

Drs DP Diggle & RE Phillips

Quality Report

Church View Health Centre

South Kirkby

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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?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	5
The six population groups and what we found	7
What people who use the service say	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to Drs DP Diggle & RE Phillips	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs DP Diggle and RE Phillips' practice on 29 September 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well led care for all of the population groups it serves.

Specifically we found the practice to be outstanding for providing caring services for people with long term conditions and people whose circumstances make them vulnerable.

Our key findings were as follows:

- Patients' needs were assessed and individualised care was planned and delivered following best practice guidance. Staff had received training appropriate for their roles
- Staff understood and fulfilled their responsibilities in raising concerns and reporting incidents, near misses and identified safeguarding issues. There was a clear leadership structure and staff felt supported
- Risks to patients were identified, assessed and managed

- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- Access to appointments was good and same day appointments were available when needed
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment plans.
- The practice sought patient views how improvements could be made to the service through the use of patient surveys and friends and family test. Efforts were being made to establish a patient participation group (PPG)

We saw several areas of outstanding practice:

- The practice offered an in-house weight management programme facilitated by a trained member of staff. It could be demonstrated that this had resulted in positive outcomes for patients who had participated in terms of weight loss as well as lifestyle changes.
- The practice made use of e-consultations with secondary care for diabetic patients. The practice provided evidence that this approach had reduced the number of patients who needed to be seen in hospital outpatient clinics.

Summary of findings

- The practice had an established system of working with patients with multiple long term conditions where extended (30-40 minute) appointments were offered, any necessary blood tests were arranged in advance of the appointment, and blood test results were posted to the patient ahead of the appointment with an explanation of the significance of the findings.
- The practice staff had been trained as dementia friends and the practice was making practical changes to the layout of the building to accommodate the needs of patients suffering from dementia.
- The practice acted as a “Safer Place” providing signposting and information services for vulnerable people.
- Support was offered for people experiencing emotional difficulties through the use of the “Rightsteps” service which provided individual in-house counselling services as well as themed workshops which ran monthly.

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Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed and there were sufficient staff to keep patients safe. Staff had received appropriate training in safeguarding and there were systems in place to ensure that annual professional registration for staff was in place. There were effective processes in place for safe medicines management.

Good



Are services effective?

The practice is rated good for providing effective services. Our findings during inspection showed systems were in place to ensure all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines as well as other locally agreed guidelines. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any additional training needs had been identified and appropriate training planned to meet these needs. Annual appraisals and personal development plans were available for all staff. We saw evidence of working within multi-disciplinary teams.

Good



Are services caring?

The practice is rated as outstanding for providing caring services. All the patients we spoke with told us they were treated with compassion, dignity and respect by all members of the practice team. They were involved in decisions about their care and treatment. Information for patients about services available was easy to understand and accessible. Some patient information had been translated into Polish to accommodate the needs of Polish speaking patients. Two members of staff were trained in sign language and one member of staff was learning to speak Polish. All staff were trained as dementia friends and changes were being made to the layout of the practice to accommodate patients suffering from dementia. Patients with long term conditions were offered extended appointment times to manage their needs.

Outstanding



Summary of findings

effectively. Individual care planning was in use to allow for patient involvement in their treatment and care plans. We saw staff treated patients with kindness, respect and dignity and that confidentiality was maintained

Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with Wakefield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had good facilities and was well equipped to treat patients and meet their needs. The practice regularly sought patient feedback with regards to meeting the needs of specific patient groups for example diabetics, patients with weight management issues and patients with prostate problems. A comments box was available to patients and comments were regularly reviewed. All survey results were analysed six monthly and compared to previous results to guide service delivery. We saw evidence that complaints were handled in an open transparent way and that lessons were learned when appropriate. The practice had extended hours on a Tuesday evening and clinic sessions were staggered throughout the day to ensure that a clinician was always available for patients if needed. Ninety percent of appointments were pre-bookable. In addition a number of appointments were available on the same day. Urgent appointments were always available on the same day.

Good



Are services well-led?

