

Dr M P Boulton and Dr S K Baddam

Quality Report

New Street Surgery
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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 Dr M P Boulton and Dr S K Baddam's practice on 11 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The majority of risks to patients were assessed and well managed.
- 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 available and easy to understand.

- 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.
- 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.

There were areas of outstanding practice.

- A clinic was held in the practice twice a week for those with substance or alcohol misuse related health problems in response to local patient needs. These were conducted by a GP, who had received specialist training, in conjunction with advisors from the local treatment service, Lifeline.
- Two of the GPs had undertaken specialist training in diabetes so they could initiate all types of injectable therapies for diabetes and provide all diabetes care reducing the need to refer patients to secondary care services.
- The practice had developed a template to record the assessment of patients over 75 years which included a

Summary of findings

social assessment as well as a review of their health needs. The assessment was conducted as part of their annual review. The practice was also engaged with a local CCG initiative reviewing patients over 70 who were prescribed more than three medicines. The reviews included compliance with medicines, social history and falls history.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should improve the following areas:

- There was a process to share medical alerts with staff however there was no record of action taken in response to the alerts.
- A written Legionella risk assessment had not been completed to evidence that all risks had been taken into account and all appropriate action was being taken to minimise risk.
- Records of verbal staff references and records of risk assessments relating to DBS checks had not always been completed.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. The majority of risks to patients were assessed and well managed. There were enough staff to keep patients safe.

There were some areas for improvement. There was a process to share medical alerts with staff however there was no record of action taken in response to the alerts. A written Legionella risk assessment had not been completed to evidence that all risks had been taken into account and all appropriate action was being taken to minimise risk. Records of verbal staff references and records of risk assessments relating to DBS checks had not always been completed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were similar to other practices in the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for staff. Staff worked with multidisciplinary teams.

There some areas of outstanding practice:

A clinic was held in the practice twice a week for those with substance or alcohol misuse related health problems in response to local patient needs. These were conducted by a GP, who had received specialist training, in conjunction with advisors from the local treatment service, Lifeline.

Two of the GPs had undertaken specialist training in diabetes so they could initiate all types of injectable therapies for diabetes and provide all diabetes care reducing the need to refer patients to secondary care services.

The practice had developed a template to record the assessment of patients over 75 years which included a social assessment as well as a review of their health needs. The assessment was conducted as

Good



Summary of findings

part of their annual review. The practice was also engaged with a local CCG initiative reviewing patients over 70 who were prescribed more than three medicines. The reviews included compliance with medicines, social history and falls history.

Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for some 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

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 Local Area Team and Clinical Commissioning Group (CCG) 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. 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

To meet the needs of the local population the practice offered a weekly emergency drop-in clinic and extended hours one Saturday morning one Monday evening until 9 pm once per month.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a vision and strategy to provide good patient care. 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 governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and involved in the practice. Staff had received regular performance reviews and attended regular staff meetings.

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. It was responsive to the needs of older people and offered longer appointments and home visits for those that required them. 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.

There were some areas of outstanding practice:

The practice had developed a template to record the assessment of patients over 75 years which included a social assessment as well as a review of their health needs. The assessment was conducted as part of their annual review. The practice was also engaged with a local CCG initiative reviewing patients over 70 who were prescribed more than three medicines. The reviews included compliance with medicines, social history and falls history.

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. 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.

There were some areas of outstanding practice:

Two of the GPs had undertaken specialist training in diabetes so they could initiate all types of injectable therapies for diabetes and provide all diabetes care reducing the need to refer patients to secondary care services.

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

Good



Summary of findings

standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. 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.

The practice was working with the CCG and the health visitors to maintain their baby clinics due to the needs of the patient population.

Working age people (including those recently retired and students)

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.

Extended hours were provided one Saturday morning each month from 8 am to 11am and on Monday evenings until 9 pm once per month at New Street Surgery.

