Norton 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 Norton Medical Centre on 23 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The practice were proactive in improving prescribing within the practice.
- Risks to patients were assessed and well managed, the practice were proactive in managing health and safety.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training and development needs had been identified and planned.
- Urgent appointments were available the same day but not necessarily with a GP of choice.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about treatment.
- The practice made good use of audits and had shared information with other practices to promote better patient outcomes.
- Information about services and how to complain was available and easy to understand.
- 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 the management team. The practice proactively sought feedback from staff and patients, which it acted on.

We saw one area of outstanding practice:

- The practice employed a pharmacist to improve the practice of the repeat prescribing process. The outcome showed that patient safety was improved and the annual prescribing costs reduced. This project has been shared with local practices and presented nationally.

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

Summary of findings

Importantly the provider should make improvements.

- Ensure the positioning of hand gel in the children's play area is safely out of the reach of children.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed.

The practice employed a pharmacist to improve the repeat prescribing process. The outcome showed that patient safety was improved and the annual prescribing costs reduced. This project has been shared with local practices and presented nationally as an area of good practice.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked well with multidisciplinary teams to ensure appropriate information was shared.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. However some patients told us they were unhappy at being asked questions by the receptionists when making an appointment.The practice used a system called doctor first to triage appointments with the GP or nurse where they were asked questions about the reason for requiring an appointment. The reception staff ask discreet questions to ensure they meet the

Summary of findings

needs of the patients and direct them to the most appropriate clinician to deal with their request. The practice information stated that if they were unhappy in discussing this they should tell the member of staff who answered the phone.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment however not always with their named GP. 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 and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. They had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings. There were systems in place to monitor and improve quality and identify risk. The practice had developed a culture of reflective practice to review and improve the service delivered to patients. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews, supervision and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice employed a dedicated health care assistant (HCA) to visit housebound and care home patients, many of whom are elderly, as part of their Annual Care Review (ACR). The practice provided regular ward round visits to the local care homes as part of a scheme initiated by the CCG.

The practice used a prescribing tool to reduce the use of medicines in older people that may worsen dementia and confusion. With the help of the pharmacist they were also reducing polypharmacy in older people. Polypharmacy is a term used to describe the prescribing of multiple medications, leaving a patient at risk of dangerous drug interactions and potential adverse side effects like confusion and balance problems. We saw that the pharmacist had plans to hold polypharmacy clinics in the practice.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. The practice had also commenced regular safeguarding meetings were non-attenders were discussed and appropriate action was taken to investigate and appropriately refer. Immunisation rates were relatively high for all

standard childhood immunisations. The practice holds dedicated influenza clinics for children during the October half-term period and 49.8 % of children aged two were vaccinated in 2014/15. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. The practice also provided postnatal baby checks for mother and baby at six weeks. All pregnant women were offered the flu vaccination, in 2014 the uptake was 70.3%.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice have implemented the “Dr First” system by which patients speak to a GP or Nurse Practitioner on the same day that any perceived illness starts, or to discuss a medical query this will be followed by an appointment with the nurse or GP if required.

Since implementing Dr First the number of appointments has increased by (25%) per month and the do not attend appointment DNA rate had reduced from 4% to 2%.

The practice offered on line access to some appointments such as flu vaccination. practice did not currently offer any online access to appointments and was something the practice were looking to address. Currently this is difficult due to software restrictions which the practice are working to resolve.

The practice also hosts a department of working pensions DWP Pathways Adviser who assists patients in returning to work. Since starting this programme, 207 patients have returned to work, 118 additional patients have started voluntary work a further 122 have engaged in training programmes.

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 those with a learning disability. It had carried out annual health checks for people with a learning disability and an uptake of 41% in

Summary of findings

2014/15 of these patients had received a follow-up. The practice had recently undertaken training to help them improve the care of patients with learning disabilities and the practice offered longer appointments for this group of patient.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. The practice also participated in the Food Voucher Scheme, supported by the department of working pensions (DWP) Pathways Adviser making available food vouchers for those patients who require them.

The practice participated in a local service for monitoring alcohol consumption in patients and in 2014/15 had screened 816 patients. They also worked with the local Addictive Behaviours Service and provided shared care for 16 patients with drug misuse problems.

Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 84.2% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. They carried out advance care planning for patients with dementia. The practice had a dementia prevalence of 1.1% of the population as opposed to the 0.6% national average. The practice were proactive in offering annual reviews and used the dementia toolkit to identify further patients suffering from dementia. Any concerns raised were followed by rapid onward referral into specialist services as appropriate.

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 (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia. The practice also host counselling services providing easier access for patients in familiar surroundings.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in line with local and national averages. There were 126 responses and a response rate of 42.1%.