The practice is rated good for providing well-led services. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure with delegated leadership responsibilities. Staff told us they felt supported by the leadership team and by all team members. The practice had a number of policies and procedures accessible to all to govern activity. There were systems in place to identify risk, monitor and improve quality. Staff had received inductions, they received regular performance reviews and attended staff meetings and staff learning events. Staff told us they would feel confident in raising concerns, providing feedback or making suggestions about the delivery of services.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions normally found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered a range of enhanced services, for example in dementia. It was responsive to the needs of older people and offered home visits and longer appointments when required. Two of the local nursing homes whose residents were patients at the practice told us that the practice provided a responsive, caring service to their residents, and that they kept nursing home staff fully involved in the provision of care and treatment.

Good



People with long term conditions

The practice is rated outstanding for the care of people with long term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Recall systems were in place for review appointments. Longer appointments were offered to co-ordinate the care of patients with more than one long term condition. When they were required blood tests and other investigations were organised ahead of the appointment so that results would be available during the consultation. Patients were provided with written details of test results before the consultation along with an explanation as to their significance. Patients with long term conditions were reviewed six to 12 monthly. The practice were early adopters of the Care Planning approach which actively encouraged patients to be involved in decision making about their care and treatment plans. The use of e-consultations for diabetic patients had been employed to offer advice and guidance for example about the management of insulin and correct injection technique. The practice provided evidence that this approach had reduced the number of patients needing to be seen in hospital clinics. For those people with the most complex needs the named clinician worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Outstanding



Families, children and young people

The practice is rated good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example children and young people who had a high number of accident and emergency (A&E) attendances. Where children were

Good



Summary of findings

identified as living in disadvantaged circumstances efforts were made to identify other family members who had contact with these children, so that relevant information could be shared between agencies to protect children. Appointments were available outside of school hours and the premises were suitable for children and babies. Baby changing facilities were provided and there was access to a private room for breastfeeding if required. Practice staff told us that young children were prioritised and seen on the same day if requested. Staff and patients told us children and young people were treated in an age-appropriate way and were recognised as individuals. The practice provided sexual health support and contraception, maternity services and childhood immunisations. Data showed immunisation uptake rates were comparable or higher than other practices within the locality

Working age people (including those recently retired and students)

The practice is rated good for the care of working age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure that these were accessible. For example the practice had extended hours on Tuesday until 8.30pm. Appointments were available with a practice nurse. The practice had introduced a quick read (QR) code to practice posters which provided hyperlinks to other websites, for example to the practice website. The practice also offered online appointment booking services, text messaging services, telephone triage/advice and a full range of health promotion and screening activities reflecting the needs of this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated outstanding for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances, including those who had a learning disability. Longer appointments were available as needed. Annual health checks were offered to those who had a learning disability. Carers were also identified and were offered an annual health check. Two of the practice staff were trained in sign language. Braille was used on all toilet signs to assist visually impaired patients, and door frames were painted a different colour to assist this group of patients. If required a receptionist would be available to assist patients with visual difficulties to reach consultation rooms. The practice was registered as a 'Safer Place' for those patients with autism, learning difficulties or dementia. Information about the service was clearly displayed in the waiting area. 'Safer Place' provided information about additional local services available to this group of patients, and signposted

Outstanding



Summary of findings

people as appropriate. The practice described how they were able to assist asylum seekers or those who had difficulty with reading or understanding English to complete practice information questionnaires or communicate with practice staff. The practice also provided food vouchers for homeless patients.

Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documenting of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice worked with multidisciplinary teams in the case management of this population group. One of the partners had a special interest in substance misuse and participated in the weekly drug and alcohol clinic which was held on site.

People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). Annual health checks were offered for these patients. The practice actively screened patients for dementia and maintained a register of those diagnosed. It carried out advance care planning for these patients. The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients who were experiencing poor mental health were given information about local voluntary organisations and support groups. The practice was supported in managing the needs of people experiencing mental health difficulties by 'Rightsteps'. This organisation offered individual counselling services on site for patients. In addition it ran monthly workshops on site addressing a range of emotional difficulties for example how to manage anxiety. Patients could self-refer or be signposted to the service by a clinician. All staff had received dementia friendly training and the practice had applied for additional funding from the CCG to help adapt the premises to meet the needs of this group of people. This included considering the layout of the practice such as seating positions and the provision of a clock in reception which included details of the day and date to reflect best practice guidance for this group of people.