Good



People whose circumstances may make them vulnerable

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 those with a learning disability. It had carried out annual health checks for people with a learning disability and offered longer appointments for people with a learning disability. One member of staff worked with carer's and patients with a learning disability to facilitate easy access to care, longer appointment times and to ensure appropriate facilities to meet their specific individual needs.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

There were some areas of outstanding practice:

Good



Summary of findings

A clinic was held in the practice twice a week for those with substance or alcohol misuse related health problems in response to local patient needs. These were conducted by a GP, who had received specialist training, in conjunction with advisors from the local treatment service, Lifeline.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice undertook dementia screening and is registered as a 'safe place' for those who may have dementia or Alzheimer's. 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).

One member of staff had responsibility for ensuring patients with dementia and mental ill health attended for health reviews. Patients with dementia, where prompts were required, were contacted by telephone just prior to their appointment as a reminder to attend.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published on 4 July 2015 showed the practice was performing in line with local and national averages. There were 286 survey forms distributed for Dr M P Boulton and Dr S K Baddam and 108 forms were returned. This is a response rate of 37.8%. The data showed:

- 64.9% found it easy to get through to this surgery by phone compared with a CCG average of 74.1% and a national average of 74.4%.
- 92.1% find the receptionists at this surgery helpful compared with a CCG average of 87.5% and a national average of 86.9%.
- 67.1% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 64.7% and a national average of 60.5%.
- 86.9% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.8% and a national average of 85.4%.
- 93% said the last appointment they got was convenient compared with a CCG average of 91.9% and a national average of 91.8%.
- 71.5% described their experience of making an appointment as good compared with a CCG average of 73.8% and a national average of 73.8%.
- 47.5% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 66.1% and a national average of 65.2%.
- 52% felt they didn't normally have to wait too long to be seen compared with a CCG average of 56.9% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards the majority of which were positive about the standard of care received. We also spoke with nine patients on the day of the inspection and they were all very positive about their experience of the service. Patients told us on the comment cards and in discussions staff listened to them and were very caring. They told us the staff were helpful and polite. They said they were treated with dignity and respect. They also said they found the practice to be clean and tidy. There were a small number of comments on the CQC cards about waiting times to see a GP after their appointment time but patients we spoke with said they understood this as the GPs were very thorough in their assessment of their health needs and sometimes took longer than their 10 minute appointment time.

Dr M P Boulton and Dr S K Baddam

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager and nurse specialist advisor.

Background to Dr M P Boulton and Dr S K Baddam

Dr M P Boulton and Dr S K Baddam practice is situated within a purpose built surgery in Huddersfield. There is also a branch surgery at Netherton Surgery, 327 Meltham Road, Netherton Huddersfield, HD4 7EX.

The practice provides Personal Medical Services (PMS) for 6,993 patients across the two sites in the NHS Greater Huddersfield Clinical Commissioning Group (CCG) area.

There are two male GP partners, and two female salaried GPs, a nurse practitioner, two practice nurses and a health care assistant who all work across both sites. The administration team also work across each site. The practice manager is responsible for both sites.

The practice is open from 8.30 am to 6 pm four days per week at both sites and from 8.30 am to 5pm on a Wednesday at New Street surgery and on a Friday at Netherton surgery. Clinic times are variable for each GP across both sites between 8.30am and 5.30 pm and each GP works at least one day per week at the branch site. There is an emergency drop-in clinic at New Street on a Monday morning between 8.30 am and 10.30 pm. These

are held on a Tuesday if there is a bank holiday. These appointments are five minutes long, for one acute problem only and can be booked on the day by telephone or at reception. Patients are advised these appointments are not for pre-existing conditions which need a longer appointment. Extended hours are provided at New Street Surgery one Saturday morning each month from 8 am to 11 am and on Monday evenings until 9 pm once per month.

Longer appointments are available for those who need them and home visits and telephone consultations are available as required.

Out of hours services are provided by Local Care Direct. Calls are diverted to this service when the practice is closed. Patients can also access the local NHS walk-in Centre which is in grounds of Dewsbury Hospital.

The practice is registered to provide the following regulated activities; maternity and midwifery services; surgical procedures, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.

Why we carried out this inspection

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

Detailed findings

Please note 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 the time.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the NHS Greater Huddersfield Clinical Commissioning Group (CCG), to share what they knew.

