

The Grove Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

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 The Grove Medical Centre on 23 May 2016. 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 report incidents and near misses. There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice was approached by other providers in the area to take over their practices following retirement.
- Feedback from patients about their care was consistently positive. Several patients told us that the GPs would often call in on housebound patients

and those with palliative care needs, without being asked. When the other practices were merged, staff took time and effort to engage with patients to provide a service tailored to the needs of each site.

- Risks to patients were assessed and well managed.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, to maintain consistency with long term condition management across town boundaries, the Advanced Nurse Practitioners would undertake long term condition reviews for housebound patients where required.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw areas of outstanding practice including:

- Several patients told us that the GPs would often call in on housebound patients and those with palliative care needs, without being asked.
- The practice had developed its own easy to read leaflet which clearly explained to parents and carers how and when they should seek urgent medical help with an unwell child. There was a policy displayed and promoted, stating that all unwell children would be seen on the day.
- We saw evidence of teamwork within the practice with adult safeguarding and a close working relationship with outside agencies such as the adult safeguarding team and the local authority. We saw examples of where GPs had gone out of their way and beyond usual duties to ensure patients were safe and protected. We observed evidence of this.
- Staff told us there was a commitment to development and training in any areas that might benefit patients. All staff were learning British Sign Language (BSL) to be more welcoming and inclusive for a family of patients who used BSL to communicate.
- Ability to listen to the Patient Participation Group (PPG) and act on patient feedback was excellent.

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



- There was an effective system in place for reporting and recording significant events. These were discussed as a whole practice team, monthly and reviewed annually to ensure all actions had been completed. After acquiring the practices from other providers, staff reviewed all significant events going back to 2008 to look for trends and patterns and to ensure all possible action had been taken.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Information about safety was highly valued and was used to promote learning and improvement.
- 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 with all staff to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed, regularly reviewed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the CCG average and just below the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than, or comparable to others for several aspects of care. The practice had identified the scores that were below average and acknowledged that they were an evolving practice that had taken on other practices during the time this data was collected. They had since undertaken their own patient satisfaction surveys which showed high patient satisfaction.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.
- Several patients told us that the GPs would often call in on housebound patients and those with palliative care needs, without being asked and offer support to family members and carers.
- There was a named member of staff, called the First Point of Call, for carers, who could signpost or refer to other agencies where required and patients had this named individual as their contact.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff 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. Over the last two years the practice had taken over two other practices and developed these to enable better access and care for their patients.
- The ability of the practice to listen to the PPG and act on patient feedback was excellent.
- The practice showed innovative practice to respond flexibly to different groups of people.

Outstanding



Summary of findings

- They had recently taken over a third practice which they hoped to merge with The Grove Medical Practice to further improve access across the town.
- Patients told us that they found it very easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with all staff and other stakeholders.
- Following feedback from patients the waiting room had been redesigned to reduce the chance of any conversations being overheard and all telephone calls were taken in a central hub in a separate area to ensure conversations could not be overheard.
- Following feedback from patients, an extra three telephone lines were added to improve access.
- Staff were learning British Sign Language to be more inclusive and welcoming for their patients who used this form of communication.

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 top priority. The strategy to deliver this vision had been produced together with the staff and everyone understood their role in delivering care.
- 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- 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.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners and practice manager encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. These were shared by email and discussed verbally.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was small and developing but active.
- We saw evidence that all feedback from patients was discussed and where possible, acted upon, from the redesign of the waiting room to the addition of an extra telephone line. Answers to feedback were displayed so that patients knew their suggestions were acknowledged and acted upon.
- All policies were available on the shared drive; staff could access these from any of the three sites.
- There was a strong focus on continuous learning and improvement at all levels, support had been given for a nurse to train as an advanced nurse practitioner and staff were encouraged to develop new skills to benefit the patients, such as British Sign Language.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a housebound patient protocol and the practice was part of a locality nursing home patient review scheme.