Good



Summary of findings

What people who use the service say

Results from the NHS England GP patient survey published in July 2015 showed the practice was performing above local and national averages. There were 102 responses from the 294 forms distributed. This represents a 35% response rate representing 4% of the practice population. All the responses were rated higher than other practices located with Wakefield Clinical Commissioning Group (CCG) and nationally:

- 93% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 88% and national average of 87%
- 97% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%

- 89% described their experience of making an appointment as good compared to the CCG average of 73% and national average of 74%
- 86% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%
- 100% said the last appointment they got was convenient compared to the CCG average of 93% and national average of 92%

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 32 comment cards, all of which were very positive about the standard of care received. During the inspection we spoke with 8 patients who all told us they felt they were treated with dignity and respect, thought the practice was good and would recommend it to others.

Outstanding practice

- The practice offered an in-house weight management programme facilitated by a trained member of staff. It could be demonstrated that this had resulted in positive outcomes for patients who had participated in terms of weight loss as well as lifestyle changes.
- The practice made use of e-consultations with secondary care for diabetic patients. The practice provided evidence that this approach had reduced the number of patients who needed to be seen in hospital out patient clinics.
- The practice had an established system of working with patients with multiple long term conditions where extended (30-40 minute) appointments were offered, any necessary blood tests were arranged in advance of the appointment, and blood test results were posted to the patient ahead of the appointment with an explanation of the significance of the findings.
- The practice staff had been trained as dementia friends and the practice was making practical changes to the layout of the building to accommodate the needs of patients suffering from dementia.
- The practice acted as a “Safer Place” providing signposting and information services for vulnerable people.
- Support was offered for people experiencing emotional difficulties through the use of the “Rightsteps” service which provided individual in-house counselling services as well as themed workshops which ran monthly.

Drs DP Diggle & RE Phillips

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, a practice manager specialist advisor and a second CQC inspector.

Background to Drs DP Diggle & RE Phillips

Drs Diggle and Phillips' practice is located in South Kirkby, a small town situated between the larger cities of Wakefield and Pontefract. The practice is co-located with another practice in Church View Health Centre.

The practice is based in a modern purpose built health centre. They have 3854 registered patients who are predominantly white English. The practice provides Personal Medical Services (PMS) under a contract with NHS England. They offer a range of enhanced services such as extended hours access to appointments and brief intervention services for those patients identified as drinking alcohol at increasing or higher risk levels.

The practice has two GP partners, one male, one female. There are three practice nurses, one nurse practitioner and one health care assistant (HCA). The clinical team is supported by a practice manager, an assistant practice manager as well as reception and administrative staff.

The practice catchment area is classed as being within the group of the third more deprived areas in England. The age profile of the practice population shows a higher than average percentage of the 40-74 year age group.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available throughout the day as the two GP partners stagger their availability to meet patient need. Extended hours surgeries are offered on Tuesday up to 8.30pm for pre-booked appointments.

Diabetes, asthma, heart disease, well woman and baby clinics are run every week. Additional services are provided on site by external agencies for example ultrasound screening and hearing testing. Out of hours care is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service.

Drs Diggle and Phillips is registered to provide diagnostics and screening procedures, family planning, surgical procedures, treatment of disease disorder or injury and maternity and midwifery services.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at 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 or data throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) or national GP patient survey details, this relates to the most recent information available to CQC at that time

Detailed findings

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Wakefield Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) national GP survey, Friends and Family test information and feedback on NHS choices. In addition we contacted two local nursing homes whose residents were registered with the practice:

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

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

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

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

We carried out an announced visit on 29 September 2015. During our visit we spoke with both GPs, two practice nurses, the nurse practitioner, the health care assistant, practice manager, assistant practice manager, medicines optimisation representative and one receptionist. In addition we spoke with a district nurse who worked closely with the practice. We also spoke with eight patients and received 32 comment cards. We observed communication and interaction between staff and patients, both face to face and on the telephone in the confidential area behind the reception area. We reviewed the comment cards where patients and members of the public shared their views and experience of the service.

