Oldfield Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oldfield Surgery on 16 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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 available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The provider should ensure the new protocol and logging system they had implemented to reduce the potential of prescription paper misuse is sustained.
- The practice should develop and implement an overall practice policy and audit process for the medicines kept in GPs bags used on home visits.
- The practice, even when they have been checked, should retain copies of proof of identity for new employees.

Summary of findings

- The practice should ensure documentary evidence is kept to show that an overall health and safety risk assessment process had been carried out on both practice locations.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They 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 patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The provider should ensure the new protocol and logging system they had implemented to reduce the potential of prescription paper misuse is sustained.
- The practice should develop and implement an overall practice policy and audit process for the medicines kept in GPs bags used on home visits.
- The practice, even though they have been checked, should retain copies of proof of identity for new employees.
- The practice should ensure documentary evidence is kept to show that an overall health and safety risk assessment process had been carried out on both practice locations.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was delivered in a coordinated way.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice operated a 'to be seen on the day' daily appointment system. This appointment system was available to patients twice a day between 8.30am to10.30am and each afternoon between 2pm to 4pm.
- The practice sent text message reminders of appointments and test results to patients in order to prevent patients missing their appointments or to inform them if they needed to call the practice to obtain test results.
- The practice offers online booking for appointments.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people with a condition other than cancer and people living with a diagnosis of a dementia.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led.

- The practice 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 it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older people and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older people who may be approaching the end of life. It involved older people in planning and making decisions about their care, including their end of life care.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients living in nursing homes had named GPs and had regular visits to ensure they received the most appropriate care and treatment.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

- There were systems 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. Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 reflects 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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).

Summary of findings

- The practice had a system for monitoring repeat prescribing for people receiving medication for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- People at risk of dementia were identified and offered an assessment.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with a diagnosis of a dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. 256 survey forms were distributed and 119 were returned. This was a 47 % response rate.

- 88% of patients found it easy to get through to this practice by phone compared with the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared with the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who had just moved to the local area compared with the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards of which 32 were all positive about the standard of care received. We had eight cards with mixed comments which were overall good but highlighted patients concerns about accessing appointments specifically emergency appointments. Two patients had rated the practice poor; one was in regard to clinical care and the access to appointments.

We spoke with one patient during the inspection who told us they were satisfied with the care they and their family received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- The provider should ensure the new protocol and logging system they had implemented to reduce the potential of prescription paper misuse is sustained.
- The practice should develop and implement an overall practice policy and audit process for the medicines kept in GPs bags used on home visits.
- The practice, even when they have been checked, should retain copies of proof of identity for new employees.
- The practice should ensure documentary evidence is kept to show that an overall health and safety risk assessment process had been carried out on both practice locations.

Oldfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Oldfield Surgery

Oldfield Surgery; this is located in a residential area of Bath. They have approximately 11,344 patients registered.

The practice operates from two locations:

The registered/ main surgery:

Oldfield Surgery

45 Upper Oldfield Park

Bath

BA2 3HT

And provides a clinic at:

Sainsbury's

Green Park Station

Green Park Rd

Bath

BA1 2DR

Oldfield Surgery is situated in a purpose built building that has been adapted overtime to accommodate the rise in the number of patients moving into the area and the services required. The practice shares the building with a dentist and independent pharmacy. There is a ground floor wing to the main building where the practice partnership provide non NHS services which included an independent travel clinic, a laser aesthetic clinic, and a minor skin surgery clinic. The practice hosts a beauty and holistic therapist, and a complementary therapist. The practice has a dedicated area to run clinical trials which is separate from the main patient areas. There are consulting rooms, treatment rooms, reception and waiting rooms on the ground floor. On the first floor there are offices, staff kitchen and areas for storage. There is patient parking to the front of the building.

The practice is provided by a partnership of four GP partners with two salaried GPs, four male and two female. The practices core team of employed staff including nurse practitioner, a specialist diabetes nurse, a research nurse, three treatment room nurses and two health care assistants. The practice had recently employed a new practice manager and the whole team are supported by the team of senior reception staff, reception staff, administrators, secretaries and a member of staff for maintenance. The practice partnership provided non NHS services which included an independent travel clinic, a laser aesthetic clinic, and a minor skin surgery clinic. The practice hosted a beauty and holistic therapist, and a complementary therapist.

