

Heswall and Pensby Group Practice

Quality Report

Heswall Medical Centre
270 Telegraph Road
Heswall
CH60 7SG
Tel: 0151 342 2811
Website: www.hpgpwirral.nhs.uk

Date of inspection visit: 23 February 2016
Date of publication: 22/03/2016

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Heswall and Pensby Group Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Heswall and Pensby Group Practice on 23 February 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, recording and learning from significant events and untoward incidents.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
 - The practice used proactive methods to improve patient outcomes, working with other local providers to share best practice. For example audits were carried out based on significant event analysis in order to change practice and improve patient care.
- Patients were treated with care, compassion, dignity and respect and they were involved in their care and decisions about their treatment. They were given time at appointments and full explanations of their treatment were given. They valued their practice and felt confident with the skills and abilities of staff.
- We observed a strong patient-centred culture from dedicated staff.
- The practice proactively sought feedback from staff and patients, which it acted on. For example recruiting a further practice nurse in order to extend access to appointments with nurses.
- Information about services and how to complain was available and easy to understand.
- Patients were able to access convenient appointments with routine and urgent appointments available the same day.
- The practice had good, modern 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 provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were any safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed including the risks from infection and medicines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed patient outcomes were at or above average for the locality.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice around average and in some cases higher than average for aspects of care

Summary of findings

rated. For example 89% of respondents to the patient's survey said they found the receptionists helpful compared to a local CCG average of 90% and a national average of 87% and 97.5% said the last nurse they saw or spoke to was good at treating them with care and concern (compared to a CCG average of 93% and national average of 90%).

- Feedback from patients about their care and treatment was very positive.
- We observed a strong patient-centred culture, staff treated patients with kindness, respect and friendliness.
- Staff were motivated and inspired to offer kind and compassionate care.
- We saw positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were able to access convenient appointments. There was continuity of care with clinical staff taking lead roles in specific areas. Routine and urgent appointments were available the same day and appointments were available at convenient times.
- 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. Evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision with quality and safety as its priority.
- It had a mission statement and philosophy to promote safe and efficient general medical services to patients with provision for disease prevention and health promotion. 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 policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group who were involved in practice developments.
- There was a 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

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in avoiding unplanned admissions, dementia, nursing and residential care home support and end of life care.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice nurse also carried out routine visits to elderly patients for chronic disease monitoring including anticoagulation.
- Proactive nursing and care home visits were undertaken with doctors providing guidance, care and support to not only the patients but to the staff at the home and patient's families.

Good



People with long term conditions

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

The practice maintained and monitored registers of patients with long term conditions for example cardiovascular disease, diabetes, chronic obstructive pulmonary disease and heart failure. These registers enabled the practice to monitor and review patients with long term conditions effectively.

- GPs, supported by practice nurses, had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice reported they had a low number of unplanned admissions to hospital compared with other practices in the CCG.
- Comprehensive reviews for all patients with long term conditions were offered with a team of trained nurses.
- Performance indicators for management of diabetes were around or above national average.
- Longer appointments and home visits were available when needed. Saturday influenza clinics were held.
- All patients had a named GP and a structured annual review to check that their health and medicines needs were being met. Systems in place ensured patient recalls were highlighted.

Good



Summary of findings

- The GPs and nurses worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Vulnerable patients with long term conditions were highlighted so that all staff knew their needs and arranged appointments and care accordingly.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were vulnerable, for example, children and young people who had a high number of A&E attendances and those who did not attend for appointments.
- Immunisation rates were high for all standard childhood immunisations with immunisations uptake for all children aged five and under around 95%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Unwell children were offered same day/urgent appointments.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was at national average at 82%.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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).

Good



- 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. For example the practice offered early morning and evening appointments face to face or via the telephone.
- 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 for example well person checks for those aged 40 to 75 years old.

Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and with alcohol or substance misuse.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It was able to inform vulnerable patients about how to access various support groups and worked with voluntary organisations.
- Staff were familiar with patients from this group and knew and understood family dynamics.
- 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)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- The practice carried out advance care planning for patients with dementia and 80% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (slightly lower than the national average).
- 89% of people experiencing poor mental health (slightly above national average of 88%) had a comprehensive documented care plan in place.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice informed vulnerable patients 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 where they may have been experiencing poor mental health. Systems were also in place to recall patients with dementia and poor mental health when they did not attend for appointments.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

- Patients with poor mental health were given extended appointments.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing well in the questions asked. There were 134 responses which represented a 48.6% completion rate for surveys sent out and 1% of the patient list. The results showed, for example:

- 84% find it easy to get through to this surgery by phone compared with a CCG average of 78% and a national average of 73%.
- 89% find the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.
- 76% describe their experience of making an appointment as good compared with a CCG average of 78% and a national average of 73%.
- 71% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 67% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. All patients we spoke with and comments reviewed were very positive about the practice, the staff and the service they received. They told us staff were caring and compassionate and that they were always treated well with dignity and respect. They told us they were given time at appointments, listened to and felt valued. They said their needs were always responded to and they felt the service was excellent at this practice.

Heswall and Pensby Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and included a second CQC inspector, GP and practice manager specialist advisors and an expert by experience. An expert by experience is a person who uses services themselves and wants to help CQC to find out more about people's experience of the care they receive.

Background to Heswall and Pensby Group Practice

Heswall and Pensby Group Practice are registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 12640 patients living in Wirral. The practice is situated in a purpose built medical centre. The practice has four male and four female GPs, a practice management team, practice nurses, administration and reception staff. It is a teaching practice and occasionally has medical students working at the practice. Heswall and Pensby Group Practice holds a General Medical Services (GMS) contract with NHS England and are part of the NHS Wirral CCG.

The hours of practice are:

Monday 8am – 6pm

Tuesday 7.20am – 6pm

Wednesday 7.20am – 6pm

Thursday 8am – 6pm

Friday 7.20am – 5pm

(normal core hours for GMS contract are 8am – 6.30pm)

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Wirral Clinical Commissioning Group (CCG) and is situated in an affluent area. The practice population is made up of a mostly working age and elderly population with 42% of the population aged over 65 years old. Fifty six percent of the patient population has a long standing health condition and there is a lower than national average number of unemployed patients (2.4%).

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hour's service provider via NHS 111. Information regarding out of hours services was displayed on the website and in the practice information leaflet.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check

Detailed findings

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring System. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face, looked at survey results and reviewed comment cards left for us on the day of our inspection. We spoke with a number of staff and patients including members of the patient participation group (PPG) at the practice on the day of our inspection.

Are services safe?

Our findings

Safe track record

There was an effective system in place for reporting and recording significant events.

- Staff told us, and we saw evidence, of significant event, accident and incident reporting. They would inform the practice manager and/or GPs of any incidents. There was a recording form available on the practice's computer system and these were completed in hard copy.
- We found that there was an open and 'no blame' culture at the practice and that staff were encouraged to report adverse events and incidents.
- The practice carried out a thorough analysis of the significant events and reviewed them at monthly meetings. Action plans were evident for reported events and we saw improvements made by change of practice following analysed events. For example newly implemented systems to ensure controlled drug prescriptions were kept safe.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unexpected safety incidents, people received support, truthful information and were told about any actions to improve processes to prevent similar incidents happening again. The practice wrote to patients to apologise and explain any actions taken as a result of untoward events having occurred.

Overview of safety systems and processes

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

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation. Staff had access to relevant practice and local

safeguarding authority policies and procedures. Contact details and process flowcharts for both child protection and adult safeguarding were displayed in the treatment and administration rooms. There was a clinical lead and deputy for safeguarding. Staff demonstrated they understood their responsibilities and all had received training at a relevant level to their role. The practice had systems for identifying and alerting them about children and vulnerable adults who were at risk and ensured they were followed up in the event of non-attendance for hospital and practice appointments. The practice held regular safeguarding meetings with the multi-disciplinary team and GPs regularly attended safeguarding and protection board case conferences.

