Alton Street Surgery

Quality Report

Alton Street Surgery
Ross on Wye
Herefordshire
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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 of this practice on 3 October 2014. We have rated this practice as good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. We found the practice provided good care to older people; people with long term conditions; families, children and young people; the working age population and those recently retired; people in vulnerable circumstances and people experiencing poor mental health.

Our key findings were as follows:

- The practice has experienced turnover of staff and a shortage of GP partners. Despite this it has continued to provide a service which most patients can access easily and about which they are positive.
- The practice had implemented the 'Gold Standard Framework' for patients who were nearing the end of their life. The Gold Standard Framework ensures patients are involved in decisions about their care and treatment for as long as possible.
- The practice had the highest number of patients with a learning disability within the Clinical Commissioning Group (CCG) area and every patient with a learning disability had had their annual health check.

We saw several areas of outstanding practice including:

- One GP had developed a support group for patients with a mental illness using poetry to engage with patients.
- The practice worked with the PPG in an innovative way to maximise the number of patients who had a flu vaccination.

There were some areas where the provider should make improvements. The provider should:

Summary of findings

- Develop their recruitment processes to ensure that they obtain all of the required information for new staff when they are appointed.
- Ensure that the safeguarding lead has completed training in safeguarding children and adults at a level appropriate to that role.

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. GPs ensured their knowledge of best practice remained current and they reviewed patient outcomes; the practice ensured that they always had enough staff to meet the needs of patients. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff worked with multidisciplinary teams. Staff had received training appropriate to their roles. An area for improvement identified was the completion of all staff appraisals.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients told us they were treated with kindness, consideration and respect. They told us that GPs, nurses and other staff gave them clear explanations about tests and diagnoses and clarified options in respect of treatment. They said they were listened to and felt involved in planning their own care. The practice referred to the Gold Standard in caring for patients nearing the end of their life. This ensured their care was reviewed appropriately and that patients were supported to make decisions about their care and treatment for as long as possible.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. They had designed a triage system to ensure they met patient needs while they were working without a full complement of GPs. The practice team had training and skills to meet the needs of all their patients, including those who came to them as temporary patients or were vulnerable. Every patient with a learning disability had had an annual health check. Patients who had a mental illness could if they wished, access group support sessions at the practice. Members of the practice team met with a patient participation group (PPG) to ensure they heard what patients thought about the quality of the services provided. They listened to concerns about their

Summary of findings

appointments system and had made ongoing refinements to remove barriers to accessing the service. They worked with the PPG in an innovative way to maximise the number of patients who had a flu

Are services well-led?

Good

The practice is rated as good for being well-led. There was a clear leadership structure. All the staff we spoke with were confident in their managers and happy with the level of support they received. There was a clear strategy to maintain a high standard of care for patients even though the practice was operating with fewer GPs than during previous years. Formal appraisals for some staff had been delayed. Some policies and protocols had not been updated. Senior staff told us they hoped to broaden their vision for the practice going forward.

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

Patients who were aged over 75 had a named GP following NHS guidance. GPs told us they visited their older patients, including those who lived in care homes, whenever they needed a home visit. The older patients we spoke with expressed satisfaction with the care they received and accessing appointments. Community nurses confirmed that older patients received the care they needed.

People with long term conditions

Good

Alton Street Surgery employed specially trained nurses to support and care for patients who had diabetes or respiratory illnesses. Diabetic patients who progressed to using insulin were supported through the transition at the practice rather than move to secondary care. They benefitted from continuity of care.

Families, children and young people

Good

This practice did not have midwives based at the surgery but midwives held clinics there and at other locations. Patients had a choice where they received their ante-natal care. Patients said it was reassuring to know they could always obtain a same day appointment for their child when they had concerns. Those parents of children who had needed a referral for hospital care told us they were well-supported by the practice and there was effective communication between the primary and secondary services.

Working age people (including those recently retired and students)

Good

We spoke with patients of working age who told us that the telephone triage system did not suit them. It was not convenient to wait for a call back from a GP with their phone on, nor was it always appropriate for them to discuss their medical concerns with a GP while at work or attend the same day. Patients in this group told us they would prefer to book an appointment in advance using an on-line system. The patients we spoke with were happy with the care they received when they saw a doctor face-to-face. The GPs had recognised that they needed to reconsider how this group of patients could access appointments in ways which suited them.

People whose circumstances may make them vulnerable

Good

The practice maintained a register of patients who had a learning disability. Every patient on this register had had their annual check which ensured that their health and well-being was regularly reviewed. If people came to the practice without a fixed address and

needed to see a GP or nurse, the practice supported them to register and ensured they received the care they needed. The practice staff had systems in place to ensure that all vulnerable patients were able to access an appointment with a GP or a nurse in a way that reduced stress for them.

