

Grange Surgery

Quality Report

41 York Road
Birkdale
Southport
PR8 2AD

Tel: : 01704 560506

Website: www.thegrangesurgerybirkdale.nhs.uk

Date of inspection visit: 12 October 2016

Date of publication: 30/01/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Grange Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grange Surgery on 12 October 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. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- There were systems in place to reduce risks to patient safety, for example, premises and equipment checks, medication management and the management of staffing levels.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- Staff felt well supported. They had access to training and development opportunities and had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw staff treated patients with kindness and respect.
- Services were planned and delivered to take into account the needs of different patient groups.
- Access to the service was monitored to ensure it met the needs of patients.
- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good



- The practice is rated as good for providing safe services.
- Safety events were reported, investigated and action taken to reduce the chance of re-occurrence.
- There were appropriate systems in place to ensure that equipment was safe to use and the premises were safe.
- There were systems to protect patients from the risks associated with insufficient staffing levels, medicines management and infection control.
- Staff were aware of procedures for safeguarding patients from risk of abuse.
- The recruitment records showed all appropriate information had been obtained for staff employed by the practice.

Are services effective?

Good



The practice is rated as good for providing effective services.

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

Are services caring?

Good



The practice is rated as good for providing caring services.

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

Summary of findings

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, for example in delivering services for housebound patients.
- All patients had 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 it.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice was knowledgeable about the numbers of older patients and their health needs.
- They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles.
- Each patient had a named GP to ensure continuity of care.
- The practice provided services to local nursing homes. Visits were carried out by the practice GPs.
- The practice nurse visited the nursing home to monitor long term conditions and GPs visited if a patients' condition deteriorated and to carry out six monthly reviews of patient care. This service had led to better co-ordination of patient care and had assisted with avoiding unplanned admissions to hospital.
- The practice worked with other agencies and health providers to provide support and access specialist help when needed.
- Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients.
- The practice had worked with patients and families to record patient's wishes on place of end of life care, whether patient's wished to be resuscitated and whether information on their end of life care could be shared with family members.

People with long term conditions

Good



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

- The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes.
- The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. Patients had management plans in place which empowered patients to manage their conditions. The practice aimed to ensure that patients were able to see one nurse for all of their long term conditions to reduce the need for multiple appointments.

Summary of findings

- The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.
- The practice worked with other agencies and health providers to provide support and access to specialist help when needed.

Families, children and young people

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

- Child health surveillance and immunisation clinics were provided.
- Midwife clinics were held each week.
- Appointments for young children were prioritised.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The staff we spoke with had appropriate knowledge about child protection and all staff had safeguarding training relevant to their role.
- Staff contacted parents of children who may have missed immunisation appointments, to offer alternative clinic appointments.

Good



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.
- Pre-bookable telephone consultations were available to increase access to working age patients and those with caring commitments.
- The practice was proactive in offering online services such as appointment booking and ordering of repeat prescriptions.
- A full range of health promotion information and screening that reflects the needs for this age group, was available through the practice.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, and any other patients whose circumstances merited this service.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice website had direct links to the carer's centre and also provided a link for any young carers who are under the age of 18.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and ensured their carers had access to this information.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- 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

The latest national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. 227 survey forms were distributed and 107 were returned. This represented the views of 1% of the practice's patient list.

- 86% of patients said they were very satisfied or fairly satisfied with their GP practice opening hours compared to the national average of 79%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 14 comment cards which were all positive about the standard of care received. Three patients also commented that it was difficult to get through to the practice by phone. The practice told us they had now provided a queueing message on phones, advising patients where they were in the queue to have their call answered.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some comments were made on the waiting time for an appointment with a female GP. The practice had reviewed the availability of female GPs and this was reflected in the rostering of the three salaried GPs (all female). The practice had also recruited an Advanced Nurse Prescriber who could prescribe across the formulary, and see patients who may need to see a female clinician.

Grange 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.

Background to Grange Surgery

Grange Surgery is a partnership practice of four GPs and is located on a residential street in Birkdale, Southport. The practice provides GP services to approximately 9,700 patients. All services are delivered under a GMS contract. Grange Surgery falls within Southport and Formby Clinical Commissioning Group (CCG). The practice is a teaching practice, hosting GP registrars.