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 or assistant practice manager of any incidents. An analysis of the significant events was carried out and actions or learning identified was cascaded to the practice staff. For example it was discovered that incorrect data had been entered into a patient's record. The incident had been reported, the necessary amendments made and lessons learned cascaded to all staff to be vigilant when entering patient details onto records.

Safety was monitored using information from a range of sources, including National Patient Safety Alerts (NPSA) and National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice could demonstrate its safe track record through the risk management systems that were in place for safeguarding, health and safety, infection prevention and control, medicines management and staffing. NICE guidance and most relevant policies and procedures were accessible to staff on the practice's electronic system.

- Arrangements which reflected relevant legislation and local requirements and policies to safeguard adults and children from abuse were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We saw safeguarding flowcharts in all consulting rooms. Staff demonstrated they understood their responsibilities and had received training relevant to their role. One of the GPs was the safeguarding lead for the practice. A monthly safeguarding meeting was held with the health visitor linked to the practice to discuss children and families at risk of harm
- A notice was displayed in all examination rooms advising patients that a chaperone was available if required. All staff who acted as chaperones had been trained for the role and had received a Disclosure and Barring Service (DBS) check. These 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. Clinicians recorded in the patient's electronic record when a chaperone was offered and whether one was present.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was an up to date health and safety policy in place. The practice had up to date fire risk assessments and fire equipment was regularly checked and logged. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Further risk assessments were in progress and new risk assessments were completed as new potential risks were identified for example when a new television had been fitted to the waiting area.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The nurse practitioner was the designated infection prevention and control (IPC) lead, who kept up to date with best practice. There was an IPC policy in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence action was being taken to address any improvements identified as a result for example new shelves were to be fitted to the cleaners' store room to prevent the need to store items on the floor. The practice had carried out Legionella risk assessments and regular monitoring.
- There were arrangements in place for managing medicines, such as emergency drugs and vaccinations. We saw records to confirm this, which included expiry date checks and vaccine refrigerator temperature readings. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Regular medication audits were carried out with the support of the local medicines optimisation team to ensure that the practice was prescribing in line with best practice guidelines for safe prescribing. A member of the medicines optimisation team worked with the practice one day a week. The practice were able to demonstrate through the use of medicines audits that antibiotic and hypnotic (medicines to reduce anxiety symptoms and sleeping difficulties) prescribing patterns had been improved and that the practice was continuing to look at other prescribing patterns.

Are services safe?

- Recruitment checks were carried out and the four files we sampled showed appropriate checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the relevant professional body where appropriate and the appropriate checks through the disclosure and barring service (DBS).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure enough staff were on duty.
- During our inspection we noted that a box for patients to deposit their repeat prescription requests was transparent, allowing patient details to be seen by those approaching the reception area. We pointed this out to the practice and within two days were advised that a replacement, opaque box had been ordered for this purpose.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment room which alerted staff to any emergency. All staff had received annual basic life support training and there were emergency medicines available in the secure area behind reception which was accessible to staff but not to patients. All the medicines we checked were in date and fit for use. On the day of the inspection we identified that the practice did not have a stock of benzylpenicillin (an emergency drug used to treat suspected meningitis). This omission was pointed out to the practice and we received notification within two days that this medicine had been added to the emergency drug stock as well as an alternative for those patients allergic to penicillin. There was a defibrillator on the premises. Oxygen was shared with the practice directly adjacent to Drs Diggle and Phillips' practice, which was easily accessible via their shared waiting area. Adult and paediatric oxygen masks were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems in place to ensure all clinical staff had access to up to date guidelines from NICE, Wakefield CCG and local disease management pathways. Clinicians carried out assessments and treatments in line with these guidelines and pathways to support delivery of care to meet the needs of patients. Staff told us they kept up to date with their own areas of specialism and would share any updates with their colleagues at their regular clinical meetings. One of the practice nurses was instrumental in providing education, leadership and guidance to the wider CCG area with regards to treatment pathways for diabetes. The practice monitored clinical guidelines through the use of audits, patient reviews and risk assessments.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. Information collected for the QOF and performance against national screening programmes was used to monitor outcomes for patients. Current results were 96.3% of the total number of points available. The exception reporting rate was 8.4% which was higher than the CCG average. Exception reporting rates allows for patients who do not attend for reviews or where certain medications cannot be prescribed due to a side effect to be excluded from the figures collected for QOF. The QOF data from 2013/14 showed:

- Performance for diabetes related indicators was 83.% which was lower than the CCG and national averages
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was higher than CCG and national averages
- Performance for mental health related indicators was 100% which was higher than CCG and national averages

The practice offered a 12 week weight reduction programme which was facilitated by one of the practice nurses. The programme included nutritional advice, advice on exercise and activity as well as identifying triggers for eating. The practice could demonstrate that 85% of recent participants had lost weight. In addition patients we spoke to on the day told us that they were maintaining the

lifestyle changes and beginning to influence friends and family to change their eating and activity habits. The World Health Organisation (WHO) has demonstrated that people who are overweight have a greater risk of type two diabetes, high blood pressure, coronary heart disease, stroke and several other health conditions.

Effective staffing

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

- The practice had an induction programme for newly recruited staff, both clinical and non-clinical, which covered such topics as fire procedures, health and safety and confidentiality
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of development needs. Staff had access to appropriate training to meet their needs and to cover and extend the scope of their work. This included ongoing support during clinical sessions, appraisals, clinical supervision and support for the revalidation of doctors.
- Staff received training that included safeguarding, basic life support an information governance awareness. Staff had access to and made use of training modules in-house and external training as well as training opportunities facilitated by the CCG.

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 patient record system and intranet system. Risk assessments, medical records and test results were available to staff during consultations. The practice was an early adopter of the care planning approach which was utilised widely to promote patient involvement in decision making about their care and treatment. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together as a team and with other health and social care services to analyse and meet the needs of patients with more complex needs, to assess and plan ongoing care and treatment. This included when people moved between services, including after admission to hospital and after discharge. Staff meetings were held weekly. Multidisciplinary staff meetings with

Are services effective?

(for example, treatment is effective)

community staff were held monthly. The GP safeguarding lead had a monthly meeting with the health visitor and quarterly palliative care meetings were held to include the district nurses and macmillan nurse.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision making requirements of legislation and guidance including the Mental Capacity Act 2015. When providing care and treatment for children and young people 16 years and under, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment without the need for parental consent or knowledge. Staff were able to give clear examples of occasions when a patient's mental capacity to consent to care or treatment was unclear how the GP or nurse assessed the patient's capacity and where appropriate recorded the outcome of the assessment. A coding system was in place to help clinicians identify this group of people.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of

developing a long term condition and those requiring advice on their diet, smoking or alcohol intake. Smoking cessation, weight management, drug and alcohol services were all available at the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85% which was higher than the national average of 82%. Patients who did not attend for their cervical screening were followed up by a telephone call or a letter. The practice also encouraged patients to attend national screening programmes for bowel, prostate and breast cancer screening.

Childhood immunisation rates were at or above CCG averages. For example immunisation rates for the vaccinations given to under two year olds ranged from 87.5% to 100% and those for five year olds ranged from 82.2% to 100%. Flu vaccination rates for the over 65 year old age group were 74% which was slightly higher than the national average and for at risk groups were 55% which was also slightly higher than the national average.

Patients had access to appropriate health assessments and checks. These included checks for new patients and for people aged 40-74. Appropriate follow-ups on the outcomes of health assessments were made where risk factors or abnormalities were identified. Patients over 75 were offered an annual health check which included a medication review. People who were identified as carers were also offered an annual health check, and a flu vaccination was offered.



Are services caring?