- 74% find it easy to get through to this surgery by phone compared with a CCG average of 73% and a national average of 73%.
- 83% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 57% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 62% and a national average of 60%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 98%say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 75% describe their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73 %.
- 79% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 70 % and a national average of 65%.
- 73%feel they don't normally have to wait too long to be seen compared with a CCG average of 65% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 CQC comment cards which were all positive about the standard of care received. Patients were complimentary about the staff and informed us they were treated with compassion, dignity and respect. We also spoke with three members of the PPG who told us they could not fault the care they had received. We spoke with ten patients who were also happy about the service they received. However some patients were not happy to explain their reason for requesting an appointment with the reception staff. We saw information explaining to patients that they could tell the reception staff that they were unhappy to do this. Two people we spoke with were unhappy with their personal information potentially being overheard in the reception area.

Norton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Norton Medical Centre

The practice Norton Medical Centre is located in a residential area of Norton. There are 17336 patients on the practice list and the majority of patients are of white British background. There are a slightly higher proportion of patients over 65 and 75 years on the patient list compared the practice average across England. The practice is a training and teaching practice. There are eleven GPs, five female and six male GPs all partners. There are two nurse practitioners one of whom is the lead nurses, four practice nurses, and three health care assistant (all female). There is also a practice and assistant manager, reception and administration staff. The practice is open 08.30 to 18.00, Monday to Friday and closed on Thursday from 12.00 to 15.00 for staff training. The practice operates a doctor first appointment system. If you want advice about a health problem you can have a telephone appointment and speak directly to your doctor by phone on the day that you call. If the doctor thinks you need an appointment they will invite you into the practice that day. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Northern doctors via the NHS 111 service. The practice has a General Medical Services (GMS) contract.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

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

- Older people
- 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

Detailed findings

• People experiencing poor mental health (including people with dementia)

The inspector :-

• Reviewed information available to us from other organisations e.g. NHS

England.

• Reviewed information from CQC intelligent monitoring systems.

• Carried out an announced inspection visit on 23 September 2015

• Spoke to staff and patients.

• Reviewed patient survey information.

• Reviewed the practice's policies and procedures

• Spoke to staff and patients.

• Reviewed patient survey information.

• Reviewed the practice's policies and procedures.

Good

Are services safe?

Our findings

Safe track record and learning

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a tripping incident by a member of staff, all staff were made aware of what was considered appropriate foot wear to be worn at work.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used a reporting system to report and monitor patient safety incidents. The practice also employed an outside agency to regularly review health and safety in the practice. We saw they completed an annual audit of the premises and highlighted to the practice any actual or potential risks. We observed a child able to access the antibacterial hand gel in the children's play area which we identified to the practice manager as a risk. The practice manager arranged for this to be addressed immediately.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice had commenced safeguarding meetings within the practice to specifically look at non-attendance of children for appointments in the practice and hospital and ensured these were discussed early with the relevant organisations; where children maybe thought to be at risk.
- A notice was displayed in the waiting and consulting rooms, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. There was a named lead for health and safety in the practice.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The a nurse practitioner and the lead nurse shared the role of infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. The nurse leads had received further training in infection control. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However we saw that the pillows used in the practice were not sealed and could be a source of cross infection.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept

Good

Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The practice also employed a pharmacist four hours per week. The pharmacy practice had completed a yearlong project to improve repeat prescribing and reduce waste. The project had resulted in improved patient safety, GP workload reduced and annual prescribing cost savings of £ 60.000. The initiative has been shared with local practices and presented nationally as a good practice initiative. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the five files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and this was regularly reviewed by the practice manager. The practice does not routinely use locum staff, cover is provided by the clinicians doing extra sessions.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We saw the practice had responded well to a recent flood to several consulting rooms. Following review and reflective practice of the incident the practice had improved staff awareness of dealing with different emergencies and emergency contact details were available in each consulting room.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and used this information to develop how care and treatment was delivered to meet needs. . The practice had systems in place to ensure all clinical staff were kept up to date. 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice is a higher achieving practice and was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2013 to 31/03/2014 showed;

- Performance for diabetes related indicators was better than the CCG and national average. An example is the percentage of patients with diabetes, the percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 September to 31 March was 99% compared to 93.4% nationally. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.6% compared to the national average of 88%.
- The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent was 87.8% compared with the national average of 81%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93.8% which was above the national average of 86%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 84.4% compared to the national average of 83.8%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been five clinical audits completed in the last two years, we saw improvements had been made where indicated, implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included the improvement in the prescribing of antibiotics and greater awareness of prescribing guidelines for antibiotics by clinicians. The practice reviewed the prescribing of antibiotics by all clinicians weekly for three months. Information was used to improve prescribing and adherence to the prescribing guidelines which showed a marked improvement in prescribing.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. We saw that the practice nurses had joint supervision with nurses from a neighbouring practice. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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

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

Consent to care and treatment

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

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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 and drug addiction. We saw that one of the HCAs had received further training to support patients in managing their weight and worked closely with the local weight management service. Patients were then signposted to the relevant service. Patients were referred to local support groups were applicable.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 87% which was better than the national average of 88.1%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.8% to 92% and five year olds from 98.4% to 91%. Flu vaccination rates for the over 65s were 73.6%, and at risk groups 47.8 %. These were also above or comparable to the national averages.