Oldfield Surgery is open from 8am until 6pm, Monday, Wednesday and Friday, Tuesday and Thursdays from 7.30am until 6pm. On Saturdays the practice is open from 8am until 12 midday. Appointments are available from 8am to 6pm, Monday and Wednesday, on Fridays from 8am until 5.30pm. On Tuesdays and Thursdays appointments are available from 7.30 to 6pm. On Saturdays from 8.30am to 11.30 am pre-booked appointments were available for people who could not attend during the week. Urgent

appointments were available each day between 8.30 am and 10.30 am and again between 2pm and 4pm each day. The Sainsbury clinics run on a Tuesday 8.30am to 10.30am and on a Thursday 1pm to 3pm.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access for patients, children in the area were able to benefit from receiving childhood immunisations, the assessment and provision of services for patients living with dementia and were involved in the unplanned hospital admission avoidance scheme.

The practice does not provide out of hour's services to its patients, this is provided by B&NES Urgent Care (BDUC). Contact information for this service is available in the practice and on the practice website.

Patient Age Distribution

0-4 years old: 4.5% (the national average 5.9%)

5-14 years old: 9.7% (the national average 11.4%)

Under 18 years old: 17.8% (the national average 20.7%)

65-74 years old: 15.6% (the national average 17.1%)

75-84 years old: 7.3% (the national average 7.8%)

85+ years old: 2.3% (the national average 2.3%)

Other Population Demographics

% of patients with a long standing health condition is 54.3% (the national average 54%)

% of patients in paid work or full time education is 71.8% (the national average 61.5%)

5% of the practice population was from a Black and Minority Ethnic background.

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2015 (IMD): is 12.2 (the national average 21.8). The lower the number the more affluent the general population in the area, is.

Income Deprivation Affecting Children (IDACI): is 11.6% (the national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): is 13.7% (the national average 16.2%)

Why we carried out this inspection

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 September 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, management and administration staff and spoke with a patient who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people

Detailed findings

- 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.

Good

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. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence from the records relating to significant events and complaints that
- From other evidence we reviewed we found that the practice usually carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was information to show that significant events were routinely discussed at meetings. One significant event where a patient on blood thinning medicines used to prevent cardiac and vascular problems had been prevented being provided with their prescription because they did not attend an appointment to check their wellbeing. This prevented the patient obtaining their treatment in a timely way and had the potential of causing a stroke or heart problems. The practice changed their protocol and now ensured that regular prescriptions such as these are processed as urgent so that patients can continue with their treatment without risks occurring.

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. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child 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 (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 most areas of the premises to be clean and tidy. We did observe dust at high levels in one of the treatment rooms, lockers in the staff room and in the accessible toilet. We also noted that appropriate care had not been taken in regard to the storage and care of mops and buckets in the cleaning cupboard. The practice employed a cleaning company to provide this service. These observations were passed to the practice manager during the inspection for their attention. One of the practice nurse's 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 and regular audits of the cleaning service were undertaken. We saw evidence that action was taken to address any improvements identified as a result in the infection control audits.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We did note from discussion and a review of the repeat prescribing process that the pharmacy team oversaw the issuing of a repeat prescription, using the first date of review of the first medicine listed as the date

of the last review. We reviewed a sample of three repeat prescriptions. It was not clear in patient's records we had reviewed that all of the patient's medication was reviewed in a timely way by clinicians. This was because the last review dates varied from the first medicine listed. Through discussion with GPs and reviewing aspects of patients notes it was evident that patient's whole medicine regime was reviewed by the clinician. However, this was not always recorded effectively in the patient records so that there was a clear audit trail. 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. Blank prescription forms and pads were securely stored and there were some systems to log their receipt into the practice. However, there was no recorded system in place to monitor their use. Clinicians collected prescription form paper at the start of the day and returned it to be stored safely at the end of the day but there was no tracking system to record to whom or where they were taken. Following the inspection we were informed by the practice of the new protocol and logging system they had implemented to improve the audit trail of prescription paper. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We were informed that GPs held the responsibility for their doctor's bags including which medicines they took out with them on visits to patient's home, which varied to each GPs personal choice. The medicines in these doctor's bags were all in date. However, there was no overall practice policy or audit process for these.
- We reviewed two personnel files and information obtained about the locum GPs used at the practice and found
- The practice demonstrated how they encouraged uptake of the national screening programmes, including bowel, cervical and breast cancer by using information in different languages and for those with a learning disability. There was a policy to offer reminders for patients who did not attend for their cervical screening test. 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 some procedures in place for monitoring and managing risks to patient and staff safety. However, the newly appointed practice manager told us they were still in the process of establishing what was in place, where records were kept and what was required to be completed. There was a health and safety policy available with a poster in the reception office for staff to follow. However, the new practice manager had experienced difficulty in recovering information held at the practice as documents had been stored either electronically or in paper version. At the time of the inspection or following there was no documentary evidence the overall health and safety risk assessment process had been revisited since 2005. Likewise a risk assessment process, including for infection control, had not been carried out on the satellite service at Sainsbury's since it was initiated in 2011. The practice had up to date fire risk assessments and carried out regular fire drills at the main practice premises. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 enough staff were on duty. We were told the practice rarely used locum GPs as most absences or gaps were covered by the clinicians at the practice.

