High Street Surgery

Quality Report

Waters Green Medical Centre
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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 High Street Surgery on 23 November 2015. Overall the practice is rated as good.

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

- Staff assessed patient's needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff felt well supported in their roles and were kept up to date with training and professional development.
- Systems were in place to deal with emergencies and all staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used.
- Overall, patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, a small proportion of patient feedback indicated there was room for improvement in some areas.
- Patients found it easy to make an appointment with a named GP and there was good continuity of care. Urgent appointments were available the same day.
- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- There was a clear leadership and structure and staff understood their roles and responsibilities.
- Complaints were investigated and responded to appropriately.

Summary of findings

- The practice learned from events and systems were in place to disseminate learning.
- The practice made good use of audits and the results of these were used to improve outcomes for patients.

The areas where the provider should make improvement are:

- The practice should consider implementing a more effective system to record/demonstrate the actions taken in response to significant events. This should include clearly documenting: the process of investigation, the conclusions reached and actions taken.
- The staff personnel records, for long standing members of staff, require review to ensure all of the required documents relating to workers are maintained.
- The practice should consider holding regular practice meetings with all staff groups to share information and be involved in service development.

We saw one area of outstanding practice:

- Effective clinical audits were carried out that improved outcomes for patients. We saw an example of a clinical audit into the prevention of duodenal ulcers in elderly patients. The methods, results, conclusions and recommendations of this had been published.

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. The practice had systems, processes and practices in place to keep people safe. Infection control practices were carried out appropriately. Tests were carried out on the premises and on equipment on a regular basis. Staff had been trained in safeguarding and they were clearly aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice. The practice was sufficiently staffed and many of the staff had worked at the practice for a number of years. However, some of the information required about staff was not available on their personnel records. There was a system in place for reporting and investigating significant events. Lessons learned from significant events were shared across the practice to ensure improvements were made. However, the provider did not maintain a clear overall record to demonstrate the actions that had been taken in response to significant events. Systems for managing medicines were robust and the practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

Good

The practice is rated as good for providing effective services.The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients were at or above average when compared to local and national data. For example, a higher than average number of patients who had diabetes had undergone checks on their health. Clinical staff assessed patient's needs and delivered care in line with current evidence based guidance. Staff felt well supported and they had the training, skills, knowledge and experience to deliver effective care and treatment. Clinical audits were carried out which resulted in improved outcomes for patients. The audits had a clear focus and purpose. Staff worked on a multidisciplinary basis to support patients who had more complex needs. The practice worked in conjunction with other practices in the locality to improve outcomes for patients.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice similar to others for several aspects of care. For example, for giving them enough time and explaining tests and treatments. The majority of patient feedback indicated that the practice is caring. However, some of the patient

Summary of findings

feedback we saw in complaints information and patient comment cards indicated that there were areas of practice which could be improved. These were linked to patients not always feeling listened to. Information for patients about the services available to them was easy to understand and accessible. The practice maintained a register of patients who were carers in order to tailor the service provided. Staff had worked at the practice for many years and felt they understood the needs of the patients well.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice reviewed the needs of the local population and worked in collaboration with partner agencies to improve outcomes for patients. Clinical staff attended regular meetings, including multi-disciplinary meetings, to review the needs of patients and plan for meeting patients' needs. Patients said they found it easy to make an appointment with a named GP and that there was good continuity of care. The appointments system was well managed. Urgent and non-urgent appointments were available the same day and appointments could be booked up to six weeks in advance. The practice had good facilities and was well equipped to treat patients and meet their needs. Complaints had been investigated and responded to appropriately.

Are services well-led?