People with long term conditions

Good



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

- Practice nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Clinical meetings are held monthly to discuss performance in long term condition management.
- All patients with a long term condition were reviewed following hospital admission to assess and advise how admission may be avoided in the future.
- Performance for diabetes related indicators at 90% was higher than the CCG average of 85% and equal to the national average of 90%.
- Until the practice merged in 2014, one of the branches had never had a recall system for patients with long term conditions. This has been put in place and patients requiring annual reviews have been invited to attend the surgery or reviewed opportunistically when attending for other reasons.
- Longer appointments and home visits were available when needed.
- Patients who were diagnosed with multiple long term conditions had their care reviewed in a single appointment at the site of their choice.

Summary of findings

- To improve consistency for patients living across boundaries in the Rotherham and Barnsley CCG areas, it was decided that one of the Advanced Nurse Practitioners would undertake long term condition reviews for housebound patients where required.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The multidisciplinary teams met monthly and all meetings were minuted.
- Education sessions had been set up monthly to improve self care and empower patients to manage long term conditions along with support from the practice. These were advertised on the practice website and leaflets in the practice. Patients were being asked what they would like included in future sessions.

Families, children and young people

Good



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 high for all standard childhood immunisations, for example, immunisation rates for children under the age of two were 98% to 100% (The national average was 96% to 98%). Staff offered immunisation opportunistically and had a dedicated member of the administration team who dealt with all recall letters and child immunisation administration.
- 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.
- In the last 5 years 78% of women aged between 25 and 60 years have received a cervical screening test which is comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- Lunchtime appointments were made available after a patient survey suggested that parents and carers would find it easier to attend the practice when their children were at nursery or school.
- We saw positive examples of joint working with midwives, health visitors, school nurses and social services.
- The practice had developed its own leaflet which clearly explained to parents and carers how and when they should seek urgent medical help with an unwell child.
- There was a policy, displayed and promoted, that all unwell children would be seen on the day.

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Lunchtime appointments were offered following an in house patient survey.
- Telephone consultations with a GP were available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- We saw evidence of teamwork within the practice with adult safeguarding and a close working relationship with outside agencies such as the adult safeguarding team and the local authority.
- Several patients told us that the GPs would often call in on housebound patients and those with palliative care needs, without being asked.

People experiencing poor mental health (including people with dementia)

Good



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

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below the CCG average of 81% and the national average of 84%.
- Performance in mental health indicators at 88% was above the CCG average of 83% and below the national average of 93%.
- The practice had a close working relationship with a consultant psychiatrist who would offer support to the GPs.
- The practice regularly worked with multi disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- Patients experiencing poor mental health were advised how to access various support groups and voluntary organisations.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT) to support patients' needs.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above and in line with local and national averages. Out of the 326 survey forms that were distributed, 114 were returned, a response rate of 35%. This represented 2% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 CQC comment cards which were all very positive about the standard of care received.

We spoke with seven patients during the inspection. All these patients spoke very highly of the practice, they were satisfied with the care they received and thought staff were approachable, committed and caring. Several patients told us that they felt that the staff would always go the extra mile for them and were very supportive.

The Grove Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector with a GP specialist adviser.

Background to The Grove Medical Practice

The Grove Medical Practice is a town centre practice providing care for approximately 4,700 patients over three sites in the Barnsley Clinical Commissioning Group (CCG) area. There are two branch sites, one at 113 - 115 Sheffield Road, Birdwell, Barnsley, South Yorkshire S70 5TA and the other at Cliffe Road, Brampton, Rotherham S73 0XP.

The practice is made up of two former practices, the main site and one branch was run by a single handed GP for 42 years until 2010, the other branch was formally a practice run by a single handed GP for 38 years until January 2014.

The Grove Medical Practice had recently taken over a third practice which they run with the same staff but at the moment it has a separate patient group. They are hoping to merge this practice with The Grove Medical Practice as a third branch surgery to further benefit the patients by improving access across four sites across the town. The two branch surgeries were formally separate practices and have been merged with The Grove Medical Practice within the last two years.

The practice catchment area has been identified as one of the third most deprived areas nationally. It provides services from a converted large house, with disabled access and on street parking. The building is reasonably well planned and is over 3 floors with no lift although patients with mobility issues can be seen on the ground floor.