We carried out an announced visit on 11 August 2015. During our visit we spoke with a range of staff including three GPs, two practice nurses, the practice manager, assistant practice manager and 6 administration staff. We also spoke with nine patients who used the practice.

We observed communication and interactions between staff and patients, both face to face and on the telephone within the reception area. We reviewed 44 CQC patient comment cards where patients had shared their views and experiences of the practice. We also reviewed records relating to the management of the practice.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and an electronic form would be completed by the practice manager. The practice carried out an analysis of the significant events to identify patterns and trends.

We reviewed safety records, incident reports 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, a referral pathway had been followed but had not resulted in treatment which then required the patient to need a further referral. The care pathway options and whether the correct pathway had been chosen initially were discussed within the practice and external advice from the local Clinical Commissioning Group (CCG) had also been sought.

Safety was monitored using information from a range of sources, including National Patient Safety Agency (NPSA) and National Institute for Health and Care Excellence (NICE) guidance. Clinical staff confirmed there was a process to share medical alerts with them although there was no system in place to ensure that had been taken and or recorded.

Overview of safety systems and processes

The practice could demonstrate its safe track record through the risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and they had received training. The training log recorded that of the four GPs, two, including the GP with the lead role for safeguarding, had completed level three training in 2013. The GPs we spoke with confirmed this and training certificates were

provided following the inspection. Multidisciplinary safeguarding meetings, which included health visitors and school nurses, were held monthly to discuss children who may be at risk.

- A notice was displayed in the waiting room and in all consulting rooms, advising patients that staff would act as chaperones, if required. Discussions with staff who acted as chaperones showed they were trained and knowledgeable about the role and had received a disclosure and barring check (DBS). (These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have unsupervised contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead (IPC). There was an IPC protocol in place and the training log showed the majority of staff had received training in 2013 and a refresher was scheduled for October 2015. Annual IPC audits were undertaken and we saw evidence action was taken to address any improvements identified as a result. The practice manager told us they had taken external advice about the risk of Legionella and regular monitoring was carried out as had been recommended. We saw records to show that action to minimise risk was taken in relation to the regular flushing of the shower. However, a written Legionella risk assessment had not been completed to evidence all risks had been taken into account and all appropriate action was being taken to minimise risk.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular

Are services safe?

medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the three files we sampled showed recruitment checks had been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However in one file we saw that references and DBS checks were in place but had not been completed prior to employment. The practice manager told us they had taken verbal references and had seen the member of staff DBS check from their previous employment which met the criteria for being transferrable. However, there were no records to support this on the persons recruitment file.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice used a small pool of Locum GPs who were known to the practice to provide cover as required.

Arrangements to deal with 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. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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. Staff we spoke with were knowledgeable about the procedures in place.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with National Institute for Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and the local Clinical Commissioning Group (CCG) and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed via clinical meetings and audits.

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. The practice computer system provided a popup template for guidance when assessing capacity of young people less than 16 years of age in decisions about contraception. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A clinic was held in the practice twice a week for those with substance or alcohol misuse related health problems in response to local patient needs. These were conducted by a GP, who had received specialist training, in conjunction with advisors from the local treatment service, Lifeline.

Two of the GPs had undertaken specialist training in diabetes so they could initiate all types of injectable therapies for diabetes and provide all diabetes care reducing the need to refer patients to secondary care services.

A weight management clinic, smoking cessation advice and phlebotomy services were also provided by the practice nurses and health care assistant. Patients who may be in need of extra support, such as carers, were identified by the practice.

Staff held various lead roles. For example, one person had responsibility for arranging annual reviews for patients with long term conditions and another for ensuring patients with learning disabilities, dementia and mental ill health attended for health reviews. Another member of staff was responsible for cervical screening processes in the practice. They ensured patients attended cervical screening appointments, followed up patients who did not attend, dealt with results and ensured patients with abnormal results received follow-up appointments. The practice's uptake for the cervical screening programme was 88.15 %, which was slightly higher than the national average of 81.88%. 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 or slightly higher than CCG/National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 83.2% to 100% and five year olds from 95.9% to 100%.