Good

The practice is rated as good for being well-led. There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their roles and responsibilities and lines of accountability and they told us they felt well supported. The practice had a number of policies and procedures in place to govern activity. The GPs met on a daily basis to review patient's needs, care and treatment. This meeting also provided an opportunity to ensure effective communication between GPs. Regular clinical governance meetings were also held. We noted that staff in different roles across the practice attended a range of meetings but there were no 'practice meetings' taking place. The practice should consider providing a practice meeting which includes bringing each of the different disciplines together. Staff told us the practice encouraged a culture of openness. There was a strong focus on continuous learning, development and improvement linked to outcomes for 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. The practice offered proactive and personalised care and treatment to meet the needs of the older people in its population. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice kept up to date registers of patients with a range of health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu. Home visits and urgent appointments were provided for those patients with enhanced needs. The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. GPs carried out weekly visits to a local care home to assess and review patient's needs. GPs also attended multi-disciplinary meetings with a care co-ordinator who worked across a number of practices to review the care and treatment provided to people living in residential care homes and to prevent unplanned hospital admissions.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these. Patients with long term conditions attended regular reviews to check that their health and medication needs were being met. Nursing staff had lead roles in chronic disease management and dedicated administrative staff were responsible for maintaining an up to date record of patients who required a review. Patients were sent reminders to attend for health checks if they failed to attend their original appointment. Data showed that people with diabetes were overall above the national average for having received appropriate health checks. Longer appointments and home visits were available when needed. One of the practice nurses carried out home visits to patients to carry out reviews and provide vaccinations if the patient was not able to attend the surgery.

Summary of findings

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 children who were at risk. Regular meetings were held with a health visitor linked to the practice to share information or concerns about child welfare. Appointments were available outside of school hours and appointments were provided to children at short notice. The premises were suitable for children and babies and baby changing facilities were provided. Immunisation rates were comparable with local CCG benchmarking for standard childhood immunisations. Immunisations could be provided without a pre-booked appointment to encourage uptake. The practice monitored any non-attendance of babies and children at vaccination clinics and reported any concerns they had identified. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding. A family planning service was provided by the practice nurse and the minor surgery clinic included a vasectomy clinic.

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 practice had surveyed patients in this group to establish their needs and accessibility issues. The practice offered electronic prescribing and an online appointment services which provided flexibility to working patients and those in full time education. Appointments were available one day per week from 7am. Telephone consultations were also available every day. A range of health promotion and screening that reflected the needs for this age group was available to patients and no age limit was placed on routine health checks if a patient requested these.

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. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The practice held a register of patients living in vulnerable circumstances. Longer appointments and annual health checks were provided for people with a learning disability. The practice provided primary care to younger adults who lived in a residential care home and also for people who had moved on from this facility to live in supported housing. Two members of the reception team had been provided with training in sign language and all staff had recently undertaken training in autism. The GPs

Summary of findings

used assessment tools to assess a patient's cognitive ability when this was required and care planning was carried out for patients living with dementia. One of the GPs took the lead for drug misuse within the practice and provided primary care advice, treatment and support to patients at a monthly drugs misuse drop in clinic held at the practice. Information and advice was available about how to access a range of support groups and voluntary organisations. The Citizens Advice Bureau provided regular sessions to provide advice to patients.

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). Data about how people with mental health needs were supported showed that outcomes for patients using this practice were at or above average when compared to local and national data. The practice carried out regular visits to a local residential care home and care planning was carried out for patients with dementia.Staff were knowledgeable in regard to consent and supporting patients in obtaining consent. GPs carried out cognitive assessments with patients and referred people to a local memory clinic for support. Patients experiencing poor mental health were provided with information about how to access support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was generally performing in line with the local and national averages. There were 106 responses out of the 277 surveys distributed. The response represents 1.39% of the practice population.

The practice received similar scores or higher scores to the CCG average and national average from patients for matters such as: feeling listened to, giving them enough time, seeing their preferred GP and making an appointment.

For example:

- 89.2% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 91.1% and national average of 88.6%.
- 96.6% said the last nurse they spoke to was good at listening to them (CCG average 90.7%, national average 91%).
- 88.1% said the GP gave them enough time (CCG average 89.3%, national average 86.6%).
- 95.6% said they had confidence and trust in the last GP they saw (CCG average 95.7%, national average 95.2%)
- 93.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.3%, national average 90.4%).
- 73.5% of respondents with a preferred GP usually got to see or speak to that GP compared with a CCG average of 55.1%and national average of 60%.
- 87.5% found it easy to get through to this surgery by phone compared to a CCG average of 70.4% and a national average of 73.3%.
- 77.3 % described their experience of making an appointment as good compared to a CCG average of 70.8% and a national average of 73.3%.
- 90% described their overall experience of the practice as good (CCG average 86.2% and national average 84.8%)

Ninety percent of patients who completed the survey described their overall experience of the surgery as good compared to a CCG average of 86.2% and a national average of 84.8%. The practice received a high score of 96.1% from patients for being able to access the practice for an appointment.

