Carrfield Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Carrfield Medical Centre on 16 August 2017. Overall the practice is rated as good.

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

- There was a system in place for reporting and recording significant events.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management.
- The provider was aware of and implemented the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review the systems for checking emergency medications in the treatment room and the GP emergency bag.
- Check emergency equipment on a weekly basis as per the Resuscitation Council guidelines (2015).
- Address actions from Infection Prevention and Control audits and add completion dates.

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.

- We found there was a system in place for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed and received reasonable support, truthful information, and an apology.
- We found two date expired emergency medications in the treatment room and there was no water for injections in the GP emergency bag which meant that some medications would not be able to be administered in an emergency for example Benzyl Penicillin (an antibiotic used to treat a number of bacterial infections).
- The defibrillator was being checked on an ad hoc basis rather than weekly as per the Resuscitation Council guidelines (2015).
- There were outstanding actions from the infection prevention and control audit with no completion date.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were same as or above average compared to the national average.
- Most staff were aware of current evidence based clinical guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had regular attendance at Neighbourhood meetings to develop social prescribing for their patients (social prescribing is a way of linking patients in primary care with sources of support within the community to improve health and well-being).
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and 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.
- Information about how to complain was available .

Are services well-led?

Good

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- There was a leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular staff meetings.
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- The provider was aware of the requirements of the duty of candour. .
- The partners encouraged a culture of openness and honesty. The practice had a system in place for being aware of notifiable safety incidents.
- The practice were trying to recruit a patient participation group. in the waiting area both face to face and virtual options were being considered to encourage patients to join.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra 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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- Outcomes for those with heart failure were 3% above the CCG average and 2% above the national average.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients 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

Good

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 these populations 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.

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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable.

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 living with dementia).

- The practice carried out advance care planning for patients living with dementia.
- Outcomes for people living with dementia were 3% above the CCG and national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example

the practice offered a weekly IAPT (Improving Access to Psychological Therapies) service and was working in collaboration with Age UK to undertake Dementia Buddy training leading to registration as a safe place for those living with dementia.

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Outcomes for mental health were 0.8% above the CCG average and 0.3% above the national average.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those living with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing above local and national averages. 56 survey forms were distributed and 22 were returned. This represented 1% of the practice's patient list.

- 90% of patients described the overall experience of this GP practice as good compared with the CCG and the national average of 85%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were positive about the standard of care received. Patient comments on the cards stated that they found the doctors and nursing staff caring, helpful, committed and professional and described the service provided as excellent.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Carrfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector**.** The team included a GP specialist adviser.

Background to Carrfield Medical Centre

Carrfield Medical Centre is situated in central Sheffield with a current list size of 1,278 patients. The practice catchment area is classed as within the group of the third more deprived areas in England. The practice is registered with CQC as a single handed practice and Dr. Manish Singh is the sole partner and registered manager.

The premises are currently owned by the GP and previous partner. The surgery is purpose built with a large car park at the front of the building. All patient facilities are on the ground floor

Practice staff include; one salaried GP (female), a advanced nurse practitioner (female), a healthcare assistant (female), a business manager, a practice manager and three reception staff.

The practice is open for appointments between 7.30am until 6pm on Monday and Tuesday; 8am until 6pm on Wednesday and Fridays and from 8am until midday on Thursdays. Early morning appointments are available on Monday and Tuesday.

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. A counselling service is available with the IAPT service one day each week and there is a practice pharmacist.

When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

Why we carried out this inspection

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 visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the Clinical Commissioning Group and Healthwatch to share what they knew. We carried out an announced visit on 16 August 2017. During our visit we:

- Spoke with a range of staff (one GP, one advanced nurse practitioner, one practice manager, two administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

- Looked at information the practice used to deliver care and treatment plans.

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 were provided for specific groups of people and what good care looked 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 living 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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice also had an Incident Book in the reception area.
- From the sample of two documented examples we found that when things went wrong with care and treatment, patients received reasonable support, truthful information and a written apology.
- We were told there was a system to cascade patient safety alerts to all staff and we saw minutes of meetings where significant events were discussed.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the process for recording medications was reviewed following an incident with the non prescribing of a drug for a patient who was going to hospital.

