

The Grove Surgery

Quality Report

Trinity Medical Centre
Thornhill Street
Wakefield WF1 1PG
Tel: 01924 784101
Website: www.grovesurgery.org

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Grove Surgery on 15 September 2015. 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.
- Risks to patients and staff were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. This was also available in a wide range of community languages.

- Patients said they found it generally easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day and a Saturday morning clinic for pre-booked appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour, which is a legal duty to be open when harm is caused to a patient.

We saw several areas of outstanding practice:

- The practice was part of Trinity Care which offers a seven day, nurse-led telephone triage service for same day GP appointments as needed or direction to the most appropriate care.
- Vulnerable people living at a local hostel were visited each week by a GP who held a clinic onsite. Primary care services offered at the hostel worked well in

Summary of findings

supporting vulnerable people who were otherwise hard to reach. The GP joined up with other agencies offering support with respect to mental health and dependence on alcohol and drugs .

- The practice had recruited an Urdu speaking practice nurse to target support to South Asian diabetic patients following an identified need in this area.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting, recording and learning from significant events.
- Lessons were shared within the practice and also with external stakeholders to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and when compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



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 others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good 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. There were several examples of innovation in this area including the nurse led seven day triage service and a Saturday morning GP surgery. There was also an outreach clinic for vulnerable patients in a local hostel and the recruitment of an Urdu speaking nurse to improve health outcomes for South Asian diabetic patients.
- Patients said they found it reasonably 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 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 and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice provided a named GP for patients over 75 years of age.
- They provided a range of services including working with patients to prevent unplanned admissions.
- Home visits were available to frail or housebound patients
- Several chairs in the waiting area had been provided with raised seats to assist those with mobility difficulties.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- An Urdu speaking nurse had been recruited to offer targeted support to South Asian diabetic patients following an identified need within the patient population.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with local and national averages.
- 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 through our discussions with clinicians by reviewing patient records.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Staff had received training with respect to anti-radicalisation and terrorism awareness following a safeguarding incident.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. An example of this was the extended hours offered within the surgery and as part of the Trinity Care Group.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- A GP clinic took place in a local hostel on a weekly basis.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff had received training in British Sign Language to improve communication with patients who were hard of hearing or deaf.
- 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- The practice followed-up patients who did not attend appointments relating to their mental health difficulties as part of learning from a significant event. A partner took a lead interest in mental health care and monitored vulnerable patients.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published on 4 July 2015. The results showed the practice was performing in line with local and national averages. There were 325 survey forms distributed to patients and 114 were returned. This was a completion rate of 35%.

- 76% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 87% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 68% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 79%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were nearly all positive about the standard of care received. Patients were universally very positive about the care they had received from clinical staff and also described the reception staff as helpful and polite. Several people commented on the clean and welcoming environment at the surgery, although a small number said that getting a convenient appointment with a preferred clinician was not always easy.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The Grove Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Grove Surgery

The Grove Surgery is based in a large modern building in central Wakefield and has a patient list of 9129. The practice has a diverse population, with 63% describing themselves as White British, 20% stating South Asian ethnicity and a growing East European demographic which is currently 11%. There is a small minority of Black and Middle Eastern ethnicity patients. The practice population are rated as experiencing average levels of deprivation when compared to local and national indicators.

The practice has five full time partners, four male and one female. There is a female salaried GP and the practice is also a training practice, the current GP registrar is male. There are four practice nurses that offer a whole time equivalent of 2.6 staff and they are complemented by two health care assistants who carry out a range of services including phlebotomy and ECGs (a type of heart assessment). The Grove Surgery has a practice manager and a comprehensive reception and administrative team. Care is provided through a Primary Medical Services contract commissioned by the Clinical Commissioning Group. Out of hours care is provided by Local Care Direct.