The practice scored similarly or lower than the CCG and national averages in some areas. For example:

- 81.9% of respondents said that the last GP they saw or spoke to was good at treating them with care and concern compared to a CCG average of 88% and a national average of 85.1%.
- 80.6% said the last GP they saw was good at involving them in decisions about their care compared to a CCG average of 84.4% and a national average of 81.4%.

We spoke with three patients during the course of the inspection visit and they told us the care and treatment they received was good. As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards and the vast majority of these were positive about the standard of care received. Reception staff, nurses and GPs received praise for their professional care. Three of the comment cards we received included negative feedback. Two of these were from patients who told us they did not always feel listened to or treated with care and concern during consultations with their GP. Patients informed us that they could always get an urgent appointment and that the appointments system was efficient. Staff were described as 'respectful', 'considerate', 'friendly', 'caring', 'helpful' and 'professional'.

Areas for improvement

Summary of findings

Action the service SHOULD take to improve

- The practice should consider implementing a more effective system to record/demonstrate the actions taken in response to significant events. This should include clearly documenting: the process of investigation, the conclusions reached and actions taken.
- The staff personnel records, for long standing members of staff, require review to ensure all of the required documents relating to workers are maintained.
- The practice should consider holding regular practice meetings with all staff groups to share information and be involved in service development.

Outstanding practice

- Effective clinical audits were carried out that improved outcomes for patients. We saw an example of a clinical audit into the prevention of duodenal ulcers in elderly patients. The methods, results, conclusions and recommendations of this had been published.

High Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to High Street Surgery

High Street Surgery is located in Waters Green Medical Centre, Macclesfield Cheshire. The practice provides a service to approximately 7625 patients. The practice is situated in an area with below average levels of deprivation when compared to other practices nationally. The percentage of patients with long standing health conditions and health related problems in daily life is below average when compared to other practices nationally. The percentage of patients with caring responsibilities is similar to the national average.

The practice is run by four GP partners and there is an additional salaried GP (3 male and 2 female). There are two practice nurses, one health care assistant, a practice manager, reception and administration staff. The practice is a training practice.

The practice is open 8.00am to 6.30pm Monday to Thursday and 7.00am to 6.30pm on Fridays. When the practice is closed patients access NHS East Cheshire Trust for primary medical services.

The practice has a General Medical Services (GMS) contract and offers a range of enhanced services for example; childhood vaccination and immunisation, influenza and pneumococcal immunisations, facilitating early diagnosis and support to patients with dementia, health checks for patients who have a learning disability. The practice also provides a minor surgery clinic.

Why we carried out this inspection

We carried out a comprehensive inspection of the service 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

Detailed findings

- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed information from CQC intelligent monitoring systems. We also reviewed national patient survey information.

We carried out an announced visit on 23 November 2015. During our visit we:

- Spoke with a range of staff including GP's, a practice nurse, a health care assistant, the practice manager, reception staff and administration staff.
- Spoke with patients who used the service.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- We looked at the systems in place for the running of the service.
- Viewed a sample of the practices' key policies and procedures.

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 in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a form for recording these events. We were assured that all significant events had been investigated and learning from these had taken place through informal meetings, e mails and a task management system within the practices' computerised system. However, the record of serious events did not clearly demonstrate this. The section for actions taken included minimal information and provided no overview on matters such as: who was responsible for taking action, what learning there had been as a result, how this would be disseminated across the staff team and any future checks put in place to prevent a recurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults 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. Notices about how to refer to other agencies were clearly displayed in the surgeries. There was a lead member of staff for safeguarding. The GPs provided safeguarding reports where necessary to other agencies. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. Staff demonstrated they understood their responsibilities to report safeguarding concerns and all had received training relevant to their role. The practice held regular meetings with a designated health visitor to share information and concerns about individual patients or families.
- A notice in surgery rooms advised patients that staff were available to act as chaperones, if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). One member of staff we spoke with said they had acted as a chaperone on a small number of occasions in the past. There was no DBS check on file for this person. The practice manager said this would not happen again as the policy for the practice is that staff are not allowed to chaperone unless they have a DBS and the appropriate training.
- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be clean. A practice nurse was the dedicated infection control lead and they liaised with the local infection prevention teams to keep up to date with best practice. There were infection control protocols in place and staff had received up to date training. An infection control audit had been undertaken. The results of the audit were good, a high score had been achieved, and action had been taken to address the small number of improvements identified. Cleaning schedules and logs were in place which included cleaning between patients and daily and weekly cleaning tasks.
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a system to ensure the safe issue of repeat prescriptions. Patients who were prescribed potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. There were systems in place to monitor the use of prescriptions. The medicines we checked were in date and fit for use. The practice had emergency medicines including oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises.
- The practice had a high level of staff retention and many of the staff across all roles had been in post for a significant number of years. We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings indicated that appropriate recruitment checks had been undertaken prior to employment for the most recently appointed members of staff. For example, proof of identification, references and the appropriate checks through the Disclosure and Barring Service. However, the personnel