The Grove Medical Practice has two GP partners, one male, one female and one male salaried GP (3 WTE GPs), four female nurses (including two advanced nurse practitioners) and two healthcare assistants.

There is a hearing loop and the practice is working with BSL signers to provide a service for the deaf.

The practice and the two branch surgeries are open from 8am to 6.30pm Monday to Friday. Extended hours appointments with GPs and nurses are offered on a Monday until 8pm and Tuesdays and Wednesdays until 7pm. Appointments are offered throughout the day at the three locations. Patients could also request a same day telephone call back from the doctor if required for advice.

Out of hours services are accessed by calling the practice telephone number or NHS 111.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 May 2016. During our visit we:

- Spoke with a range of staff including two GPs, Practice Manager, Assistant Practice Manager, Advanced Nurse Practitioner and receptionist and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- Information about safety was highly valued and was used to promote learning and improvement.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event, a leaflet was produced by the practice to give to parents or carers of unwell children. This leaflet clearly described to parents, carers and staff, which symptoms to look out for in an unwell child and how and when to seek urgent advice. Patients told us on the day of the inspection that they had been given this leaflet after a consultation with the GP. They told us that the GP had read through the leaflet with the parents of the child and the parents told us they felt more confident knowing what to look out for and when and how to seek further advice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected

relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained in adult safeguarding and also in child safeguarding to level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as an Independent Prescriber and received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to

Are services safe?

administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three recruitment files and found appropriate checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.7% of the total number of points available which is 5% above CCG average and 1% below the national average. Exception reporting at 8.5% was equal to the CCG average and 1% below the national average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators at 90% was higher than the CCG average of 85% and equal to the national average of 90%. One of the sites had never had a recall system in place for annual reviews for long term conditions, this was put in place in 2014.
- Performance for mental health related indicators at 88% was higher than the CCG average of 83% and below the national average of 93%.
- There was evidence of quality improvement including clinical audit.
- There had been several clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and

monitored. One of the branches had been an outlier in Non-Steroidal Anti-Inflammatory (NSAID) medicine, a type of pain relief medicine. Following the merger, all patients who had NSAIDs on repeat prescription were invited to the surgery for a medication review. Prescribing of this type of medicine reduced substantially over five years.

- Findings were used by the practice to improve services. For example, recent action taken as a result included a reduction of 15% in prescriptions for benzodiazepine, a type of tranquilliser medication.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements such as the process for referring patients to other services was reviewed, introducing an electronic system which ensured all referrals were made within three working days. This ensured that no referrals were missed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions. Practice nurses had protected time for revalidation activity.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one

Are services effective?

(for example, treatment is effective)

to one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e learning training modules and in house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT) to support patients' needs.
- The practice hosted screening sessions for Abdominal Aortic Aneurysm (AAA). This was open to all patients in the area, whether they were registered with this practice or not.
- The practice had a chiropody service on site which was available to everyone in the area, they did not have to be registered at the practice.

Data from the National Cancer Intelligence Network (NCIN) showed that the practice's uptake for the cervical screening programme was 74%, which was equal to the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice had discussed as a team how they could improve these figures. There was an alert on the notes of patients who were due or overdue cervical screening and staff would offer opportunistic screening if they attended the practice.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged patients to attend national bowel and breast cancer screening programmes. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 93% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All telephone calls were taken in a separate room which was the hub of all calls for the three current sites. This prevented calls being made in the reception area and ensuring that confidentiality is maintained.

All of the 22 CQC patient comment cards we received were very 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. Comments included "exceptional care" "prompt referral" and "highly satisfied".

We spoke with two members of the patient participation group (PPG). 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.

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

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

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice had identified the scores that were below average and acknowledged that they were an evolving practice that had taken on other practices during the time this data was collected. They had since undertaken their own patient satisfaction surveys which showed high patient satisfaction. They were aware that data for the nursing staff were slightly lower than average and had recruited a nurse manager to provide support and leadership. Patients told us on the day that the care they received from the nursing team was "excellent" and "could not be better".

Patients told us that all the staff were helpful and kind. We were told that the practice manager would often deliver medication to housebound patients on her way home

Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.