People experiencing poor mental health (including people with dementia)

Good

People with poor mental health benefitted from collaboration between the practice and the Clinical Commissioning Group (CCG). GPs had worked with the CCG and a mental health charity to produce information about the ethnicity of patients with mental illness in order to plan appropriate services for this patient group. Similarly, the practice worked with the CCG and other local practices to review their coding in respect of people who showed signs of dementia. The outcome of this collective approach was the appointment of a specialist dementia nurse to support people across the county of Hereford.

One of the partner GPs had a particular interest in patients with poor mental health and led on the service for these patients. The partner GP had developed a support group at the practice using the medium of poetry to engage patients. The GP told us that they had recognised that some patients with a mental illness found the telephone triage system difficult or distressing. These patients' records were flagged so that reception knew to make an appointment for the patient without going through triage.

Summary of findings

What people who use the service say

During our inspection visit we spoke with 15 patients. They included women and men of varying ages. The majority of patients we spoke with were positive about the appointments system at the practice. They told us that they were able to get through to the practice by telephone when they needed to. They described the process which involved them waiting for a call back from a GP who assessed their need for a face-to-face appointment or telephone advice (triage). Appointments offered were for a same day consultation. Every patient we spoke with told us that staff were kind and helpful. They were positive about the care and treatment they received.

Three patients were mothers with young children. They told us they found it easy to get appointments the same day. They said they were seen on time or shortly after their appointment time, which they appreciated. They said they were treated with consideration by all staff and that the GPs were very supportive. They said they were given clear information about the matters which concerned them and were fully involved in discussions about treatment for themselves or their children.

Older patients confirmed that they were able to get appointments when they needed them. They said the GPs visited them at home when they needed this. They told us that the doctors were interested in them; they said they could ask questions and were listened to. They told us the nurses were friendly and patient.

A patient who did not speak English had been accompanied to the surgery by a family member. We saw that receptionists had information displayed in their working area about obtaining a telephone interpreting service for patients during their consultation. The family member had telephoned for the appointment that morning, but it was not clear whether the interpretation service had been set up for the patient. We saw that the family member accompanied the patient into the consulting room.

New patients who had arrived at the surgery to register with a GP told us that reception staff were helpful and had provided documents for them to complete before seeing a doctor that day.

Some patients of working age said they found it straightforward to access the practice by telephone but it was not always convenient for them to wait by the telephone to be called back by a GP. Some people did not like the process of telephone triage. They did not want to discuss their medical concerns over the telephone and they did not always have the privacy to do this. The practice informed us that patients could request a specific time for a GP to telephone them.

We had sent comments cards and a post box to the practice in advance of our inspection for patients to tell us about the service they received. No cards had been completed.

Areas for improvement

Action the service SHOULD take to improve

There were some areas where the provider should make improvements. The provider should:

- Develop their recruitment processes to ensure that they obtain all of the required information for new staff when they are appointed.
- Ensure that the safeguarding lead has completed training in safeguarding children and adults at a level appropriate to that role.

Summary of findings

Outstanding practice

- One GP had developed a support group for patients with a mental illness using poetry to engage with patients.
- The practice worked with the PPG in an innovative way to maximise the number of patients who had a flu vaccination.

Alton Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector and supported by a GP special advisor and a practice manager special advisor.

Background to Alton Street Surgery

Alton Street Surgery provides primary medical care for patients who live in the market town of Ross on Wye and in the surrounding rural area. It has approximately 10,500 registered patients. The surgery is located on a site close to the town centre, next to Ross Community Hospital.

The practice team includes three GP partners and five salaried GPs. Some GPs work part-time and the total GP hours equate to six full-time posts. The practice employs locum doctors when they need to. There are three practice nurses and two healthcare assistants. There is a practice manager and a further 15 staff who are managers, administrators and receptionists. Three of the GPs are male; all other staff are female.

Alton Street Surgery is a training practice; they provide placements for doctors who are undertaking specialist training to be GPs as registrars. At the time of the inspection three GP registrars were undertaking their specialist training at the practice.

This practice does not provide out of hours care to its patients. The Herefordshire CCG contracts with providers to provide out of hours care for all patients living in the county. The Alton Street Surgery website advises its patients to telephone 111 if they need urgent medical care when the surgery is closed.

The Care Quality Commission has inspected this service previously, prior to our use of our current methodology. In July 2013 we found the practice to be compliant with our standards. The current inspection was part of our planned approach to inspecting practices in the Herefordshire area.

Why we carried out this inspection

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

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

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.