Arrangements to deal with emergencies and major incidents

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

Good

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. They had also written into the plan the safe transfer of vaccines to another practice. The plan included emergency contact numbers for services, contractors and for staff.

Good

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 patients' 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 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. We did note that most of the domains for QOF were similar to other practices both locally and nationally. However, the domain for cervical screening was 2.5% which was below the CCG and national average of 6%.

Data from 2014/2015 showed:

- Performance for diabetes related indicators were at or below the national averages. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 85%; the clinical commissioning group (CCG) average was 92%, the national average was 88%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 76% which was comparable to the CCG average of 81% and national average of 77%. Performance for mental health related indicators was higher than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records, in the preceding 12 months (01/04/2014 to 31/03/2015) was 87% which was comparable to the CCG average of 92%, the national average was 88%.

We were told the clinicians had reviewed the figures regarding the outcomes of the domain for cervical smear testing. The practice had identified that need to improve their exception reporting and they had a reasonably high turnover of patients (11%) due to the student population they served. They also recognised, due to the high student population, that they may not always be aware that patients had left the area and remove them from the practice list in a timely way.

There was evidence of quality improvement including clinical audit:

- There had been clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included The practice had been working with the CCG pharmacist and had used a cycle of audits to check compliance, specifically the use of second line antibiotics. The results of the second audit of second line antibiotics at the beginning of August 2016 evidenced that more appropriate guidance driven antibiotic prescribing had occurred at the practice.
- The practice had a dedicated team for research/trials led by one of the GPs. We saw evidence of how this had improved the outcomes for patients such as access to a treatment for psoriasis that they might not otherwise have which had led to significant improvement in their skin condition. Patients with chronic obstructive pulmonary disease who participated in a trial had longer and more focused time with the lead nurse which had led to their inhaler technique being improved and therefor their treatment more effective.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how role-specific training and updating for relevant staff had been obtained. For example, for those reviewing patients with long-term conditions, taking cervical smears and phlebotomy. One of the GPs had updated training for reproductive and sexual health.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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 the nurses 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness,

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.
- 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 professionals 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.

Meetings took place with other health care professionals on a two week basis when care plans were routinely reviewed and updated for patients with complex needs. We had information from a health care professional from the Abdominal Aortic Aneurysm (AAA) service that was hosted by the practice regularly. They told us the administration and communication from the practice was efficient and worked well. We also had feedback from another external provider of how the staff at Oldfield Surgery were helpful and ensured that information in patient referrals was detailed and effective. This was also reflected in a comment we received from a patient where the consultant they had been referred to remarked how thorough the referring GP had been.

The practice ensured that end of life care which took into account the needs of different people, including those who may be vulnerable because of their circumstances. The practice held informal meetings with the palliative care nurse when they attended the practice to speak to the GPs or when on home visits. The practice told us they had recognised they needed to formalise the process and was intending to set up regular meetings every six to eight weeks so that information can be shared with greater effect.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

Good

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 2.5%, which was below the CCG and national average of 6%. We were told the clinicians had reviewed the figures regarding the outcomes of the domain for cervical smear testing. The practice had identified that there was need to improve their assessment of exception reporting and that they had a reasonably high turnover of patients (11%) due to the student population they served. They also recognised, due to the high student population, that they may not always be aware that patients had left the area in a timely way.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

For example;

- 59% of patients aged 60-69 years were screened for bowel cancer within six months of invitation which was similar to the clinical commissioning group (CCG) average of 60%, and the national average of 58%.
- 69% of females, aged 50-70 years were screened for breast cancer in the last 36 months, which is in line with the CCG average of 73%, and national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% and five year olds from 89% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Same sex clinicians were offered where appropriate.

Of the 42 comment cards 32 were all positive about the standard of care received. We had eight cards with mixed comments which were overall good but highlighted patients concerns about accessing appointments specifically emergency appointments. Two patients had rated the practice poor; one was in regard to clinical care and access to appointments. The main themes from the comment cards were that patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a patient who was also a representative of the patient participation group (PPG). They were able to give us feedback about their own experience and that of their family members who were also patients at the practice. They gave us an insight into the support they were given by the practice as a carer. They told us they were satisfied with the care provided by the practice and said their and their relatives dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared with the CCG average of 91% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 98% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared with the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 94% and the national average of 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared with the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the national average of 85%.