The practice partnership is made up of three male GPs and one female GP. The partnership is supported by three salaried GPs (all female) and one regular locum GP (male) who works at the practice every Friday. The clinical team is complemented by an Advanced Nurse Prescriber (ANP) who can prescribe medicines, a practice nurse and a health care assistant.

The practice administrative team is overseen by a practice manager. The administration team is made up of an assistant practice manager who is also the practice IT administrator. There are a further 13 reception and administrative support staff and one medical secretary. The practice is open from 8am to 6.30pm each day. The practice closes on one Wednesday afternoon per month for staff training. Extended hours appointments are available every Monday evening between 6.30pm and 8pm, when a GP and a healthcare assistant are available for patient appointments.

The practice premises provide all patient services at ground floor level. The building is fully accessible at ground floor level for patients with limited mobility. Car parking is available outside the practice and there are two disabled parking spaces to the front of the building. At ground floor level there are two patient toilets, one male and one female, with the female toilet being available for use by all wheelchair users and other patients with limited mobility. There are six GP consulting rooms, three nurse's rooms and one fully fitted treatment room suitable for surgical procedures and joint injections.

The practice patient population includes a significant number of older patients, with 31% of patients aged 65 or over. The list also includes 995 patients aged 80 years and over, and 320 patients who are in care or nursing homes.

When the practice is closed, patients ringing the surgery are directed by a phone message to ring NHS 111. Following review of patients, NHS 111 can refer patients to the locally commissioned out of hours service, Go to Doc.

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 12 October 2016.

During our visit we:

- Spoke with a range of staff including two GP partners and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and/or 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.

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.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to child safeguarding level 2.
- 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control 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 last infection control audit completed by Liverpool Community Health, showed the practice achieved a score of 95%. Changes required had been actioned; in cases where marks were deducted for environmental factors, for example carpets in consulting rooms, we saw the practice had a rolling plan of maintenance work which would address these things over time.
- 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. One of the nurses at the practice was an Independent Prescriber and could therefore prescribe medicines across the formulary. We saw this nurse 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 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 four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 to all staff. 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. We saw that consideration was given to the number of home visits that would be required each day, and that the leave requests of GPs and nurses was well managed.

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 showed the practice achieved 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

Performance for diabetes related indicators was above to the national average. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 85%, CCG average 79%, national average 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 90%, CCG average 88%, national average 85%.
- The percentage of patients with diabetes, on the register, who received and influenza immunisation in the preceding 1 August to 31 March was 98.5%, CCG average 96%, national average 95%.

Performance for mental health related indicators was above the national average, for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive, agreed care plan documented in their records in the preceding 12 months, was 99%. CCG average 84%, national average 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses, whose alcohol consumption had been recorded in the preceding 12 months was 95%. CCG average 88%, national average 89%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits initiated by the medicines management team and completed in the last two years. These are repeated periodically to assure that all patients' treatment has the correct level of clinical monitoring. Practice initiated audits included an atrial fibrillation audit, an audit on patients taking Mirabegron, and an audit on prescribing of high risk microbials. All three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the submission of figures to the local clinical commissioning group, on how many unplanned hospital admissions had been avoided, month on month, due to the home visiting scheme delivered by GPs at the practice.

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

Are services effective?

(for example, treatment is effective)

conditions. The Advanced Nurse Prescriber at the practice could evidence they had access to the most up to date guidance on best practice, in their area of specialism, e.g. respiratory illness management.

- 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-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, 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. We did note that District Nurses did not routinely attend these meetings and have brought this to the attention to the leads of the clinical commissioning group.