How we carried out this inspection

We carried out an announced inspection of this primary medical care practice on 3 October 2014. Before the inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. As part of our inspection we spoke with 15 patients. We spoke with ten members of the practice team including two GP partners; the practice manager and patient services manager; a GP registrar; a practice nurse,

Detailed findings

two health care assistants and two receptionists. We spoke briefly with two community nurses employed by other NHS provider organisations. Following the inspection we spoke with a health visitor.

We read a range of documents produced by the practice, including policies, practice guidance, staff records, records of meetings and audits. We reviewed summaries of information based on statistics collected by the local Clinical Commissioning Group (CCG) and other parts of the NHS. We observed non-clinical activities throughout the day.

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

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Good

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risks and improve patient safety, including national patient safety alerts and information from the Clinical Commissioning Group (CCG). The staff we spoke with were aware of their responsibilities to raise any concerns they had and they knew how to report safety incidents, near misses and significant events. For example during our inspection, the temperature of a fridge used to store vaccines rose above the temperature for safe storage. A nurse reported this as a safety incident to the practice manager. When we looked at the log of significant events and safety incidents we saw that these had been initiated by GPs and by reception staff.

We looked at documents relating to significant events. We saw that the practice had a system for reporting and recording safety incidents and significant events. We saw that there was a detailed template for analysing these.

The practice demonstrated that it was safe over time. We looked at statistical information produced by the local Clinical Commissioning Group (CCG). There were no indicators relating to a lack of safety in the previous twelve months.

Learning and improvement from safety incidents

GP partners told us they reviewed safety incidents and significant events during their partnership meetings and that they had recently held two meetings for such reviews. The practice informed us that they held these meetings monthly as a minimum. Significant events were also discussed at whole team meetings and we saw the records for the meeting in September 2014. We saw that two significant events had involved one patient. We established that no multi-agency review or learning had taken place at an early stage which may have prevented the second significant event.

The practice manager showed us some records of team meetings. We could not see how decisions had been made and communicated to promote staff learning about any safety incidents and significant events. Staff we spoke with recalled the recent meeting to discuss significant events but it was not clear what learning they had extracted from it.

Reliable safety systems and processes including safeguarding

The practice had a safeguarding policy in respect of both children and vulnerable adults. This provided information about the steps staff should take internally and in partnership with other agencies when safeguarding concerns were identified. The document included links to local and regional safeguarding policies and procedures. Information about local safeguarding contacts for children and vulnerable adults was available for staff to refer to.

We asked about safeguarding training for staff. We were told that the three GP partners, the practice manager, the three nurses and some members of the administrative and reception teams had attended a safeguarding update session delivered by a safeguarding lead nurse in March 2013. This was confirmed when we checked the record for training on the intranet. Some staff told us they had completed on-line training in safeguarding children and vulnerable adults. A healthcare assistant showed us their certification for this. The practice manager was unable to confirm whether the lead GP for safeguarding, or any of the other GPs had completed training at a suitable level suitable depending on their level of responsibility for safeguarding children or vulnerable adults.

In relation to safeguarding, we saw that the patient record system alerted clinicians when there were safeguarding concerns about a patient or their family.

We saw that information was displayed in the waiting area offering a chaperone to patients who wished to be accompanied during their consultation. Staff told us that members of the nursing team acted as chaperones.

Medicines Management

Practice staff understood how to process medicines when they were delivered and how to store them appropriately. We observed the process for storing new medicines which required refrigeration. We saw that they were appropriately checked and placed in the fridge behind medicines already in place. We looked at record books which indicated that there was a system of making daily checks of the fridges used to store some medicines.

We saw that while new stock was being put away the temperature of the fridge rose above the recommended temperature for safe vaccine storage. It took some minutes to fall again to within the recommended range. The staff

took action to note how long the temperature had risen above the recommended range. They then telephoned the medicines manufacturer to check whether this would have affected the viability of the vaccines to ensure they remained safe to use. Later in the day staff informed us that this had been recorded as a safety incident. The practice had a written protocol for dealing with this type of incident. We noted that the practice nurse had telephoned the manufacturer before discussing with the practice manager as indicated in the protocol. The practice manager told us they considered this was appropriate use of initiative on the part of the practice nurse.

We saw that the practice had systems in place to store, check and replace emergency medicines. The emergency medicines we looked at, including those in the GPs' emergency bag, were all were in date. We saw that stocks of all medicines were rotated. All the items we checked were in date. Medical gases were in date and stored securely. They could be accessed readily when needed. No controlled medicines were stored within the practice building.

We saw that patients telephoned in to request repeat prescriptions which were signed by GPs the same day. Prescriptions were sent electronically to pharmacies. Patients we spoke with told us that the repeat prescription service worked well and they had their medicines in good time. They told us that the doctors reviewed their treatment and medicine needs regularly. We looked at some prescribing audits which confirmed this.