files for longer standing members of staff, including GPs, contained no or basic information only. In some cases this meant that the required information in respect of workers was not being held. The practice manager agreed to address this and ensure copies of the required information was kept on file for all staff.

- Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. The practice manager forwarded safety alerts to the relevant staff and maintained a log what actions had been taken in response to the alerts. The GPs met on a daily basis to review incoming correspondence and allocate tasks. There was a health and safety policy available and staff had been provided with training in health and safety. The practice had up to date fire risk assessments and regular fire drills had been 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, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patient's needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was no use of locum GPs at the practice. Information for locum GPs was available in the event that this was required.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. The practice worked on a month around rota basis to provide emergency cover across the medical centre. 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 training in basic life support. Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. A fob system was linked to building security. Systems to record accidents and incidents were in place. The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patient's needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. (NICE) provides evidence-based information for health professionals. GPs demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality 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 showed that the practice had achieved 99.7% of the total number of points available, with 3.5% exception reporting. This practice 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. For example, patients with diabetes, on the register, who had influenza immunisation in the preceding year, was 97.01% compared with a national average of 93.46%.
- The percentage of patients with hypertension having regular blood pressure tests was 88.05% which was better than the national average of 83.1%.
- The performance for mental health related indicators was better than the national average. For example: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 94.12% compared to a national average of 86.04%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 89.19% compared to a national average of 83.82%.

Clinical audits had been carried out and these demonstrated improvements in patient outcomes. The practice considered which audits they would complete based on a number of matters such as NICE guidance, recommendations from the local Clinical Commissioning Group (CCG), Royal College of General Practitioners and issues arising from complaints or significant events. One of the GPs had been involved in a clinical audit into 'The effectiveness of prophylactic proton pump Inhibitors for prevention of non-steroidal anti-inflammatory drugs associated gastric and duodenal ulcers in elderly patients'. The methods, results, conclusions and recommendations of this had been published.

The practice was run by a long established team of GPs. The GPs met on a daily basis to discuss the needs of the patients, hospital discharges etc. The practice should consider maintaining a record of the main outcomes of these meetings. Clinical meetings were held formally on a four to six weekly basis. GPs had special areas of interest including; dermatology, dermoscopy, musculoskeletal assessment, respiratory, urology and substance misuse. A minor surgery clinic was also provided one half day per week.

Staff at the practice attended a range of formal, informal and multi-disciplinary meetings. However, there were no regular practice meetings. The practice should consider providing a 'practice meeting' that includes bringing each of the different staff groups together. This would assist with the sharing of information and provide staff in different roles with the opportunity to contribute to the development of the service.

Clinical staff could attend regular learning sessions within the medical centre provided by consultants and clinical specialists. Recent subject topics and those planned for the forthcoming weeks included: spinal stenosis, ECG interpretation and prostate cancer. The practice also took part in regular 'Clinical Quality Action Group' meetings where areas of clinical practice and best practice guidelines were discussed. More recent agenda items have included: antenatal and post natal care, supporting patients with enduring mental health needs and supporting patients in managing bipolar effect disorder.

Good

Are services effective?

(for example, treatment is effective)

The practice worked in collaboration with neighbour practices. This included attending meetings to consider the care and treatment of people with multiple and complex health issues. The practice provided primary care to people living in two residential care homes. GPs visited a local residential care home for older people on a weekly basis, they held up to date information about the patient's needs and had developed care plans with patients as appropriate to their needs. GPs also provided primary care to another residential care home and a number of supported tenancies.

The practice took part in the 'avoiding unplanned admissions to hospital scheme' which helped reduce the pressure on A&E departments by treating patients within the community or at home. As part of this the practice had developed care plans with patients to prevent unplanned admissions to hospital and they monitored unplanned admissions. They also had a system to inform the out of hours service about patient's needs.

The practice participated in a 'violent patient' scheme whereby one of the GPs provided on site consultations to patients who have a known history of violence.