Are services caring?

- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients that this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had identified 2% of the practice list as carers and staff were made aware of these with an alert on the

patient's notes. We observed posters in the waiting room asking carer's to identify themselves during consultations with staff. Patients registering with the practice were asked if they were carers.

Flexible appointments were offered to carers and telephone consultations where required. We were told by a patient that a GP carried out a home visit when they were unwell, not because they were housebound but because they found it very difficult to leave their spouse who required 24 hour care. There was a named member of staff, called the First Point of Call, for carers, who could signpost or refer to other agencies where required and patients had this named individual as their contact.

Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them to offer support in whatever way they wished. This was often followed by a home visit or by giving them advice on how to find a support service. We were told by patients that this support had been invaluable and that they felt that the GP "genuinely cared" when they visited the family.

Each site had a Rose Cottage board; this was a confidential board that staff could refer to identify and support bereaved families if they visited the practice.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had worked with NHS England to take over another practice recently which they hope to merge with The Grove Medical Centre to further improve access for their patients at four sites across the town.

- The ability of the practice to listen to the PPG and act on patient feedback was excellent. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, at the request of patients, the waiting room was redesigned to reduce the chance of any conversations being overheard.
- The practice offered lunch time appointments after an in house patient survey suggested this would be helpful for parents and carers, enabling them to attend the practice when their children were at school. Patients told us on the day of the inspection that it was particularly useful being able to discuss anything with a GP without having children in the consultation. The practice have reviewed the provision of these appointments and it was decided to continue them.
- The staff showed innovative practice to respond flexibly to different groups of people. We saw examples of close working relationships with the local authority and social services.
- We saw examples of where the GPs and staff had gone out of their way and beyond usual duties to ensure patients were safe and protected. We observed evidence of this.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Several patients told us that the GPs would often visit housebound patients to check on them and their carers. Patients and carers told us that they thought very highly of the staff.
- Patients registered at the practice covered two CCG areas. The practice identified the care provided to

patients in the community with long term conditions varied between the areas. An Advanced Nurse Practitioner (ANP) undertook long term condition reviews in the community for patients registered at the practice to promote consistency of care.

- Same day appointments were available for children under 18 years old and those patients with medical problems that require same day consultation. There was a policy, displayed and promoted, that all unwell children would be seen on the day.
- Telephone consultations were available with a GP on the same day. We were told by patients on the day of the inspection that this was particularly helpful for working people and students and those with caring duties who found it difficult to attend the practice.
- An extra three telephone lines had recently been added at the request of patients and all telephone calls were taken in a separate central hub to ensure these calls could not be overheard. Patients told us that this had made a substantial difference to accessing the practice by telephone.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpreter services available.
- Staff worked closely with British Sign Language (BSL) signers and staff were also learning sign language to enable them to communicate effectively and be more welcoming and inclusive for a family who use sign language to communicate.
- At the request of patients, education sessions had been set up monthly to improve self care and empower patients to manage long term conditions along with support from the practice. These were advertised on the practice website and by leaflets in the practice. These were being reviewed and patients were being asked what they would like to learn more about.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were available throughout the day across the three sites. Extended hours appointments with GPs and practice nurses were offered on Monday evenings until 8pm and Tuesday and Wednesday evenings until



Are services responsive to people's needs?

(for example, to feedback?)

7pm. In addition to prebookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%. What patients told us on the day did not reflect this and they told us that they were very satisfied with access. Until December 2015 the practice was open on a Saturday morning but these appointments were withdrawn due to lack of use. The practice was in the process of conducting a patient survey to assess when patients would prefer to access appointments.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and national average of 73%. The practice still felt that this was too low and have recently introduced a new telephone system to add an extra three telephone lines.

Six months after the practices merged, they undertook a patient survey to assess how the appointment system was working across the three sites. Following this it was decided to vary the appointment system slightly at each site to suit local demographics. For example one site had a higher number of older patients who requested more same day appointments, so this was provided. An audit of this was on going.

Evidence was seen that showed how the appointment system was constantly monitored and varied in response to demand and staffing.