Good

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The practice had a portable hearing loop that could be used in the consulting rooms/treatment rooms if required.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. This included the practice engaging the local Retired Volunteer Support Group to help with providing transport for housebound or patients with mobility problems.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 143 patients as carers (1.2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Elderly carers were offered timely and appropriate support such as a flexible approach to appointments.

A member of staff acted as a carers' support champion to help ensure that the various services supporting carers were coordinated and effective.

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.

We were given examples of the caring approach of staff at the practice. For example, staff had returned patients to their home when they had a fall at the practice or had late appointments and transport was not available. Another member of staff took a patient to Accident and Emergency department at the local hospital when there was a delay of up to possibly four hours until an ambulance could take them. Staff have also delivered prescriptions to patients and regularly assisted patients at reception to complete forms.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered doctors consultation clinics twice a week at a local supermarket Tuesday 8.30am to 10.30am and on a Thursday 1pm to 3pm. This offered greater flexibility and no parking limitations for working patients who could not attend the practice during normal opening hours.
- There were longer appointments available for patients with a learning disability, long term conditions and patients with poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty for them attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice operated a 'to be seen on the day' daily appointment system twice a day between 8.30am to10.30am and each afternoon between 2pm to 4pm.
- The practice sent text message reminders to patients of appointments and test results.
- The practice offers online booking for appointments.
- Patients could email GPs with questions, concerns, and consult with them to provide information and to keep them up to date.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for people with disabilities, a portable hearing loop and translation services were available for patients whose first language is not English.
- The practice provides weekly 'ward rounds' at two nursing homes which ensured that these patients received the treatment and support effectively and in a timely way.
- The practice also hosted counselling services and screening services such as 'Talking therapies' and an Aortic Aneurysm screening service.

Access to the service

Oldfield Surgery was open from 8am until 6pm, Monday, Wednesday and Friday, Tuesday and Thursdays from 7.30am until 6pm. On Saturdays the practice was open from 8am until 12 midday. Appointments were available from 8am to 6pm, Monday and Wednesday, on Fridays from 8am until 5.30pm. On Tuesdays and Thursdays appointments were available from 7.30 to 6pm. On Saturdays from 8.30am to 11.30 am pre-booked appointments were available for people who could not attend during the week. Urgent appointments were available each day between 8.30 am and 10.30 am and again between 2pm and 4pm each day. The Sainsbury's clinics run on a Tuesday 8.30am to 10.30am and on a Thursday 1pm to 3pm.

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.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared with the national average of 79%.
- 88% of patients said they could get through easily to the practice by phone compared with the national average of 73%.

Patients told us that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Good

Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.

We looked at a sample of the 13 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient attending the practice for minor surgery arrived late but was booked in by reception staff. The member of staff did not fully follow the process of ensuring the GP was aware of their attendance and therefore the patient was logged as 'did not attend', although they were in the waiting room until after the clinic finished. They missed their appointment and had to reschedule. The patient was apologised to and an appointment rescheduled. The practice reviewed their method of logging a patient's arrival for clinics so that this did not occur again.

The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 89% compared to the national average of 85%. Also 78% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 80%.

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. In its statement of how it implements the NHS constitution Oldfield Surgery sets outs its aims for patients. For example, to provide a comprehensive service, available to all irrespective of age, sex, disability, religion or belief and had a duty to respect patients human rights.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

We saw that all staff took an active role in ensuring high quality care on a daily basis and behaved in a kind, considerate and professional way.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held within the staff groups which provided an opportunity for staff to learn about the performance of the practice. However, whole team meetings had not been carried out for some time and the new practice manager had just instigated a programme of whole team meetings and training and development sessions to improve communication and team building.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There was a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. The practice manager told us that the current system was under review to ensure that there was a whole team approach to the sharing of information.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and an apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues
- 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.

Are services well-led?

Good

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

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.
- The practice had gathered feedback from staff through 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 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. For example, the practice was in the process of working with an outside organisation in promoting and supporting a 'Healthy lifestyle service' to support patients with Diabetes type 2. The practice had supported patients to be included in clinical trials ranging from dermatology to asthma. We saw evidence of how this had improved the outcomes for patients such as providing access for patients to a treatment for psoriasis that they might not otherwise have which had led to significant improvement in their skin condition.