- A notice was displayed in the waiting room and in consultation rooms, advising patients that chaperones were available, if required. Clinical and non-clinical staff that had been trained to undertake this role acted as chaperones and had received a Disclosure and Barring Service (DBS) check. A chaperone is a person who acts as a safeguard and witness for a patient and healthcare professional during a medical examination or procedure.
- Patient records and staff records were stored safely and securely.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was a GP lead, supported by a practice nurse, for infection prevention and control. There was an infection control policy and associated procedures in place. All staff had received relevant update training. An infection control audit had been undertaken in September 2014 and we saw evidence that action was taken to address any improvements identified as a result. However re auditing had not taken place until January 2016 and this had not yet been reported on in order to demonstrate satisfactory achievement of infection prevention and control standards. The practice had carried out Legionella risk assessment and regular water monitoring occurred.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice maintained patient safety (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure

Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. The practice had a GP prescribing lead who liaised with the local medicines management team. Benchmarking had recently demonstrated the practice was the second lowest antibiotic prescriber in the Wirral area. Patient Group Directions (PGD) and Patient Specific Directions (PSD) had been adopted by the practice to allow nurses and healthcare assistants to administer medicines in line with legislation. Prescription pads were securely stored and there were systems in place to monitor their use.

- There was a recruitment policy and supportive procedures in place. Checks were carried out to ensure safe recruitment of staff. We looked at eight staff files and these showed t

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There were health and safety policies and procedures in place and a health and safety law poster was displayed. The practice had undertaken general environmental, COSHH and fire risk assessments and carried out fire drills annually. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There were sufficient staff and a rota system in place for all the different staffing groups to ensure that enough staff were on duty at all times and covered for absences.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and panic buttons in reception and treatment rooms.
- All staff received annual basic life support training.
- The practice had an automated external defibrillator (AED) available on the premises and oxygen with adult and children's masks. There was also a first aid kit, spillage kits and an accident reporting process.
- There were emergency medicines available in the treatment room.
- The practice had a comprehensive business continuity plan in place for major incidents such as utilities failure, theft or building damage. The plan included emergency contact numbers for staff. Staff were fully aware of the business continuity plan and how to access it.

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 and local CCG area guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and the local area medicines management team and used this information to deliver care and treatment that met peoples' needs.
- Latest guidance and protocols were disseminated through the team by various means such as one to one meetings, staff meetings and update training.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Services provided were tailored to meet patients' needs. For example long term condition reviews were conducted at comprehensive reviews where all the patients' conditions would be reviewed at one appointment in an extended appointment. The practice used coding and alerts within the clinical electronic record system to ensure that patients with specific needs were highlighted to all staff on opening the clinical record. For example, patients on the palliative care register or those vulnerable adults and children at risk. Patients at risk of unplanned admissions to hospital and attendance at A&E departments were monitored and had care plans in place to reduce the risk. This included patients living in nursing and care homes and had led to the practice being the third lowest practice within Wirral CCG for unplanned admissions and the ninth lowest for A&E attendance even though their patient population was high for the elderly and those more at risk of admissions and attendance.

The GPs used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital and the referrals were monitored and followed up to ensure an appointment was provided within two weeks and patients attended.

The GPs all had clinical lead roles and responsibilities. They specialised in various clinical areas such as cardiology, musculoskeletal, dermatology and gynaecology. This meant that patients with specific medical needs could be referred internally and had led to a low rate of referral to secondary care (compared with other practices in the CCG).

The practice had a dedicated GP for looking after nursing and care home patients. They routinely visited once a week and were able to offer proactive care to these patients through weekly reviews and to involve their families, giving them time for discussion and explanations.

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. Current results were 97% of the total number of points available, compared to a national average of 94.2%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators were mostly above the national average.
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90mm/Hg or less was above the national average.
- The percentage of patients with mental health illnesses who had a comprehensive agreed documented care plan was above the national average.
- Cervical smear screening uptake for women was at the national average.

Clinical audits demonstrated quality improvement. The practice had a quality improvement plan with an annual audit programme.

- We looked at a sample of three clinical audits completed in the last two years; these were all completed audits where the improvements made were implemented and monitored. All of these audits (atrial fibrillation treatment, tamoxifen and antidepressants and diabetic treatment with Metformin) demonstrated improved outcomes for patients had been achieved.

Are services effective?