Cleanliness & Infection Control

The practice was visibly clean. A nurse who had responsibility for infection control was not available on the day of our inspection. We were told that policies, protocols and audits were stored on the practice intranet.

We saw that each room had a chart listing all the cleaning tasks for that room and any equipment within it for each day of the month. We were told that different people ticked the grid to indicate that they had cleaned a surface or particular instrument. The grid did not indicate who had responsibility for cleaning each area. We spoke with the practice manager about this. They told us they knew their staff and knew who should be cleaning the various areas.

We saw that the Patient Services Manager was responsible for auditing the cleaning within the practice. They had a system in place to check the cleanliness of rooms and equipment on a monthly rotation. These audits clearly described actions required as a result of the checks and actions taken in response.

Equipment

We saw that the practice used a range of equipment to perform medical tests for patients. When we looked at a particular piece of equipment which analysed blood samples, we saw that it had been appropriately recalibrated and was ready for use. The staff who used the equipment understood how to use it and how to recalibrate it. We looked at the equipment in three consulting rooms and found that the items were clean and appropriately calibrated.

Staffing & Recruitment

The GPs told us that a year ago, two partners had left the practice and they had not been able to replace them. They used locum GPs to ensure that the patients received the care they needed. We saw that an information leaflet had been produced to inform locum GPs about the organisation of the practice and local processes.

The practice manager told us that they had enough non-clinical staff to meet the needs of the practice. They had not experienced difficulty recruiting staff for roles in administration and reception. They said were pro-active in taking on apprentice-level staff for these roles and offered training for them. This provided progression routes for staff. Two staff member told us that they had been encouraged and supported to develop knowledge and skills in order to take on additional responsibilities.

We looked at recruitment processes. We found that these were not sufficiently robust. In respect of non-clinical staff, we saw that verbal references were recorded, but not always followed up with written references. No photographic evidence had been checked when people applied for jobs. Routine criminal record checks were not made for non-clinical staff and there were no risk assessments in relation to this.

In respect of a salaried GP, we saw that their GMC certificate, an occupational health assessment and two written references were in place. There was no photographic ID. Their file contained an incomplete copy of a check with the disclosure and barring service (DBS), a

service which checks whether job applicants have a police or criminal record. The practice acknowledged that the photocopy was incomplete but informed us that they had seen the original.

Monitoring Safety & Responding to Risk

Safety issues were monitored. For example, we saw that the practice manager was able to review the staffing numbers and patient needs in real time and make an informed decision whether to bring in locum GPs or other additional staff as appropriate.

We saw that there was a comprehensive health and safety document which outlined a range of risks in respect of safe patient care. The document included guidance for staff so that risks to patients and staff might be avoided and reporting forms in case of accidents, which enabled the frequency and type of risks to be monitored. We did not look at completed forms.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all non-clinical staff had received training in basic life support and most of the clinical staff had completed life support training for children and adults during 2014. We were told a designated GP was available to manage emergencies at all times.

Emergency equipment was available including access to oxygen and an automated external defibrillator which is used to attempt to restart a person's heart in an emergency. It was fully charged, working and the pads for it were in date.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

The health and safety handbook included procedures for a range of hazards including if a fire broke out. The practice had carried out a fire risk assessment and records showed that staff were up to date with fire training.

We saw that risks related to the practice building, systems and staff absences were routinely identified. Strategies to manage risks were in place. For example, the staffing level was monitored in real time so that arrangements could be made quickly to bring in additional staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

GP partners told us they used their regular clinical meetings to review guidance from the National Institute for Health and Care Excellence (NICE). When we looked at the practice intranet, we saw that recent guidance had been added to the practice system. A doctor undertaking specialist training to be a GP confirmed that the GPs ensured they kept their knowledge current in order to provide the best care for patients.

The GPs at Alton Street Surgery had special interests and took lead roles in particular areas. Patients with mental health concerns and illness could see a GP who had a particular interest in their health. This GP worked closely with community mental health nurses and had developed ways to engage and support this group of patients.

We found from our discussions with the GPs and nurses that they completed thorough assessments of patients' needs in line with NICE guidelines. For example, the nurse who specialised in respiratory illness showed us their schedule of patient reviews in respect of children and adults which met NICE guidelines.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on clinical need and that age, sex and ethnicity were not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, managing safety alerts and medicines management. The information staff collected was then collated by the practice manager or clinicians to support the practice to carry out clinical audits. The GPs told us clinical audits were often linked to safety alerts or as a result of information from the quality and outcomes framework (QOF). QOF is a national performance measurement tool. We saw that Alton Street Surgery had achieved a total QOF score which was above the average for primary medical care practices in England.

