

Drs B D O'Connor & J A Topping

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs B D O'Connor & J A Topping, known locally as Greenbank Drive Surgery On the 21 January 2016. Overall the practice is rated as good.

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

- Systems were in place to ensure incidents and significant events were identified, investigated and reported. All staff were aware of what constituted a significant event and they fulfilled their responsibilities to raise concerns and to report incidents. Information about safety was recorded, monitored and appropriately reviewed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was readily available in document form for patients. Clear complaint procedures were in place, monitored and reviewed.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was clean and well maintained.
- There were sufficient numbers of staff with the right competence, knowledge, skills, qualifications to meet the needs of patients.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. Monitoring systems were in place.

There were areas where the provider could make improvements and they should:

Summary of findings

- According to current external guidance and national standards, practices should be encouraged to have defibrillators.

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 as good for providing safe services. There was a system in place for reporting and recording significant events. We found that where unintended or unexpected safety incidents had occurred, patients received reasonable support information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Risks to patients were assessed and well managed. There were infection control policies and procedures in place, staff were aware of their responsibilities in relation to these. There were safe systems in place for the management of medicines. The practice did not have a defibrillator for use in an emergency situation.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to

Good



Summary of findings

secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings. The partners encouraged a culture of openness and honesty. The practice had systems in place for recording and reporting notifiable safety incidents. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice had taken part in both the Dementia Enhanced Service offering dementia screening and the Avoiding Unplanned Admissions Direct Enhanced Service mainly focusing on older patients. Recently the practice held a coffee morning for Macmillan Cancer Care raising money and reaching out to patients who may be more vulnerable and isolated.

Good



People with long term conditions

The practice is rated as good 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. The practice had recently started working alongside a specialist diabetic nurse to monitor the care given to these patients. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. This includes access to a health trainer who runs clinics at the practice on a weekly basis.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice had a moderately-sized population of asylum seekers on their registered list. Staff understood the difficulties this vulnerable population group can face and they made it a priority to provide a compassionate, open and non-judgmental environment for these patients. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). All of the patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff received training on how to care for people with mental health needs and dementia. The

Summary of findings

practice had a good working relationship with the local Mental Health Liaison Nurse, validating the disease registers and providing physical health checks. Recently two medical students at the practice had produced a leaflet signposting patients to the available resources for common mental health conditions. This was regularly given out by doctors in consultations and copies were available in both waiting rooms.

Summary of findings

What people who use the service say

The results from the National GP Patient Survey results published in January 2016 showed the practice was performing above local and national averages. There were 324 survey forms were distributed and 103 were returned, this is a completion rate of 32% and represents 2.2% of the practice patient population. The survey results were higher than the local and national figures. For example:

- 96% found it easy to get through to this surgery by phone, (CCG average of 75%, national average of 73%).
- 90% found the receptionists at this surgery helpful (CCG average 88%, national average 87%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).

- 99% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 77% described their experience of making an appointment as good (CCG average 76%, national average 73%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards and spoke with four patients during the inspection. All were positive about the standard of care received. Patients commented positively about access to GP appointments, the friendliness of reception staff, the caring nature of GPs and all staff and how well their needs had been met.

Areas for improvement

Action the service **SHOULD** take to improve

According to current external guidance and national standards, practices should be encouraged to have defibrillators.

Drs B D O'Connor & J A Topping

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Drs B D O'Connor & J A Topping

Drs B D O'Connor & J A Topping (known locally as Greenbank Drive Surgery) is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for 4573 patients living in the centre of Liverpool which has a higher than average level of deprivation. The practice has three GP partners, both male and female and is a training practice for trainee GPs. The practice had two practice nurses, a practice manager, and administration and reception staff. The practice holds a General Medical Services (GMS) contract with NHS England.

The practice is open 8am - 6.30pm on weekdays. Morning surgeries operate on an open-access system starting at 9am. Any patient arrived by 10am is guaranteed to have a doctor's consultation that morning. Afternoon appointments are pre-bookable between 3.30pm and 6.20pm daily. There are also urgent appointment slots reserved for emergencies on a daily basis in the afternoon. There are bookable nurse appointments offered throughout the day. The practice treats patients of all ages and provides a range of primary medical services. The practice is part of Liverpool Clinical Commissioning Group

(CCG). The practice population has a higher than national average patient group aged 25 to 45 years. The practice provides a service for temporary patients who are staying in the city as short stay asylum seekers.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 January 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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)

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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. All staff were engaged with the process and regularly completed the forms to report such events. The practice carried out a thorough analysis of the significant events on an annual basis. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when staff had encountered a violent and aggressive patient this was reviewed as a significant event. All staff were reminded of the practice policy for responding to such patients, refresher training was done by staff and they were reminded what and what not to do in such circumstances.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS

check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The treatment room and consulting rooms had recently had a new floor. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

Are services safe?