Effective staffing

Staff told us they felt well supported in the roles. Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed members of staff. Staff had access to and made use of e-learning training modules and in-house training. All staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. All clinical staff were kept up to date with relevant training, accreditation and revalidation. For example practice nurses had been provided with training relevant to treating patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. One of the practice nurses had recently completed a course qualifying them to prescribe medicines. The nurse was the lead on diabetes, women's health, contraception and recently completed a course in respiratory training. The nurse attended a range of practice development meetings/training sessions and nurse forums.

The majority of staff had had an appraisal within the last 12 months. The practice manager told us appraisals had been scheduled (within the forthcoming weeks) for those staff whose appraisal was overdue.

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 practices' patient record system and the intranet system. This included access to medical records, care plans, investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring people to other services for secondary care. Information such as NHS patient information leaflets were also readily available through the computerised system.

Consent to care and treatment

Staff sought patient's 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. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that decisions are made in people's best interests.

When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity.

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, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and those at risk of developing a long-term condition. Patients who had long term conditions were followed up throughout the year to ensure they attended health reviews. The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to review patients on their palliative care list.

Childhood immunisation rates were in line with CCG averages. Patients had access to appropriate health

Good

Are services effective?

(for example, treatment is effective)

assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. One of the GPs told us the practice offered health checks outside of these if a patient requested this. Appropriate follow-up 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 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 patient's privacy and dignity during examinations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us they could offer patients a private room if they wanted to discuss sensitive issues or if they appeared distressed.

The practice had a long standing staff team in relation to both clinical and non-clinical staff. This meant staff knew the patient group well and that patients received a good level of consistency in the people providing their care and treatment.

We made comment cards available at the practice prior to our inspection visit. The majority of the 38 CQC patient comment cards we received were positive about the service provided by the practice. Patients said they felt the practice offered an 'excellent' service and staff were helpful, caring and treated them with dignity and respect. We noted that two contained negative comments about their experience during consultations with their GP.

Results from the national GP patient survey showed patients felt they were given enough time and were listened to by staff and they had confidence and trust in the last GP they saw. The practices' scores were in line with or above CCG and national averages. For example:

- 89.2% said the GP was good at listening to them compared to the CCG average of 91.1% and national average of 88.6%.
- 88.1% said the GP gave them enough time (CCG average 89.3%, national average 86.6%)
- 95.6% said they had confidence and trust in the last GP they saw (CCG average 95.7%, national average 95.2%)
- 93.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.3%, national average 90.4%)
- 90% described their overall experience of the practice as good (CCG average 86.2% and national average 84.8%)
- 96.6% said the last nurse they spoke to was good at listening to them (CCG average 90.7%, national average 91%)

Two responses came out similar but slightly lower than the CCG and national average. These were:

- 81.9.% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85.1%). 6.9% said the last GP they spoke to was poor at treating them with care and concern (CCG average 3.3%, national average 4.3%)
- 80.6% say the last GP they spoke with was good at involving them in decisions about their care (CCG average 84.4%, national average 81.4%)

We spoke with three patients who were visiting the practice on the day of our inspection. They gave us good feedback about the practice and told us they felt staff were caring. The practice manager told us the practice had a practice participation group (PPG). They told us this was a small group and the PPG was in the process of reforming. There were no members of the PPG available to provide feedback to us.

Care planning and involvement in decisions about care and treatment

Overall patients told us through discussions and in comment cards that 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.

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 or better than local and national averages. For example:

- 86.9.% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%
- 95.1% said the last nurse they spoke to was good at explaining tests and treatments compared to a CCG average of 89.3% and a national average of 89.6%

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

could be provided in alternative language or formats if this was required by the patients. The practices' website provided information about the services provided in a wide range of languages.

Patient and carer support to cope emotionally with care and treatment

There was a large amount of notices and information leaflets available in the patient waiting area

informing patients how to access a number of support groups and organisations. These included signposting patients to: counselling services, Alzheimers' support and diabetes support. Signposting information was also available on the practice website. The local Citizens Advice Bureau also provided regular drop in sessions at the practice.

The practice had sought the support of a disability support group in arranging the waiting area in an aim to ensure the seating arrangement s were appropriate to meet patient's needs.

The practice maintained a register of known carers. The practices' computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. Alerts were put on carers' patient records to ensure they were offered longer appointments.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to improve the service provided. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were at risk and developing care plans with them to prevent an unplanned admission. GPs carried out a weekly visit to a local residential care home to assess and review patients and plan to avoid unplanned admissions to hospital.