The GPs at Alton Street Surgery completed a broad range of clinical audit cycles and reviewed their findings during clinical meetings. Examples of clinical audits completed in the year prior to our inspection included systematic reviews of outcomes for patients who used a specific medicine and for those patients with particular conditions. We also saw reviews of referrals made by the GPs; patients' attendances at Accident and Emergency units; and the use of coding in records to produce accurate statistical information. We saw that medicines management and risks management were regularly reviewed. Where the audits indicated changes in practice were required, these were acted upon for the benefit of patients. For example the practice had re-coded patient records to more accurately reflect mental health conditions.

Effective staffing

All GPs are subject to five yearly external revalidation by NHS England to ensure they remain competent to practise as a doctor. We were told that The GPs at Alton Street Surgery had recently been revalidated. The GP partners told us that they had completed external training in triage in order to support their system of screening patients before offering an appointment.

The practice employed nurses who provided specialist care for patients with long-term conditions like diabetes and respiratory illness. The nurses were well-trained. One nurse described their own specialist training in respiratory illnesses. They had attended training in asthma management and chronic obstructive pulmonary disease (COPD.) The nurse told us they were due to attend advanced level training in spirometry which would enable them to diagnose obstruction in airflow for the patients with respiratory illnesses. They told us that a nurse colleague had similar qualification in respect of treating patients with diabetes. The nurse confirmed that two of the three practice nurses had attended training in treating minor illnesses.

We spoke with two healthcare assistants who told us about their national vocational training in patient care. We were shown training documents which confirmed their levels of training. We found members of the nursing team to be knowledgeable about the work they did. Some patients who had appointments with a nurse told us that they found the nurses helpful and supportive.

The practice manager confirmed that they had fallen behind with staff appraisals. Fifty per cent of staff had had an appraisal in the previous year. In respect of appraisals

Good

Are services effective?

(for example, treatment is effective)

which had been completed, there was evidence of a structured approach to identifying learning needs and of support by the practice to achieve staff outcomes through organising appropriate courses. However one appraisal we looked at was undated and unsigned. At the time the staff member had requested to undertake a new area of responsibility. No progress had been recorded in respect of this request.

All new staff went through a thorough induction programme and were subject to a three month probationary period. One member of staff told us that the induction programme provided a positive introduction to the practice, its procedures and the expectations of staff. They said that they had regular structured supervision and felt able to ask for any help or support they needed.

The GP registrar, a qualified doctor who was completing their GP specialist training at the practice, described a comprehensive induction programme which provided information about the practice and staff roles; information about prescribing and opportunities to refresh learning in respect of safeguarding and obtaining patients' consent to treatment. Information about consent included details of the Mental Capacity Act 2005 in relation to patients who were unable to give informed consent and Gillick principles in relation to the consent of children and young people.

Working with colleagues and other services

Alton Street Surgery and Ross Community Hospital were next to each other on the same site. The GPs provided medical cover at the hospital when needed. One GP had also worked with one of the providers contracted to provide out of hours services for patients. The GPs at Alton Street Surgery were able to make direct links with NHS colleagues at the hospital including health visitors and community nurses. They could access radiography services at the hospital when patients need X-rays. They could refer patients to other community medical services such as smoking cessation clinics.

We spoke with a health visitor who told us she had effective working relationships with staff at Alton Street Surgery. She told us she met with GPs weekly and nurses monthly to review child and adult patients where there were safeguarding concerns. She said that GPs were increasingly pro-active in contacting social workers when they had concerns and in ensuring that health visitors knew when this had happened.

We spoke with two community nurses who told us they had positive working relationships with the GPs and nurses at the Alton Street practice. We spoke with a health visitor who said that they too had developed positive working relationships with both GPs and nurses so that children and families received the support they needed. The health visitor told us that when children were at risk of harm, there was a multi-disciplinary response.

One of the partner GPs told us they had a particular interest in mental health. They worked with other doctors and nurses to support this group of patients and had set up an interest group to provide additional support for patients who had a mental illness. The GP told us that they worked with other services to provide 'shared care' for patients who misused substances.

Information Sharing

The practice used several electronic systems to communicate with other providers. For example, they used a shared system with the local GP out-of-hours provider which enabled patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals.

Patients' summary care records contain a list of their medical problems, medication and allergies. In an emergency, the information can be made available to other healthcare providers like hospitals and paramedic services. Patients can choose to opt out of this service and we saw that this was explained in the practice information booklet.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record EMIS to coordinate, document and manage patients' care. All staff were trained to use the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

We saw that GPs had collaborated with the CCG and a mental health charity to produce information about the ethnicity of patients with mental illness in order to design appropriate services for this patient group.