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. A risk assessment was shown to support the practice decision not to undertake a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This showed that the risks were low and being appropriately managed.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises, a risk assessment was shown to the inspection team on the day of the visit. The practice had recently purchased oxygen equipment with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.6% of the total number of points available, with 5.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- Performance for diabetes assessment and care was generally similar to or slightly above or below the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% compared to 88% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 77% compared to 78% nationally.
- Performance for mental health assessment and care was similar to or slightly above the national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to 88% nationally.

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was slightly lower at 75% compared to 81% nationally.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 91% compared to 89% nationally.

There were areas where the practice needed to make improvements and they were aware of these as follows:

- The ratio of reported versus expected prevalence for Coronary Heart Disease
- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD)

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Generally they were carried out annually and there was a cycle in place to repeat audits within the 12 month cycle. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example a completed audit for the management of COPD patients was undertaken the objective was to review practice after they had implemented the clinical guidelines for COPD (respiratory disease), with the aim of reducing hospital admission. The practice in particular wanted to look at the impact of prescribing a 'rescue' pack of medications for patients when they had an exacerbation. Although the GPs were satisfied with the results of the audit they identified that further changes were needed to improve the uptake of these packs. The GPs told us that they shared the outcome of audits with other GPs at the practice to contribute to continuous learning and improvement of patient outcomes.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, cancer, alcohol and drug misuse, dementia, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training

Are services effective?

(for example, treatment is effective)

up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. For example, the practice had monthly multi-disciplinary meetings to discuss the needs of patients with complex needs, quarterly palliative care meetings and bi-monthly meetings with the health visiting service to discuss the needs of younger children. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Effective staffing

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

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw that patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was slightly lower at 75% compared to 81% nationally. They were aware of this and the practice had a policy to

Are services effective?

(for example, treatment is effective)

offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages.

The practice provided information to patients via their website and in leaflets and information in the waiting area about the services available. The practice also provided patients with information about other health and social care services such as carers' support. Staff we spoke with were knowledgeable about other services, how to access them and how to direct patients to relevant services.

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were all offered an annual health check. The IT system prompted staff when patients required a health check such as a blood pressure check and arrangements were made for this.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; 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.

All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Different staff groups were referred to as helpful, supportive and caring. We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Data from the National GP Patient Survey published in January 2016 showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about or above average when compared to local and national averages for example:

- 84% said the GP was good at listening to them (CCG average of 90%, national average of 89%).
- 84% said the GP gave them enough time (CCG average 90%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).

- 90% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

Data from the National GP Patient Survey January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally in line with or above local and national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 84% , national average 82%)
- 96% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% , national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Written information was available to direct carers to the various avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed and responded to the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example:

- They provided a service to patients who were asylum seekers and vulnerable people new to the area. We heard that the practice faced a number of challenges when providing support to this population group. Some patients needed support urgently because they had complex physical and psychological health needs and this had to be accommodated by the practice at short notice. We heard that a third party was therefore sometimes required to aid communication and staff often used translation services for this.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice worked closely with the local Mental Health Trust community liaison worker to meet the needs of patients
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for
- Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.
- The practice staff had attended training on promoting the equality and diversity of patients.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 9am to 6.30pm daily. In

addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice also had an open access system each morning and patients spoke positively to us about this.

Results from the National GP Patient Survey published January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 81% of patients were satisfied with the practice's opening hours (CCG average of 73%, national average of 75%).
- 96% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 90% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 59%).

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system including a complaints leaflet and posters in the patient waiting area. We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. The records showed openness and transparency with dealing with the complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff. A comprehensive understanding of the performance of the practice was maintained. A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice had systems in place for knowing about notifiable safety incidents.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued

and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example disciplinary procedures, induction policy and management of sickness which were in place to support staff. We were shown the staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. This included newly recruited staff who spoke positively about their induction process. The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group had made suggestions about a number of issues such as improving the patient information booklet, updating patient information and these had been acted upon. We heard the practice manager worked hard to support the group and always listened and implemented their suggestions. On the day of the inspection we were shown a new patient information leaflet that had been developed by a PPG member. It was an easy read version and had useful and detailed information about the practice in a pictorial and easy to read design.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for the last three months showed that a high number of patients would recommend the practice to family and friends.

Are services well-led?

Good 

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

The practice held regular staff meetings during which time they gathered the view of staff alongside their regular processes of staff appraisals and daily discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. To prepare staff to meet the needs of patients they were supported with training such as dementia care training. Specialist nurses were visiting the practice to talk about how the practice might support patients with dementia and their families better. The practice worked closely with the local Mental Health Nurses to continually review the needs of this population group to ensure continuous improvements in their care.