Overview of safety systems and processes

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies detailed who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the advanced nurse practitioner were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The advanced nurse practitioner was the infection prevention and control (IPC) clinical lead. There was an IPC protocol in place. An infection prevention and control audit had been carried out however there were some actions outstanding with no completion date. The practice assured us that this situation would be rectified with immediate effect.
- Some of the arrangements for managing medicines, including emergency medicines in the practice needed a review. For example, we found two emergency drugs in the treatment room which were date expired. Five ampoules of Adrenaline (1mg in 1ml) which expired in June 2017 and a Salbutamol (100mcg) inhaler which expired in July 2017. In addition, there was no water for injections in the GP emergency bag which meant that some medications would not be able to be administered in an emergency, for example Benzyl Penicillin
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of their practice pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The advanced nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within her expertise. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

Good

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were some procedures in place for assessing, monitoring and managing risks to patient and staff safety.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- The practice had a variety of other risk assessments to monitor the safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- All staff had received annual basic life support training.
- The practice had a defibrillator available on the premises which was being checked on an ad hoc basis rather than weekly as per the Resuscitation Council guidelines (2015). We saw oxygen with adult and children's masks
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 recent published results were 96% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. Exception reporting was 6% which is 4% below the CCG and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016 showed:

- Outcomes for diabetes were 12% lower than the CCG average and 10% below the national average.
- Outcomes for mental health disorders were 0.8 % higher than the CCG average and 0.3% higher than the national average.

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had recently carried out an audit of cancer diagnosis to determine the appropriateness of referrals made under the two week wait and routine referral pathways to improve access to services for this group of patients.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions had undertaken diploma level qualifications and additional training programmes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

Good

Are services effective?

(for example, treatment is effective)

- From the sample of three documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available from a local support group.

The practice achieved 100% of the Quality Outcomes Framework for cervical screening which was 1% higher than the CCG average and 4% higher than the national average.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 88% to 100% and five year olds from 92% to 98%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 18 patient Care Quality Commission 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 spoke with six patients during the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 86%.
- 94% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared with the CCG and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals. For example pre-teenagers and teenagers were enabled to book a clinical appointment on their own.

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 in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 85%.

Good

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The practice were developing neighbourhood working with an emphasis on social prescribing to sign post patients to services available for them.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 54 patients as carers (1.2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support through collaboration with the community nursing team who were situated in the premises.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday and Tuesday morning from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and those only available privately were referred to other clinics.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice held weekly meetings to discuss hospital admission avoidance through a Virtual Ward.
- The practice had regular attendance at neighbourhood meetings to develop social prescribing (social prescribing is a way of linking patients in primary care with sources of support within the community to improve health and well-being).
- Practice staff were working with Age UK to undertake dementia buddy training which would lead to registration as a safe place for those patients living with dementia.
- Pre-teenagers and teenagers were enabled to book a clinical appointment on their own.

Access to the service

The practice was open for appointments between 7.30am until 6pm on Monday and Tuesday; 8am until 6pm on Wednesday and Fridays and from 8am until midday on Thursdays. Early morning appointments were available from 7.30am on Monday and Tuesday.

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. Results from the national GP patient survey showed that the patient's satisfaction with how they could access care and treatment were in line or above local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 71%.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 78% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a poster was displayed and summary leaflets were available.

The practice had a low number of written complaints. We were told about two verbal complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, staff had used openness and transparency dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

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 vision to deliver quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed at the front of the building and staff understood the values.
- The practice had business plans in place which reflected the vision.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and quality care. This outlined the structures and procedures and ensured that:

- There was a staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example the advanced nurse practitioner held a range of clinics for the management of diabetes, COPD (chronic obstructive pulmonary disease) and asthma.
- Practice policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. Practice meetings were held bi monthly which provided an opportunity for staff to learn about the performance of the practice.
- Staff used clinical audit to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. For example the practice reviewed and monitored patient care through significant event reporting which was shared across the team.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events.

Leadership and culture

On the day of inspection the sole partner in the practice demonstrated that he had the experience and capability to run the practice and ensure the delivery of quality care. Practice staff told us they prioritised safe and compassionate care. Staff told us the GPs were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with the community nursing team to monitor vulnerable patients. Although safeguarding concerns were monitored GPs could improve their collaboration with midwives and health visitors.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported..

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

The staff told us that they valued feedback from patients however they did not have a patient participaction group (PPG) despite numerous attempts to recruit one. We saw a poster in the waiting room to encourage patients to join the PPG with the option to have face to face or virtual meetings to encourage patients to share their views. The practice had a suggestion box in the reception area which was regularly monitored. The practice also sought feedback from:

- The NHS Friends and Family test, complaints and compliments received.

Are services well-led?

Good

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

- Staff generally through staff meetings, appraisals and discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on learning and improvement 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 held weekly 'virtual ward' meetings to discuss the avoidance of hospital admissions and had a regular attendance at Neighbourhood meetings to develop social prescribing for their practice population.