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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. However we saw there was no privacy curtain in the treatment room. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There were two reception areas for nursing and GP appointments it was possible at times to overhear conversations.

All of the 14 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with three members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We also spoke with ten patients who were happy with the service provided. However several patients told us they found the doctor first system difficult and in particular discussing the need for an appointment with the receptionists.

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

- 91%% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 87 % and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 92%said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 83%patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 89% 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%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also had a number of services available within the practice. Examples of these were counsellors and a back to work advisor.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. We did not see bereavement support information displayed in the reception area.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, For example, there was evidence of joint working in the management of elderly patients and emergency planning.

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

- The practice offered doctor first with telephone consultation and same day appointments or
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- The practice offered annual health checks at home for the housebound.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. However the external doors to the practice were automatic but the internal doors were not. During opening times these doors were kept open to allow patients in wheelchairs and mothers with prams to access the building with ease. The PPG told us they were currently raising money to fit automatic doors inside the building entrances.
- The purpose built building had been designed to provide an entrance area to the practice from the car park and for pedestrians.
- There was adequate car parking available for patients.
- The practice had a dedicated play area for children to play.

Access to the service

The practice was open between 8.00 and 6.00 pm Monday to Friday. Appointments were from 8.30 to 6.00 pm daily. The practice did not offer extended hours surgeries however flu clinics were held seasonally. In addition appointments could be booked in advance. The practice did not currently offer pre bookable online appointments, however patients were able to book prescriptions online.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 77%% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 74% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 75% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 79% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and national average of 65%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system such as summary leaflet available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at complaints received in the last 12 months and found these were satisfactorily handled, and dealt with in a timely way. We saw a mixture of verbal and written complaints, all had been fully investigated, discussed and lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, patient complained their annual care review appointment had been cancelled twice the practice responded by recruiting a HCA to alleviate appointment pressures.

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 strategy and supporting business plans which reflected their vision and values and they were regularly monitored. The practice staff knew and understood the values.

Governance arrangements

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

• There was a clear staffing structure and that staff were aware of their own roles and responsibilities and which member of staff held

responsibility for other areas.

• Practice specific policies were implemented and were available to all staff.

• A comprehensive understanding of the performance of the practice.

• A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements

• There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and there was an open culture within the practice. They told us they had the opportunity to raise any issues at team meetings or with their departmental lead and were confident in doing so and supported if they did. We also noted that the partners held an away weekend with the practice manager annually to review progress in the practice and plan future developments and services. Staff said they felt respected, valued and supported, particularly by the partners and managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys comments and complaints received. There was an active PPG which met on a regular basis and also a virtual group who were available to comment on developments and initiatives. The PPG were active in fund raising and also, submitted proposals for improvements to the practice management team. For example, they were consulted and involved in the introduction of Doctor First attending the training and discussions with the practice staff. They also told us they encouraged the practice to stop using hand written notices and had suggested the down stairs waiting area be utilised as chill out area for patients who were anxious about forthcoming tests. The PPG were also involved in the producing of a newsletter which is distributed in the local community such as pharmacies and libraries.

The practice gathered feedback from staff through staff meetings, appraisals and discussion. The clinical staff met twice a day over coffee breaks to discuss issues and to gain advice from colleague's expertise. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management they told us there was an open culture within the practice. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

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 was a training practice and teaching with GPs qualified and experienced in these areas.

Are services well-led?

Good

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

We saw the practice was involved with the CCG and shared with other practices innovations they had introduced or were aware of at national level. The practice had employed a pharmacist four hours a week to improve safe prescribing and reduce waste. This initiative had improved patient safety, and reduced the prescribing costs in the practice. The project had been shared with other practices as an area of development and presented nationally an area of innovation.

The practice with the assistance of the pharmacist were improving the management of polypharmacy in older people. The pharmacist planned to review six patients per week either by phone or one to one meetings. They also used a system to ensure medications prescribed to older people did not worsen confusion or dementia.

The practice employed a dedicated health care assistant HCA to visit housebound and care home patients, many of whom were elderly, as part of their Annual Care Review (ACR). The practice provided regular ward round visits to the local care homes as part of a scheme initiated by the CCG.