(for example, treatment is effective)

- Planned audits for this year included long term antidepressant medication and long term folic acid treatment.
- Audits were planned using local and national priorities. They also undertook audits following significant events in order to demonstrate improvements had been implemented and the risk of the incident recurring reduced.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff, including GPs and locum GPs.
- The learning needs of staff were identified through a system of appraisals 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 training sessions, one-to-one meetings, appraisals and facilitation and support for the revalidation of doctors. All staff had an annual appraisal and the GPs had recently been re validated or were in the process.
- The practice was a training practice and occasionally had medical students working at the practice. They were fully supported by the GPs and the team in their training and development.
- Staff received training that included: safeguarding, infection control, equality and diversity, basic life support and information governance awareness amongst other topics. Staff had access to and made use of e-learning training modules and training events. We saw evidence that demonstrated all staff were up to date with their relevant training. Role specific training was also undertaken and staff in lead roles could demonstrate they were appropriately trained and qualified to undertake these roles, for example, in cardiology, diabetes care and mental health.

Coordinating patient care and information sharing

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

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

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 were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). GPs and other clinical staff had received training in consent and the MCA.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance including Gillick competency.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Consent was obtained and recorded for minor surgical procedures such as removal of skin lesions.

Health promotion and prevention

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

Are services effective?

(for example, treatment is effective)

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82%, which was at the national average. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Bowel and breast cancer screening rates were higher than the national average with persons (aged 60-69) screened for bowel cancer within six months of invitation at 64% (national average 55%) and females (aged 50-70) screened for breast cancer within six months of invitation at 81% (national average 73%).

Childhood immunisation rates for the vaccinations given were high with immunisations uptake for all children aged five and under around 95%. Child non-attenders were

followed up. The practice reported they were high achievers of the seasonal flu vaccination programme with 77% of eligible patients having been vaccinated on this year's programme.

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-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. A lot of health assessments were undertaken opportunistically, for example, when patients who had not visited the practice for some time presented with minor ailments they were given a full health check and those attending for flu vaccinations were checked and referred for appointments as necessary.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Doors were locked during intimate examinations.
- Reception staff and clinical staff all knew the patients and families well. They knew when patients wanted to discuss sensitive issues or appeared distressed and they would offer them a private room to discuss their needs.

All of the 37 patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were kind, helpful, caring and treated them with dignity and respect.

We also spoke with nine patients including two members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Comments told us that staff were caring and compassionate and listened to them. They provided them with options of care and gave appropriate advice and treatment for their specific condition. Staff would always ensure they were given an appropriate same day appointment if needed.

Patient comments told us they appreciated the continuity of care given by the GPs or nurses who had special interests in specific conditions. They felt staff went the extra mile to care for their patients and they were treated with the utmost professionalism.

Results from the national GP patient survey demonstrated patients felt they were treated with compassion, dignity and respect.

Results showed For example:

- 87% said the GP gave them enough time (CCG average 90%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 100% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%)
- 97.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).
- 89% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)
- 91% said the GP was good at listening to them compared to the CCG average of 92% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients' comments told us that health issues were discussed with them and they felt very much involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Flagging systems on the computers would alert staff to patients who were being treated palliatively and for those at risk of hospital admission so that appropriate appointments, care and advice could be given to them.

Results from the National GP Patient Survey were above or around average for questions about their involvement in planning and making decisions about their care and treatment. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%
- 89% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%

Are services caring?

- 96% said the last nurse they saw was good at listening to them compared to the CCG average of 93% and the national average of 91%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw information and contact details relating to this in the reception and administration areas.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Discussions with staff demonstrated they were knowledgeable in support services and how patients could access them.

The practice's computer system alerted staff if a patient was also a carer and patients told us they were well

supported if they were. The practice had identified and held a register of its carers. They had 225 registered carers which represented 1.6% of their patient list. The practice had a designated carer's lead and carer events were held at the practice regularly with support from the PPG. The practice also held monthly drop in session from Wired (a local charity who support disadvantaged people and their carers). Written information was also available for carers to ensure they understood the various avenues of support available to them.

The practice had a bereavement policy that included GPs contacting patients if they or their family had suffered bereavement. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was situated in a purpose built medical centre which complied with disability access requirements. It had treatment rooms on the ground floor and a lift to the first floor. Disabled access was available in the building with disabled access toilet facilities and a dedicated baby changing and breast feeding room

The practice identified its patient population needs and worked with patients and the local clinical commissioning group (CCG) to improve outcomes for patients in the area.

There was an active patient participation group (PPG) and we spoke with two members on the day of inspection. The group worked well with the practice and represented patients' views well. We were given examples of how improvements had been made as a result of feedback from patients. For example, new improved signage in the corridors and an improved website.