GPs told us they had recognised that patients with dementia had been coded in different ways by different GPs over time. They had discussed this and had 'sharpened up' their review process and adjusted their coding so that

Good

Are services effective?

(for example, treatment is effective)

their statistics about patients with dementia accurately reflected incidence of the condition. They told us that at CCG level the information had been effective in procuring a specialist dementia nurse for the area.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

During our inspection visit we spoke with 15 patients. They included women and men of varying ages. They told us they were treated with kindness, consideration and respect by all the practice staff. They said their dignity and privacy was maintained at all times. Some patients who had long term conditions were particularly positive about the support and care they received from GPs and nurses. Some patients had established relationships with reception staff and referred to their cheerfulness and willingness to offer support. Every patient we spoke with was positive about the care they received.

We observed how patients were treated by receptionists. We saw that the reception staff were pleasant and welcoming to patients and spoke with them in a discrete manner. They were careful to maintain the confidentiality of patient information.

All patients were assessed by a GP over a telephone call to establish how best to treat their concern. Most patients valued this telephone 'triage' but some patients who were in employment indicated that the system compromised their dignity, as they found it difficult to describe their symptoms or medical concerns over the telephone when they were at work. The GPs knew that a small proportion of their patients did not like the telephone triage system and told us that they were working to find a way to improve their system for all patients. They also informed us that patients could ask to speak to the GP at a time that would be convenient for them.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and the annual survey of patients undertaken by the practice in conjunction with their patient participation group (PPG) and their larger virtual patient participation group. The main aim of a PPG is to ensure that patients are involved in decisions about the range and quality of services provided by the practice.

The evidence showed patients were satisfied with the way they were treated by staff. For example, the national data available showed that 89% of patients who used Alton Street Surgery would recommend the practice to others and 89% reported a good overall experience of making an appointment. These results were higher than the averages for practices across England.

Seventy-two patients had responded to the practice's most recent annual survey, but not every patient had answered every question. We saw that 45 patients out of 53 respondents rated their appointment with a GP as 'Excellent' or 'Good' with eight describing the outcome as 'Satisfactory'. Thirteen out of 19 patients responded that the outcome of their appointment with a nurse was excellent or good.

Care planning and involvement in decisions about care and treatment

Patients told us they were involved in planning their own care and that of their children. They referred to the GPs and nurses communicating clearly with them in ways they understood. They told us about the choices offered to them when they needed a referral to secondary care. They told us about the smooth transition to other services because comprehensive notes were sent on promptly to doctors in other services.

We talked with staff about end of life care. We found that the practice adhered to the 'Gold Standard Framework' (GSF) for patients who were approaching the end of their lives. The GSF sets standards in end of life care to ensure that healthcare staff work together to involve patients in making decisions about their care and treatment for as long as possible. The practice had a register of their patients who needed end of life care. They told us they involved patients, their families and other healthcare professionals in advance care planning discussions and they worked with multi-disciplinary teams to deliver care in accordance with patients' wishes.

Patient/carer support to cope emotionally with care and treatment

When we spoke with GPs and nurses, it was clear that they understood clearly the impact of illness on other aspects of patients' lives. Patients told us that they felt the clinical staff were interested in them and in the things that mattered to them; they said they felt they were listened to and that they could ask for clarification about any concern they did not understand.

Good

Are services caring?

Following on from the 'Gold Standard Framework' (GSF) of care for patients who were at the end of their life, GPs told us the practice provided support to bereaved families at the practice or through signposting to other services.

The practice provided a high level of support for their patients who had a mental illness and they told us about a range of local projects they could refer patients onto for additional support, including a 'woodlands' project. They told us they supported patients who had problems with alcohol and other substances. They provided a Methadone clinic for patients who used this medicine.

Herefordshire has an active support group for carers and we saw that their information leaflet was available for patients.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that the practice responded to individual patient needs and promoted flexibility and choice in their care. The GPs at Alton Street practice told us they had needed to find a way of managing their appointments system with fewer GPs than previously. They had introduced a change in their working practices to ensure they met the needs of their patients. They responded to every patient who contacted the surgery by providing 'triage' (assessment of their clinical needs) by telephone. They then either provided information and advice or offered the patient an appointment that day with a GP or a nurse. There were no walk-in surgeries. They told us the system enabled GPs to respond rapidly when patients needed to be seen at the practice quickly or needed to go to hospital.

We asked patients about the new triage system. Most of the patients we spoke with, including older patients and mothers with young children were very positive about this change. They told us that the arrangements suited their needs well. They told us that having placed an initial call, a GP or nurse usually called them back within an hour and offered a convenient appointment that day.