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

All requests for home visits were triaged by the on call GP. In cases where the urgency of need was so great that it

would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice actively reviewed complaints and how they were managed and responded to and made improvements as a result. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.

- The 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, such as posters and an easy to read leaflet produced by the practice.

We looked at seven complaints received in the last 12 months and found these to be satisfactorily handled in a timely way with openness and transparency.

Verbal complaints were also documented and discussed as a whole practice team.

Each complainant was contacted as soon as possible by the practice manager and offered a face to face appointment with the GP or practice manager to discuss further. All discussions were documented. All complaints were reviewed annually to look for any trends.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, due to the changes over the last two years with the amalgamation of the two other practices, all 43 significant events going back to 2008 were reviewed to ensure all action had been followed up. This was clearly documented and discussed as a whole practice team, including all staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which all staff knew and understood the values. The merging of three sites (whilst running a fourth with the aim to merge one in the near future), tailoring services to suit the needs of the patient groups at each site and maintaining patient and staff satisfaction, we were told, had been challenging.

The partners were proactive and were looking for opportunities to improve services and outcomes for patients. They had merged two practices with their own to provide better access for patients and were in the process of merging a third to allow access across the town, giving patients the choice of seeing a GP close to home, at work or whilst shopping in the town centre.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. It was involved in piloting and implementing new ways of working, such as the Advance Nurse Practitioner conducting long term condition management reviews for housebound patients.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example, the GP partners had lead roles in palliative care, safeguarding and significant events. The practice nurses had lead roles in long term condition management, infection prevention and control and minor illness.
- Practice specific policies were implemented and were available to all staff on a shared drive, accessible from all three sites. Staff told us they felt included in the production of the policies and they were viewed as a team effort.
- A comprehensive understanding of the performance of the practice was maintained and a programme of

continuous clinical and internal audit was used to monitor quality and to make improvements. Monthly whole team meetings informed all staff about performance and involved everyone in plans to constantly improve.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. The risk management policies that we witnessed were exemplary due to their clarity, coherence and robust structure.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

There was a clear leadership structure in place and staff told us they felt very supported by the partners and the management team. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

All staff were involved in discussions about significant events and how to develop the practice at regular team and role specific meetings. Staff told us that the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. All staff had been involved in the plans to extend and update the three sites.

We saw significant events were raised by administration staff as well as clinical staff. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, or at a time that was convenient for them and they felt confident and supported in doing so.

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

Are services well-led?

Good 

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

systems in place to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology. The partners and practice management team told us they always offered a face to face appointment to discuss any incidents. The practice kept written records of verbal interactions as well as written correspondence.

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

There were high levels of staff satisfaction, they told us they felt part of a whole team where everyone's ideas and opinions were heard. Staff told us there was a commitment to development and training in any areas that might benefit patients. For example they supported a nurse to become an advanced nurse practitioner and nurse prescriber so they could prescribe medicines for the patients they reviewed. One of the GPs was undergoing training to become a GP trainer, with the view of becoming a training practice for doctors wanting to become GPs.

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback, a new telephone system was installed to provide an extra three telephone lines and the waiting area was redesigned to ensure patient confidentiality.
- The practice implemented suggestions for improvements and made changes to the way it

delivered services as a consequence of feedback from patients and from the patient participation group. For example, the design of the waiting area was changed and all telephone calls were taken in a separate central hub, away from reception to ensure patient confidentiality and a new telephone system had been installed to provide three extra telephone lines. Patients told us that this had made a difference getting through in a morning.

- The practice had undertaken its own patient satisfaction surveys at the two surgeries that it had merged into The Grove Medical Practice. These were conducted after six months and showed a high level of patient satisfaction.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and there was an open door policy. Staff told us they felt very involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. All staff that we spoke with told us they were ever open and willing to take up or trial new systems and processes to improve outcomes for patients and provide contemporary care.

The practice had recently taken over another practice with a separate patient group, with the aim of amalgamating this practice into The Grove Medical Practice and improving access for all patients by having four sites spread across the town. The GP told us this would allow patients to access the surgery from home, school, work or whilst shopping in the town centre.