The practice is also part of a local network of practices that provide the Trinity Care service. This offers a nurse led

triage service that provides access to GPs across seven days. The practice is open 8am to 6.30pm Monday-Friday with pre-booked GP appointments offered on a Saturday morning between 8am-12 noon.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

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

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were spoken to by reception staff and talked with carers and/or family members.
- We looked at several patient records and saw how patient information had been recorded.

Detailed findings

- 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, staff safety procedures were reviewed and reinforced following an incident of patient violence. Training in radicalisation and terrorism awareness was undertaken following a safeguarding incident.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- The practice had experienced two significant safeguarding events and we saw evidence that there

had been effective inter-agency work and staff had responded in an appropriate way. The practice had introduced closer communication protocols with health visitors as a result.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received external training for the role and had received an enhanced Disclosure and Barring Service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We saw that chaperones recorded their activity on the patient record.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was 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. The practice business plan had also considered workforce planning to ensure service continuity. There was a rota system in place for all the different staffing groups to ensure that enough people were on duty. The GPs ensured that cover was maintained throughout the year, so that locums were not required (although a locum pack had been prepared for use if needed).

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. Following an incident in which a patient became threatening, clinicians established a system to routinely confirm when patients entered a consulting room. A recent emergency situation showed that the alert process was well understood by staff.
- 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 98% of the total number of points available, with 6.4% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was similar to the CCG and national average, being 2.4% below the CCG average and 0.8% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average, being 0.6% above the CCG average and 2.2% above the national average.
- Performance for mental health related indicators were higher than the CCG and national average, being 5.7% above the CCG average and 7.2% above the national average.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, one of these was a completed audit where the improvements made around cost savings for both the practice and patients were implemented and monitored.

Information about patients' outcomes was used to make improvements such as; the recruitment of an Urdu speaking nurse and following up non-attenders invited for bowel cancer screening.

Effective staffing

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

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

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- A health trainer attended the practice on a weekly basis, helping patients set health improvement goals. The Health Care Assistant was trained to offer smoking cessation support.
- Patients were referred for cognitive behaviour therapy and counselling for mental health difficulties through a CCG funded partnership with a national provider. There were also support services available for people experiencing difficulties with drugs and alcohol.
- The practice had recruited an Urdu speaking nurse to target health improvements for patients of South Asian heritage experiencing complications with their diabetes care and improve awareness within this patient group.

The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG average of 77.8% and the national average of 76.4%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 96% and five year olds from 84% to 96%.

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 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 told us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 28 patient Care Quality Commission comment cards we received were positive about the treatment received. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. There were several comments that said patients did not always get an appointment as quickly as they would like.

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

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

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).

- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 92% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. Carers were also offered an annual flu vaccination.

We were told that GPs worked closely with Macmillan nurses and that one GP had taken an additional

qualification in palliative (end of life) care. We saw evidence that patients were well supported in times of bereavement and a support group had been set up which met each month at 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 offered a Saturday morning GP surgery for pre-booked appointments.
- The practice was part of a local network of six GP surgeries who offered a seven day nurse led triage service for GP appointments. This innovation was funded by the practices and clinicians from the sites took turns in staffing the service. The service, known as 'Trinity Care', operated from 8am-8pm Monday-Friday and 9am-3pm at the weekend and on Bank Holidays.
- An Urdu speaking nurse had been recruited to improve health outcomes for diabetic patients from the South Asian community following an evaluation that this population group would benefit from targeted support.
- All staff had received an introduction to British Sign Language to improve communication with deaf patients.
- The practice had registered to be a Safer Place, which is a scheme to identify locations that can offer support to a vulnerable person in need of assistance. Staff had also received training to become 'dementia friendly'.
- There were longer appointments available for patients with a learning disability and for those requiring an interpreter.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop in reception and a mobile hearing loop that could be used in consultations. Several chairs in the waiting area were suitable for those with mobility difficulties and there were toys (that could easily be kept clean) and space for children to play.
- Interpretation services were available along with a wide range of health information booklets and posters in a variety of community languages as well as bi-lingual signage throughout the premises.