The practice had undertaken a large amount of work as part of the care home scheme it delivered, serving patients who are residents of local nursing and care homes. GPs had systematically reviewed all patients who had been seen in the casualty department of the local hospital. All these patients had their care needs assessed by the lead GP and an advance care plan was drawn up. All patients had their wishes on whether they wish to be resuscitated recorded and where their preferred final place of care should be. The management of patients multiple health conditions by the practice GPs resulted in reduced unplanned attendance at the local hospital. Staff at the nursing and care homes were also better informed as to each patients needs, and had good access to GPs which contributed to the more effective management of these patients, and a greater degree of personalised care for patients. We reviewed figures supplied by the practice on the impact of the care home scheme, in terms of reducing unplanned attendance at local hospitals. Figures produced by the practice showed the 109 patients visited as part of the scheme accounted for 133 unplanned attendances at the local hospital, in the 12 months preceding the start of the scheme, which ran from 2014-2015. In the 12 months of the scheme there were 34 unplanned attendances at the local hospital. This represents a reduction of 99 unplanned attendances at hospital in the 12 months that the scheme had been delivered by the practice.

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.

Are services effective?

(for example, treatment is effective)

- 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 relevant services; we saw that notice boards in patient waiting areas had a comprehensive range of information for patients, and that specific information was grouped together for ease of reference.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 79%. 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 if required and in easy read format for those with a learning disability. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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 CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% and five year olds from 96% 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 40–74. 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 throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. Patients who were distressed or who wanted to talk to reception staff in private were offered a private room to discuss their needs.

We received 14 comment cards and spoke to four patients. Patients indicated that their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to local and national averages for example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97.5% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91%, and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 91%.

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format and GPs and nurses had access to communication cards, which showed information in picture format for patients with learning difficulties.
- Patients were encouraged to bring their carers with them to appointments if they wished to do so, and longer appointments were offered to accommodate this.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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's computer system alerted GPs if a patient was also a carer. The practice had identified 108 patients as carers (1% of the practice list). The alert on the practice computer system allowed reception staff to ask if a carer needed a double appointment, to ensure they had sufficient time to discuss their health care needs. Staff also

showed an awareness that carers were often subject to time pressures, so appointments in extended hour's surgeries should be offered, to accommodate these patients. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service and bereavement counselling.

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 'Commuter's Clinic' on a Monday and Wednesday evening from 6.30pm to 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, carers who may need this and any other patients who may require longer with a GP to ensure their health care needs are met, for example, patients with dementia.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available for those who needed them. The practice had installed a low level door bell for patients to ring who may experience problems negotiating the doors to the surgery.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered on Monday evening each week between 6.30pm and 8pm. In addition to pre-bookable appointments that could be booked up to 24, 48 and 72 hours in advance, the practice opened up appointment slots that could be booked four weeks in advance. Urgent appointments were also available for people that needed them on the day.

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.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.

- 59% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

In response to patient feedback, the practice had commissioned a further three telephone lines to the practice, to cope with increase telephone traffic.

People told us on the day of the inspection that they were able to get appointments when they needed them. We reviewed the numbers of appointment available to patients each week. We found the practice provided 271 pre-bookable face to face appointments and 52 pre-bookable telephone consultation appointments with GPs each week. Typically, the practice GPs provided 13 urgent appointments each day; these consultations were provided at the end of each surgery for patients who needed to be seen but who could not book an appointment on the day.

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 recorded by staff. These were triaged by GPs at the end of morning surgery and shared between the GPs on duty. All people requesting a home visit were called back by a GP. We reviewed the number of home visits provided by GPs each week. On average the practice provided 69 home visits each week. This figure reflects the demand for home visits to nursing and care homes that the practice supports.

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, and this was displayed on patient notice boards in patient waiting areas.

We looked at all complaints received in the last 12 months and found these had been handled in line with the

complaints policy. All complaints were shared with staff at staff meetings. 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.

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

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 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

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- We saw that the practice held regular team meetings and that these were minuted.
- 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had not been able to form a Patient Participation Group due to insufficient interest from patients. To address this, the practice had advertised the start-up of a virtual patient group, that would mean that patients would not have to commit to attending meetings to contribute their thoughts, ideas and any issues other patients had discussed with them. In the meantime, the practice continued to gather feedback from patients through surveys and suggestion boxes. As a result of patient feedback, the practice had made improvements. For example, by installing more

Are services well-led?

Good 

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

telephone lines to better deal with telephone traffic and released appointments in a staggered pattern, for example, that could be booked 24, 48 and 72 hours in advance.

- 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. Staff told us they felt involved and engaged to improve how the practice was run.