They told us they had recognised that other groups of patients including vulnerable patients and patients in mental distress might have difficulties with the appointments system. They told us they had responded to the needs of these patients by including a prompt in their records so that receptionists made the appointments without going through the triage process.

The practice had skilled staff and a range of equipment and which enabled them to offer tests to patients in the surgery. These included electro-cardiograph tracing (ECG) to check patients' heart rhythms; taking blood (phlebotomy) and analysing some blood samples. One GP had a particular interest in dermatology and could offer specific consultations to patients.

There were three practice nurses at the surgery who had developed specialist skills to treat different groups of patients with long-term conditions. The patient groups included patients with diabetes and patients with respiratory illnesses like asthma and chronic obstructive pulmonary disease (COPD). In addition all three practice nurses had been trained to treat minor illnesses. They held specific clinics and general clinics through the week. They booked their own appointments with their known patients and the GPs booked some patients to see them following triage including patients with wounds, infections and viral illnesses.

On the day of the inspection, we spoke with the nurse who provided care for patients with respiratory illnesses. She told us she had been able to develop her role with support from other nurses and the GP who led on respiratory illness. She confirmed that she had been encouraged to complete specialist training relevant to her work. She described a robust system of reviews with adults and with children with either asthma or COPD. Patients who did not attend reviews were followed up to ensure they received the care they needed. We found that the nurse had a flexible approach to her work. She offered an early evening clinic for patients with asthma who had difficulty attending at other times and would extend a general clinic to fit patients in.

The practice had a lead nurse qualified in diabetes care. They called patients in for review twice each year. The nurse was trained in 'insulin starts' which meant that patients with Type 2 diabetes could be started on insulin therapy in primary care.

This practice did not have midwives based at the surgery but they did hold clinics there and at other locations. Patients told us they had a choice where they received their ante-natal care.

The practice had an active patient participation group (PPG). The main aim of a PPG is to ensure that patients are involved in decisions about the range and quality of services provided by the practice. We spoke with a representative of the PPG who told us the group met regularly with GPs and the practice manager. The PPG representative described the composition of the group which was varied in respect of age and interest and reflected the patient population. They told us there was a larger group of patients who formed a virtual patient participation group and responded to practice surveys. The practice undertook an annual patient survey and regularly involved their PPG and virtual PPG in commenting on the quality of the services provided.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The PPG representative said the practice staff asked for their views about a range of issues, including the recent changes to the appointment system They told us the GPs and practice manager were open to criticism. They said that in general, patients thought well of the practice.

Tackling inequity and promoting equality

The practice had recognised the needs of different patient groups in the planning of its services. The reception and waiting areas of the surgery were accessible to patients and consulting rooms were on the ground floor of the building. There was enough space for patients with children and patients who used wheelchairs. Accessible toilet facilities were available for all patients attending the practice.

For patients who did not speak English, the practice had access to a translating service and this information was displayed in the waiting room.

GPs told us that some people came to the practice because they were working in temporary agricultural jobs in the area. These people were registered as temporary patients and if they did not have a permanent address, they were able to register using the practice address. This also applied to homeless people who came to the practice. In this way, the practice supported vulnerable people who might otherwise experience difficulty in seeing a GP.

Access to the service

Appointments were available between 8am and 6pm every week day. On Tuesdays, Wednesdays and Thursdays, an extended service was available. One doctor in turn offered pre-bookable appointments until 7.30pm for patients who had difficulty accessing the practice during the standard opening hours. One doctor was also available on alternate Saturday mornings. Patients could book appointments by telephone or in person but not online; some patients expressed disappointment about this. Information was available to patients about appointments in a practice leaflet and on their website. Patients who required care outside of the practice hours were advised to telephone 111.

The practice described the system of triage or clinical assessment which the GPs used to respond to patients who contacted the surgery. This enabled them to establish priorities in respect of patient need; to ensure that patients who required urgent medical care received it and that patients who did not need to see a GP did not waste time travelling to the surgery. Patients who were aged over 75 had a named GP in line with NHS guidance. GPs told us they visited their older patients, including those who lived in care homes, whenever they needed a home visit.

Older patients told us the triage system suited them well and they confirmed that the GPs visited them at home when they needed them to. Parents attending the surgery with young children on the day of the inspection told us they had phoned through to the surgery that morning, received a call back from one of the GPs and had been offered an appointment during the morning. They said they appreciated the triage system. GPs told us that they had found the triage system to be popular with young adult patients. Most patients told us they had got through to the practice without waiting too long and were pleased to be seen so quickly.