One of the GPs provided an example of how the practice had responded to an urgent concern with regards to the needs of a group of patients. This demonstrated a proactive and responsive approach to assessing and meeting patients' needs.

The management of the appointment system provided clear evidence that that practice was responsive to patient's needs. Home visits were provided by the GPs and the practice nurses also provided home visits to patients who had a chronic disease to provide seasonal immunisations and carry out health care checks.

Access to the service

The practice was open 8.00am to 6.30pm Monday to Thursday and 7.00am to 6.30pm on Fridays.

Urgent and pre-bookable routine appointments were available. There were alerts on the computerised system if patients required support for their appointment. There were longer appointments available for people with a learning disability. Home visits were available for older patients and other patients who required these. Same day appointments were available for children and those with serious medical conditions. Services were also provided on an opportunistic basis such as child immunisations.

Patients we spoke with on the day of our visit told us they were able to get appointments when they needed them. Results from the national GP patient survey showed that patient's satisfaction with aspects how they could access care and treatment was comparable with or better than local and national averages.

- 87.5% patients said they could get through easily to the surgery by phone (CCG average 70.4%, national average 73.3%)
- 77.3.2% patients described their experience of making an appointment as good (CCG average 70.8%, national average 73.3%
- 69.2% patients said they usually waited 15 minutes or less after their appointment time (CCG average 60.9%, national average 64.8%)
- The percentage of respondents to the GP patient survey who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 77.62% compared to a national average of 78.53%.

The practice was located in a modern purpose built building. The premises were fully accessible for people who required disabled access. A hearing loop system was available to support people who had difficulty hearing. A translation service was available for people who required this.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We looked at complaints received in the last 12 months and found that these had been handled appropriately. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with an explanation and apology when this was appropriate. Information about how to make a complaint was available to patients in the practice information leaflet. This did not include information about how to raise a complaint with other agencies. The practice should carry out a periodic review of the nature of complaints to ensure any themes have been identified and actions taken to address these.

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 treatment and promote good outcomes for patients. Staff across all roles were confident that the practice delivered this. The vast majority of feedback from patients indicated that they were happy with the standard of care and treatment provided and that they experienced good outcomes from the service.

Governance arrangements

The practice had systems and procedures in place to ensure the service was safe and effective. GPs had a clear understanding of the performance of the practice. A programme of continuous clinical audit was in place and this was used to monitor quality and to make improvements to outcomes for patients. There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.

Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

There was a clear staffing structure and staff were aware of their roles and responsibilities.

The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practice and remain on the National Performers List held by NHS England). All other staff were supported through annual appraisal and continuing professional development.

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 worked to ensure safe, high quality care and treatment. The partners were visible in the practice and staff told us that they were approachable and listened to them.

Staff told us they felt valued, well supported and well trained. Staff were aware of which GPs had specific responsibility for different areas of work and therefore they knew who to approach for help and advice.

The majority of staff including GPs, practice nurses, the practice manager and the reception and administration team had worked together for several years and had been afforded opportunities to develop within their role. Staff turnover across the practice was low with most staff having been in post for a number of years.

The practice encouraged a culture of openness and transparency. The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

A range of meetings were held at the practice on a regular basis. GPs met informally on a daily basis to look at patient care and four to six weekly formal clinical meetings were held. Clinical staff attended a range of multi-disciplinary meetings and local strategy and development meetings and learning sessions. However, the practice did not have a regular practice meeting. The practice should consider providing a practice meeting that includes bringing each of the different disciplines together to share information and contribute to the development of the service.

Seeking and acting on feedback

The practice had surveyed patients on a number of matters. These included: whether the practice supported patients to maintain their privacy, whether patients felt they were treated as an individual, whether they felt safe and reassured and whether they could access the practice easily and safely. The feedback in all of these areas was positive.

The practice had a patient participation group (PPG). However, the number of patients involved in this was low and there had been limited input from the PPG as a result. The practice manager told us the PPG would be reforming in the near future and they intended to work with the PPG more actively.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. This included the practice providing training for GPs, being involved in local schemes to improve outcomes for patients and having a representative on the CCG. Plans for the future

Are services well-led?

Good

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

development of the service included more use of technology and social media for the convenience of patients, to keep them informed and to provide them with advice and guidance.