Flu vaccination rates for the over 65s were 67.24 %, and at risk groups 44.73%. These were slightly below national averages. The practice manager told us they had provided additional clinical sessions for flu vaccinations as part of local initiatives. Practice nurses also provided home visits for vaccination where required.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Additionally patients over 75 years had an annual review which included a social assessment as well as a review of their health needs, the practice had developed a template to record the assessment. The practice was also engaged with a local CCG initiative reviewing patients over 70 who were prescribed more than three medicines. The reviews included compliance with medicines, social history and falls history.

Coordinating patient care

Are services effective?

(for example, treatment is effective)

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 its intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available and the practice web site 'translate a page' feature enabled staff to provide information in different languages.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are 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.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results showed the practice had achieved 96.9% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed

- Performance for diabetes related indicators was mostly similar to the national average. However the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was much lower than expected.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average.
- Performance for mental health related indicators was similar to the national average.
- The dementia diagnosis rate was slightly above the national average.

Information about patient's outcomes was used to make improvements such as providing in house foot care for patients with diabetes. To enable staff to undertake this role nurses had completed foot care training and the health care assistant was due to start the training.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. The practice participated in applicable local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve practice. For example, audits of prescribing some groups of antibiotics had been completed over a period of 12 months as the practice had found they were above the national average for prescribing in some areas. They had worked with the CCG pharmacist and prescribers to look at patterns and trends and as a result had reduced prescribing rates for antibiotics by 18%.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety and health and safety. One member of staff told us that their induction had included observation and competency checks. We found competency checks were not recorded for the nurses and we saw that, although available, induction records had not been completed for one nurse recruited in 2015. The manager told us the nurse had these records at home to prepare for their appraisal.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. Records we viewed showed staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and

Are services effective?

(for example, treatment is effective)

in-house training. We saw that staff had not had formal training in information governance or confidentiality. The practice manager told us they were looking at options with the CCG to provide this training.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The majority of the 44 patient CQC 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. We also spoke with six members of the PPG on the day of our inspection. 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.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The national GP patient survey showed 92.1% of patients found the receptionists at the practice helpful compared to the CCG average of 87.5% and national average of 86.9%.

Written information and links to NHS Choices - Carers Direct page via the web site was available for carers to ensure they understood the various avenues of support available to them. Annual health checks and flu vaccinations were also offered to carers. The practice had made links with a 'Carers Champion' to whom they referred those who cared for people in the community. The carers champion also updated the practice regarding local services available. One member of staff had a lead role for patients with learning disabilities and worked with carer's and patients to facilitate easy access to care, longer appointment times and to ensure appropriate facilities to meet their specific individual needs.

Staff told us that if families had experienced bereavement, their usual GP contacted the family and the practice sent them a sympathy card. Patients told us they had received a card signed by all the staff and the GP had contacted them following bereavement. Patients said they had found much comfort from these actions.

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

- 89% said the GP was good at listening to them compared to the CCG average of 90.3% and national average of 88.6%.
- 87% said the GP gave them enough time compared to the CCG average of 89% and national average of 86.8%.
- 97.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.1% and national average of 95.3%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.8% and national average of 85.1%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.5% and national average of 90.4%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. They told us the GPs were thorough in their assessments of their health needs and said that this was sometimes why the GPs ran late. The majority of comments we received indicated patients were appreciative of the time taken in their care. The majority patient feedback on the comment cards we received was also positive and aligned with these views.

Are services caring?

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

- 84.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.7% and national average of 86.3%.

- 85.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.5% and national average of 81.5%.

Staff told us that interpretation 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, they were involved in a quality, innovation and prevention incentive, 'Breaking the cycle', in which the practice audited the processes for referrals to secondary care and access to the practice over a working week to provide data for the CCG to plan for winter pressures. The practice was also actively engaged in the CCG carers support scheme to identify carers at the practice. The practice was working with the CCG and the health visitors to maintain their baby clinics due to the needs of the patient population.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG and practice staff had worked together to develop a plan over the last 12 months to improve the appointment system and access to the services provided. The action plan had included provision of weekly drop in clinics and promotion of online services such as ordering repeat medication on line, booking of appointments and access to electronic records. We saw that the plans had been implemented, reviewed and adjusted following patient feedback.