Our findings

:

Respect, dignity, compassion and empathy

We observed throughout the inspection members of staff were courteous and very helpful to patients both in person at the reception desk and on the telephone in the confidential area behind the reception. People were treated with dignity and respect. Separate examination rooms were provided adjacent to consulting rooms where examinations were carried out. Curtains were provided in examination rooms so privacy and dignity was maintained during examinations, investigations and treatments. We noted consultation rooms were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Patients' toilets had additional signage in Braille to assist those patients who were visually impaired. The practice provided food vouchers for those in need. Patients who presented to the practice in need were provided with an authorised food voucher which was exchanged for basic food and toiletries at a local food bank.

All of the 32 CQC patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and all staff were helpful and caring and treated them with dignity and respect. Comment cards highlighted staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and this was with compassion, dignity and respect. The practice was higher than CCG and national averages for its satisfaction scores on consultation with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared with the CCG average of 89% and national average of 89%
- 93% said the GP gave them enough time compared with the CCG average of 88% and national average of 87%

- 98% said they had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 96% and national average of 95%
- 88% said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 86% and national average of 85%
- 97% said the last nurse they saw or spoke to was good at treating them with care and concern compared with the CCG average of 90% and national average of 90%
- 95% said they found the receptionists at the surgery helpful compared with a CCG and national average of 87%

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. The practice was an early adopter of the care planning approach which actively encouraged patient decision making in planning their own care and treatment. Patients who had long term conditions were offered extended (30 to 40 minute) appointments to discuss all their health issues in one appointment. When tests were required, the tests were ordered in advance of the patient's appointment, and results were posted out to the patient before their appointment date, giving a full explanation of the significance of their results. This enabled the patient to make informed decisions about their care and treatment options.

Patients we spoke with on the day were very enthusiastic about the standard of care provided by the practice. Two people told us they had encouraged friends and family to register at the practice and leave their existing practice. Other patients told us they had remained registered with the practice despite having moved house and being closer to alternative practices. Patients described the practice as 'more like a friend than a GP practice' and told us that the GP would routinely make telephone calls to check out a patient or family members' progress following an episode of ill health or following surgery. Patient feedback on the comment cards we received was also very positive and aligned with these views.



Are services caring?

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

- 88% said the last GP they saw or spoke to was good at explaining tests and treatments compared with the CCG and national average of 86%
- 93% said the last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG and national average of 81%

Staff told us interpreting services were available for patients who did not have English as a first language. The practice had translated a leaflet detailing the Friends and Family Test (FFT) into Polish. In addition two of the practice staff were able to use sign language and one member of staff was learning to speak Polish to assist with communication with this group of patients. The practice staff told us they would assist any patients having difficulty in completing registration forms and other important documents. Telephone interpreting services were available when needed.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted staff if a patient was

also a carer. There was a practice register of carers. Carers were supported by being offered an annual health screening check which included a flu vaccination. They were also signposted or referred to support organisations if required.

Patients who were experiencing poor mental health were given information about local voluntary organisations and support groups. The practice was supported in managing the needs of people experiencing mental health difficulties by 'Rightsteps' This is a programme offered through the CCG as part of their mental health support services. This organisation offered individual counselling services on site for patients. In addition it ran monthly workshops on site addressing a range of emotional difficulties for example how to manage anxiety. Patients could self-refer to this service or be referred by a clinician. The practice was registered as a 'Safer Place' for those patients with autism, learning difficulties or dementia. Information about the service was clearly displayed in the waiting area. 'Safer Place' provided information about additional local services available to this group of patients, and signposted people as appropriate.

Staff told us that a system was in place to ensure that recently bereaved patients were identified. Actions taken as a result of this bereavement was decided on an individual case by case basis to decide the most appropriate action to take, which may include a phone call, a home visit or liaison with other support agencies.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and improve outcomes for patients in the area. For example they were working with the local medicines optimisation team to monitor and evaluate prescribing patterns to ensure that patient need was effectively met and to reduce wastage of medicines.