Patients of working age told us the system did not always meet their needs in that telephone triage was not always appropriate or convenient for them during their working day. The GPs have told us that they have considered how different groups of patients access the practice and that they do need to reconsider the needs of patients who are in employment.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. We looked at the ways in which recent complaints had been managed. We saw that responses to patients were appropriate and informed patients who had complained about the reasons the practice acted as they had done. In respect of most of the complaints we looked at, the patient had a response the same day or the next day.

The potential for learning from complaints may have been reduced because these had not been reviewed by the practice team in a timely way.

Are services well-led?

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

Our findings

Vision and Strategy

The GP partners and practice manager told us that recent staff changes at the practice had been challenging for them. Their strategic focus had been on maintaining patient services. The three partner GPs described their determination to provide a high quality service for their patients, despite the pressures of working with a reduced number of partners. They told us they needed to recruit more partners and were advertising accordingly. They told us they were aware of a national pilot scheme to recruit physicians' assistants and they were making preliminary enquiries about the scheme.

We were told that the governance of each area of the practice was described in policy documents which were held on the intranet. A partner GP demonstrated the practice intranet where policies, protocols and procedures were stored. These related to patient care, staffing and the management of the practice building.

The partners were all registered as GP trainers in the local area, with one of the partners having responsibility for the local rotation arrangements for GP registrars. Registrars are qualified doctors who have completed initial foundation training after qualifying and have embarked on the three year specialist training to be GPs. One of the partners was an examiner for the Royal College of General Practitioners. The GP partners' interest and involvement in medical education ensured they regularly had registrars at the practice. This was part of their strategy to attract new GPs.

There was a clear benefit to patients in the GP partners continuing to develop their own medical knowledge and developing a learning culture among staff. The registrar training also provided additional doctors to offer surgeries for patients following triage by one of the GP partners.

At the time of our inspection, the practice needed to employ locum GPs to meet patients' needs. They sought to get the best service from their locum GPs by providing a guidance booklet. We saw that this booklet included information about patient notes, referrals, investigations and prescribing. There were links to practice policies and guidance relating to local clinical services.

Following our discussions with staff in different roles, we concluded that the practice needed a strategic plan to recruit staff with the skills that would be needed in the medium and long-term in order to ensure the practice could continue to support patients in the area.

Governance Arrangements

The practice had a governance structure to provide assurance to patients and the local CCG that the service was operating appropriately. There were identified lead roles for areas such as infection control, complaints and incident management, and safeguarding. Lead responsibilities were shared between the practice manager, the GP partners and senior nurses. In one instance, the lead staff member for safeguarding was new to a role and we understood that work was in progress to develop the role and protocols for staff to follow within that specialism. The staff we spoke with were clear about leadership roles within the practice.

The practice held regular business and governance meetings. The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. QOF data was regularly discussed at governance, clinical and team meetings in order to maintain or improve outcomes for patients.

The practice had an ongoing programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example an audit of the care of patients with mental health problems made reference to the importance of using accurate codes in patient records to ensure the most appropriate clinical pathways were followed.

Leadership, openness and transparency

Staff told us that the GP partners and other managers were very approachable. They said that they met regularly with their own staff group and that staff meetings for the whole practice team were held every two or three months. Nursing and reception staff were particularly positive about the learning from their own team meetings.

Practice seeks and acts on feedback from users, public and staff

The practice undertook an annual survey of the quality of its services. The most recent survey included a focus on the changes to the appointments system and the introduction

Are services well-led?

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

of telephone triage for most patients and was available to view on the practice website. The GPs had reviewed the responses and knew that patients of working age in particular had reasons to find that the system did not meet their needs.

When we looked at the log of complaints, we saw that a third related to the changes in the appointments system. We recognised that the practice leadership team were reviewing how to improve the appointments system so that it met the needs of all patient groups.

Management lead through learning & improvement

We recognised that the GP partners and practice manager at Alton Street Surgery had experienced an increase in pressure during 2014. They had made the direct care of patients their priority. They had brought in changes to their appointment system which required patients to go through a telephone assessment with a GP, or 'triage' before an appointment was booked. The innovation had enabled the GPs to manage their services more efficiently. Most patients who responded to the practice questionnaire and who spoke with us were positive about the benefits of the new system.

The practice manager was open about some of their areas of work which had not received sufficient attention this year. The practice had delayed their review of significant events during 2014 and some staff appraisals had not taken place. They accepted that these were significant gaps which could have had implications for patient care. When we spoke with members of the staff team however, they were positive about the practice and their role within it. They told us they enjoyed their work and received good support from their line managers.

We asked a GP registrar who was completing specialist training at the practice about ways the GP partners and practice managers supported learning and improvement in the practice. The registrar described excellent clinical support with regular tutorials with the partner GPs. They told us they had access to the intranet which contained comprehensive clinical information to support their consultations with patients.