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

- The practice offered an emergency drop-in clinic at New Street on a Monday morning between 8.30 am and 10.30 pm. These were held on a Tuesday if there was a bank holiday. Extended hours were provided one Saturday morning each month from 8 am to 11am and on Monday evenings until 9 pm once per month at New Street Surgery.
- There were longer appointments available for patients who needed them for example, for patients with a learning disability or for people who required translation services.
- Patients with dementia, where prompts were required, were contacted by telephone just prior to their appointment as a reminder to attend.
- Home visits were available for older patients / patients who would benefit from these.

- There were facilities for patients with a disability and interpretation services available.
- The practice held weekly baby clinics at Newstreet surgery and monthly at the Netherton branch surgery (These clinics were also available to patients not registered with the practice).

Access to the service

The surgery was open from 8.30 am to 6 pm four days per week at both sites and 8.30 am to 5pm on a Wednesday at New Street Surgery and on Friday at Netherton Surgery. Clinic times were variable for each GP across both sites between 8.30am and 5.30 pm and each GP worked at least one day per week at the branch site. Saturday morning and late evening appointments were also available once a month.

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. For example:

- 71.5% patients described their experience of making an appointment as good compared to the CCG average of 73.8% and national average of 73.8%.
- 73.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.2% and national average of 75.7%.

However some results were much lower than the CCG and national average. For example:

- 64.9% patients said they could get through easily to the surgery by phone compared to the CCG average of 74.1% and national average of 74.4%.
- 47.5% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66.1% and national average of 65.2%.

Patients told us on comment cards and in discussions that they were able to get through to the practice by telephone and had not experienced any difficulties. There were a small number of negative comments about the wait to see the GP after their appointment time. However, patients told us the GPs were thorough in their assessments of their health needs and said this was sometimes why the GPs ran late. They said they were appreciative of the time taken in their care.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a 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. For example, posters were displayed in each surgery, the practice leaflet was also displayed and contained the complaints procedure and the web site held information about the procedure and could be translated into different languages. Staff told us they

would print the information off the web site for patients if the procedure was required in a different language. Patients we spoke with were aware of the process to follow if they wished to make a complaint but none of the patients we spoke with had made a complaint.

We looked at 11 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Staff and members of the PPG told us that learning from complaints was shared with them in meetings.

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

Staff we spoke with were enthusiastic about working at the practice and they told us they felt valued and supported. Staff told us their role was to provide a good standard of care, treating patients with courtesy and respect. Staff told us they had discussed the vision and values and had received customer care training to enable them to provide this level of care.

Governance arrangements

The practice had governance policies which outlined the structures and procedures in place and incorporated key areas such as clinical effectiveness, risk management and patient experience and involvement. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement in patients' care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for appraisal and revalidation. Other staff were supported through appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

Innovation

To improve outcomes for patients in the area the practice team was forward thinking and had provided services which were not otherwise available. They were also part of local pilot schemes. For example:

- They were involved in a quality, innovation and prevention incentive, 'Breaking the cycle'. The practice audited the processes for referrals to secondary care and access to the practice over a working week to provide data for the CCG to plan for winter pressures.
- The practice was also actively engaged in the CCG carers support scheme to identify carers at the practice.
- The practice was working with the CCG and the health visitors to maintain their baby clinics due to the needs of the patient population.
- A clinic was held in the practice twice a week for those with substance or alcohol misuse related health problems in response to local patient needs. These were conducted by a GP, who had received specialist training, in conjunction with advisors from the local treatment service, Lifeline.
- Two of the GPs had undertaken specialist training in diabetes so they could initiate all types of injectable therapies for diabetes and provide all diabetes care reducing the need to refer patients to secondary care services.

The practice had developed a template to record the assessment of patients over 75 years which included a social assessment as well as a review of their health needs. The assessment was conducted as part of their annual review. The practice was also engaged with a local CCG initiative reviewing patients over 70 who were prescribed more than three medicines. The reviews included compliance with medicines, social history and falls history.