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

- Text messaging systems were used to remind patients about appointments and other services and quick read (QR) codes had been included on practice posters to provide hyperlinks to other websites, for example the practice website
- Longer appointments were offered for patients who had long term conditions and those patients who had a learning disability
- Urgent access to appointments was available for children and patients with serious medical conditions and home visits were provided if needed
- Access to all areas of the premises for patients with mobility problems was provided. Baby changing facilities and a room for breast feeding mothers was available

Access to the service

The practice was open Monday to Friday from 8am to 6.30pm with a late night opening on Tuesday for appointments with the practice nurses until 8.30pm. Out of hours calls were dealt with by the NHS 111 service under an agreement with Local Care Direct.

Appointments with GPs and the advanced nurse practitioner were available from 8am to 6.30pm Monday, Wednesday, Thursday and Friday. Practice nurse appointments were available Monday to Friday between 8am and 6.30pm and on Tuesday evening until 8.30pm.

Results from the national GP patient survey showed patient satisfaction with how they could access care and treatment was higher than local and national averages. People we spoke with on the day told us they were able to get appointments when they needed them. For example:

- 86% of patients were satisfied with the practice's opening hours compared with the CCG average of 76% and national average of 75%
- 89% of patients said they could get through easily to the surgery by phone compared with the CCG average of 72% and national average of 73%
- 89% of patients described their experience of making an appointment as good compared with the CCG and national average of 73%
- 86% of patients said they usually waiting 15 minutes or less after their appointment time compared with the CCG average of 71% and national average of 65%

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. It's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice as well as a clinical lead person (GP) who dealt with clinical complaints.

We saw information was available to help patients understand the complaints system in the practice leaflet and on the practice website. Patients we spoke with told us they were aware of the process to follow if they wished to make a complaint. We noted that no posters were in place advising patients how to make a complaint. Complaint leaflets were available on the front desk and a message relating to how to make a complaint appeared on a television screen which provided practice and health information on a rolling basis. We advised that a complaints poster might provide more immediate information to all patients and the practice agreed that this would be reviewed.

We looked at four complaints received in the last 12 months and found they were handled in line with practice policy and dealt with in a timely way. We were able to see openness and transparency in the way the complaints had been handled. We noted the Parliamentary Health Service Ombudsman details were included in the complaint response letters.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Lessons learnt were shared with all staff at an annual complaints meeting

Are services well-led?

Good 

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

Our findings

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Vision and strategy

The practice had a clear vision which was to provide high quality patient centred care. Staff spoke enthusiastically about working at the practice and told us they felt valued and supported to develop professionally. They told us their role was to provide individualised care to patients. The practice had a system of regular meetings which contributed to the cohesion of vision and values. The patients comments we heard and read aligned with this.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were accessible to all staff
- All staff were aware of and understood the performance of the practice
- A system of continuous clinical and internal audit used to monitor quality and make improvements
- Patient feedback was sought proactively and patients were engaged in the planning and delivery of services
- The GPs were supported to address their professional and revalidation needs and all staff were supported through a robust appraisal process to encourage innovation and develop professionally

Leadership, openness and transparency

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

Staff told us regular team meetings were held. Staff told us they felt able to raise any issues in team meetings or as

they arose during normal working hours. They told us they felt respected, valued and supported by the leadership team. All staff were involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients, proactively seeking feedback and engaging patients in the delivery of the service. Patient feedback had been sought during the planning stages for the new build surgery and currently efforts are being made to establish a patient participation group (PPG). The practice were considering aligning with their neighbouring GP practice in establishing a PPG so that issues common to both practices could be addressed collaboratively.

Feedback was also gathered from staff generally through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or management. Staff and patients told us they felt involved and engaged in how the practice was run and services were delivered.

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Innovation

The practice had a culture of encouraging and promoting innovative practice by all staff. They were delivering a 12 week diet, lifestyle and weight management programme which was designed to prevent the onset of chronic diseases associated with obesity. It could be demonstrated that 85% of recent participants had lost weight and comments we heard from two patients indicated that it had brought about more sustainable lifestyle changes.

One of the practice nurses is a recognised expert in diabetes and has developed and delivered training throughout England and internationally.