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;

- There were longer appointments available for people with a learning disability and poor mental health.
- There were longer appointments available for people with multiple diseases/conditions to undertake comprehensive condition reviews at one appointment.
- Routine, regular home visits were available for older patients, vulnerable patients and those who would benefit from these.
- Regular proactive nursing and care home visits were undertaken by the GP lead for these patients.
- Urgent access appointments were available each day and children or those with serious medical conditions were always seen on the same day as a matter of urgency.
- The practice offered early morning and evening appointments for both GPs and nurses.
- There were disabled facilities and ground floor treatment rooms available.
- Online booking of appointments and ordering of repeat prescriptions was available.
- There was access to translation service for patients whose first language was not English.

The practice had dedicated clinical leads that specialised in various patient groups and health conditions, for example, cardiology, minor surgery, mental health, diabetes and asthma. This meant that patients with specific needs could be referred internally with patients able to receive the specialised care they needed at the practice and fewer referrals to secondary care were made.

Access to the service

The hours of practice offered were:

Monday 8am – 6pm

Tuesday 7.20am – 6pm

Wednesday 7.20am – 6pm

Thursday 8am – 6pm

Friday 7.20am – 5pm

(Usual NHS England GMS contracted hours are 8am-6pm)

Phone lines are open Monday to Thursday 8.30am – 6pm and Friday 8.30am – 4.45pm

Appointments and repeat prescriptions could be booked online. There was good availability of appointments and these were pre bookable as well as urgent and on the day appointments.

Results from the National GP Patient survey showed that patient's satisfaction with how they could access care and treatment was around local and national averages. For example:

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and national average of 75%.
- 79% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 71% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

Patients' comments told us that in general they had no issues with accessing appointments or waiting times.

There were four male and four female GPs working at the practice. The practice was also a teaching practice and had

Are services responsive to people's needs?

(for example, to feedback?)

medical students and trainee GPs occasionally working there. Patients told us sometimes they weren't able to see a GP of their choice. Survey results told us that 54% of those patients with a preferred GP usually got to see or speak to that GP (compared to the CCG average of 63% and national average of 60%).

The practice did not provide an out of hour's service; this was provided by the local out of hour's service provider and accessible by contacting NHS 111 in the first instance. Information was available as to how to access out of hours advice on the website and in the practice.

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 for example information in the practice information leaflet, on the website, and in the waiting/reception area.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at a number of complaints received in the last 12 months and recorded comments made on NHS Choices website. These were all documented and following analysis and investigation resulting actions were evident. Verbal complaints were also recorded and analysed. We found that these were satisfactorily handled and dealt with in a timely way. They demonstrated openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Complaints and comments were reviewed on a quarterly basis in order to help identify themes and trends.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose and practice philosophy which it displayed on the website.
- The philosophy of the practice is to provide safe and efficient general medical services to patients with provision for disease prevention and health promotion.
- Staff were able to articulate the values and vision.

Governance arrangements

The practice had an overarching governance policy which outlined the structures, policies and procedures in place.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice policies and procedures that were implemented, in line with national and local guidance, staff were familiar with and that they could all access.
- A system of reporting incidents without fear of recrimination.
- Staff learnt from incidents and complaints.
- Systems for monitoring performance against targets including QOF, local benchmarking and patient surveys.
- Audits based on local and national priorities which demonstrated an improvement on patients' outcomes.
- 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' and staff feedback through a functioning patient participation group, surveys, face to face discussions, appraisals and meetings. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff by appraisals.
- Arrangements for identifying and managing risks such as fire, security and general environmental health and safety risk assessments.

Leadership, openness and transparency

The partners and management in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality compassionate care. The partners and management were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. Team building social events were regularly held.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs and management encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents including reporting of adverse medicine reactions. When there were unexpected or unintended safety incidents the practice gave affected people support, truthful information and a verbal and written apology.

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

- Staff told us and we saw examples of regular clinical, staff team and multi-disciplinary team meetings taking place.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or one to one and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.
- Staff were involved in discussions about service development in the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' and staff feedback and engaged them in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys, the NHS friends and family test, comments and complaints received.

Are services well-led?

Good 

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

- The practice had also gathered feedback from staff through meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example in the care/treatment of elderly patients and those with long term conditions.