- The practice had engaged with other agencies to undertake anti-radicalisation and terrorism awareness training following a significant incident. A partner had taken enhanced training and was a training lead within the local network of practices.

Access to the service

- The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available throughout the day. Pre-booked appointments were available with a GP 8am-12pm each Saturday morning. The practice was also part of Trinity Care, which provided a nurse led triage service for patients in the local area seeking an appointment with a GP. This service allowed patients to be assessed on the telephone by a trained nurse, who directed patients to the most appropriate care. In the majority of instances, this resulted in an appointment with a GP, but could also vary from self-care advice or an emergency ambulance. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent same day appointments were also available for people that needed them.
- The practice also contributed to the funding of a community support worker to work directly with heavy users of accident and emergency services and other out of hours provision. An audit of the interventions offered by the worker showed a greater than 50% reduction in attendances to emergency services during a 3 month period.
- Vulnerable patients, placed at a local hostel were visited weekly by one of the partners who held a primary care clinic for the residents. This service has been established for several years and was commissioned by the CCG. The number of visits undertaken exceeded the contracted number and the high quality care provided by the practice was verified by an external stakeholder.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 76% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

- 48% patients said they always or almost always able to see or speak to the GP they prefer (CCG average 55%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them, however, several people told us that they had to wait longer for an appointment than they would have liked. We saw that routine appointments could be booked up to six weeks in advance and that there was capacity built into the system for same day urgent appointments at the practice or by telephone as required.

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.

- The practice manager was the lead for complaints within the practice, with clinical issues relating to complaints overseen by one of the partners.

We saw that information was available to help patients understand the complaints system and information was available in several community languages. We looked at eight complaints received in the last 12 months and saw that they had been appropriately responded to. Learning from issues raised had also been discussed within the practice and raised with the staff concerned. We saw evidence that complaints were taken seriously and the practice listened effectively to patient concerns. Several improvements had occurred as a result of learning from complaints. These were based around better communication protocols within the practice and also with other health professionals.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. We saw that this plan extended several years into the future and had carefully considered the financial landscape along with sensitive workforce and capacity planning to maintain the high standards set at the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The practice manager also encouraged all members of the team to discuss any issues of concern or suggest improvements.

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

When there were unexpected or unintended safety incidents:

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

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

- The management team met every two weeks and staff members across the teams were also briefed every two weeks by their supervisors. This ensured that information could be shared effectively across a larger workforce with varying shift patterns.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager. The working culture was described by the surgery as both focused on providing good care but also relaxed and supportive of the staff. We heard evidence that supported this approach in our conversations with staff and were shown an improvement made by the practice in creating a welcoming rest area for staff to use during their breaks. All staff were involved in discussions about how to run and develop the practice, and the partners and practice manager encouraged all members of staff to identify opportunities to improve the service being delivered.

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

- The practice had an active Patient Participation Group (PPG) of 38 core members. The majority of these were involved via a virtual group who received regular emails and updates. There were 18 members who met face to face on a quarterly basis. On the day of the inspection we spoke to four members of the PPG who told us they

Are services well-led?

Good 

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

were very satisfied with how the practice was managed and the high quality care they had received. We heard that the PPG meetings were always attended by a GP partner and the practice manager. The members felt that their views were actively listened to. As a result of patient feedback the group said that the telephone booking service had improved. The PPG had reflected on its membership and told us that it was not representative of the different ethnic groups served by the practice. The PPG had responded to this by publishing information about the PPG into several community languages and had circulated various types of publicity to local community spaces including places of worship.

- The practice valued the contribution made by staff and we saw that appraisals were undertaken each year. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice valued the role it played in GP training and recognised that it was of benefit to the whole clinical team through reflective learning. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This was especially evidenced in the nurse led triage service which had enabled patients to access a seven day GP service and we saw evidence this has improved accessibility to services and reduced attendances at A & E. The practice had recruited an Urdu speaking nurse to target support towards a higher incidence of diabetes in the South Asian population group. Staff had also had an introduction to British Sign Language to assist in their communication with deaf patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.