outlined the structures and procedures in place within the practice and ensured that:

- The practice had a clear staffing structure and staff were aware of their roles and responsibilities. The GP partners took lead roles in a number of areas across the practice but had made the decision as a team not to take on lead clinical roles to avoid becoming deskilled.
- A wide range of practice specific policies were in place and accessible to all staff.
- There was a demonstrated and comprehensive understanding of the performance of the practice.
- A thorough programme of continuous clinical and internal audit was used to review the quality of all aspect of service delivery. Findings were used to ensure service improvement.
- Arrangements were in place to identify, record and manage risks and ensure mitigating actions were implemented.

Leadership, openness and transparency

The partners within the practice had a range of experience and demonstrated that they had the capacity to run the practice to ensure high quality care. For example, we saw that GPs had special interests and additional qualifications

in a range of areas. For example in contraception, minor surgery and diabetes. The partners were visible within the practice and staff told us they were approachable and listened to all members of the practice staff team. All of the GPs working at the practice were partners in the practice.

When there were unexpected or unintended safety incidents:

- The practice offered affected people support, provided them with explanations and verbal or written apologies where appropriate.
- They kept written records of verbal interactions as well as written correspondence.

We saw that there was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and that they had the opportunity to raise issues at regular team meetings.

Feedback from staff told us that that they felt valued and supported by the partners and the management within the practice. Staff felt supported to identify opportunities for improvements to the delivery of service. The practice had a stable workforce with a low staff turnover.

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

We saw that the practice was open to feedback and encouraged feedback from patients, the public and its staff. The practice ensured it proactively sought the engagement of patients in how services were delivered:

- The practice gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. There was an active PPG which met on a regular basis. They carried out patient surveys and discussed proposals for improvements to the practice management team. For example, the PPG had worked with the practice to review access to appointments.
- In order to engage with a wider range of patients, the practice was arranging a patient event to share the practice performance in addition to seeking feedback about the services they delivered. This had been promoted on their practice website and in the waiting area.
- The practice gathered feedback from staff through meetings, appraisals and ongoing discussions. Staff told

Are services well-led?

Good 

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

us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff told us they were regularly asked for ideas for educational sessions by one of the GP partners. 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:

- The practice had recently received approval from the CCG to share urgent care services with another local GP practice.
- The practice was an approved training practice in addition to being a teaching practice. Three of the GP partners were GP tutors and one was an approved trainer.
- In order to engage with children, the practice had started an outreach project in a local primary school. One of the GP partners was working on the project with a local primary school with a view to extending this across the locality. This was a non commissioned service. We saw that the practice had received positive feedback from the school and the pupils.
- The practice had taken part in a pilot for Florence. (Florence is a telehealth application) This was used for patients with hypertension. Patients were sent a text message reminder to take a reading and the results were texted to Florence. The patients received a response which advised if action needed to be taken. The practice were reviewing the outcomes of the pilot to consider how best the technology could be used.
- The practice had recently entered into an arrangement with a co-located practice to share practice management resource with a view to enabling a more flexible approach to staffing.