Crown Medical Practice

Quality Report

Tamworth Health Centre, Upper Gungate
Tamworth
Tel: 01827 315355
Website: www.crownpractice.co.uk

Date of inspection visit: 16 November 2015
Date of publication: 07/01/2016

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crown Medical Practice on 16 November 2015. Overall the practice is rated as Good.

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.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- Patients told us they could get an appointment when they needed one. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice acted on feedback from staff and patients.

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

The provider should:

- Follow national guidelines when completing an infection prevention control audit.
- Ensure Health and Safety management is aligned with the guidelines as laid down by the Health and Safety Executive (HSE).
- The wall in the nurse's room was damaged. Ensure a risk assessment is taken to mitigate the risk of infection to staff and patients.

Summary of findings

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. There was a system in place for reporting, recording, monitoring and reviewing significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. There was a written risk assessment was for the use of visual display units. There were enough staff to keep patients safe. The practice used a system to highlight and act on child safeguarding concerns. Annual infection control audits were completed but were not in line with national guidelines. A health and safety audit was seen but outstanding actions had not been completed.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles. There was evidence of appraisals and personal development plans for staff. Staff worked with multidisciplinary teams to meet the needs of patients. For example, patients receiving end of life care. One of the partners' work included the development of an application that assisted patients with certain chronic diseases to form personalised care plans.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients told us they were treated with compassion, dignity and respect. They said staff were helpful, caring and patients said that the practice team provided patient centred care. Good systems were in place to support carers and patients to cope emotionally with their health and condition. Information to help patients understand the services available was easy to understand. We saw that staff were respectful and polite when dealing with patients, and maintained confidentiality. Views of external stakeholders such as other health care professionals were positive and aligned with our findings.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. There was an active patient participation group (PPG) which

Summary of findings

benefited from good engagement from practice partners and staff. There were a number of examples of the practice having embraced information technology to improve patient experience and access. Patients told us they could normally get an urgent appointment on the same day. Patients could book appointments in advance. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised.

Are services well-led?

Good

The practice is rated as good for being well-led. Although no written strategic plans were in place, staff were aware of the culture and values of the practice and told us patients were at the centre of everything they did. They told us they felt supported to deliver safe, effective and responsive care. There was a clear leadership structure and staff felt well supported by management. The practice had a number of policies and procedures to govern activity and systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The PPG provided a strong link between patients and decision making by the management of the practice. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Every patient over the age of 75 years had a named GP. The practice offered proactive, personalised care to meet the needs of the older people in its population and employed a care coordinator to oversee the care plans for vulnerable patients. Regular reviews were held with the community team, district nurses and social services. It was responsive to the needs of older people and offered home visits and longer appointments as required. The practice identified if patients were also carers and offered additional health checks and advice, and information about carer support groups was available in the waiting room.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with a long term condition such as diabetes and asthma. Longer appointments and home visits were available when needed. All of these patients were offered a review to check that their health and medication needs were being met. Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care facilitated through the care co-ordinator. The practice has been involved with the development of a personalised care planning tool that assists patients with certain chronic diseases to maintain their care plans.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk. Parents of children who failed to attend appointments were contacted and the health visitor and social services informed. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the immunisation rates were in line with the local Clinical Commissioning Group average. New mothers and babies were offered post-natal checks. The system developed by the practice to follow up children who had not attended three consecutive appointments highlighted 17 individuals in the last 12 months.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. Pre-bookable telephone consultations were available. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. An interpretation service was in place for non-English speakers. The practice arranged sign language communicators and used fax and text messages to communicate with patients with hearing difficulties.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. The practice carried out annual health checks and offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. It carried out advance care planning for patients with dementia. The practice regularly worked with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse with onward referral to the local alcohol

Summary of findings

service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations.	

Summary of findings

What people who use the service say

We spoke with nine patients during the inspection and collected 17 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered good service and staff were helpful, caring and treated them with dignity and respect. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care. Comment cards highlighted that staff responded compassionately when they needed help.

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 117 responses and a response rate of 34%.

The results indicated the practice performed significantly above local and national averages in the subject of access. For example:

- 90% of respondents were satisfied with the surgery's opening hours compared with a CCG average of 76% and national average of 75%.
- 87% of respondents found it easy to get through to the surgery by phone compared with a CCG average of 71% and national average of 73%.

However, the results indicated the practice could improve performance about waiting to be seen. For example:

- 55% of respondents said they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 68% and national average of 65%.

Areas for improvement

Action the service SHOULD take to improve

Follow national guidelines when completing an infection prevention control audit.

Ensure Health and Safety management is aligned with the guidelines as laid down by the Health and Safety Executive (HSE).

Repair the wall in the nurse's room to remove the risk of infection to staff and patients.

Crown Medical Practice

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 and a Practice Manager specialist adviser.

Background to Crown Medical Practice

Crown Medical Practice is situated in the centre of Tamworth. Approximately 98% of the practice population are White British. The practice is located within a purpose-built health centre that it shares with a second GP practice and community healthcare teams. At the time of our inspection there were 4400 patients on the patient list.

The practice has three GP partners, two male and one female. In addition, there is a practice nurse and a healthcare assistant (HCA). The administrative staff consisted of a practice manager, care coordinator, reception and administration staff. The practice is open from 8.30am until 12.45pm and 1.45pm to 6pm Monday to Friday. Patients requiring a GP outside of normal working hours are advised to call 111 or 999. The practice has a GMS (General Medical Services) contract and also offers enhanced services for example: various immunisation schemes, enhanced hours and remote care monitoring.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

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

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders

Detailed findings

to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 16 November 2015.

We spoke with a range of staff including the GP, the practice manager and members of reception staff during our visit. We sought the views from the representatives of the patient participation group, looked at comment cards and reviewed survey information.

findings

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events. Records were viewed on the day for the seven significant events that had been recorded over the past 12 months.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice experienced a complete loss of power in February 2015. Although the business continuity plan enabled the services to be maintained, a review after the event resulted in the purchase of vaccine cooler bags, the introduction of locum packs and the transfer of electronic data to a new server.

Reliable safety systems and processes including safeguarding

The practice had safeguarding vulnerable adults and children policies in place which were accessible to all staff. Information about who to contact for further guidance if staff had concerns about a patient's welfare was available in the policy and contact details were displayed in each room. There was a lead member of staff for safeguarding. Information from case conferences was recorded in patient notes. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. The practice had established a good working relationship with the health visiting team. We saw evidence of a system used by the practice that utilised computer software to alert practice staff when a child had not attended three consecutive appointments. The practice followed up alerts by writing to the parents of the child and informing both the health visitor and social services.

A chaperone policy was available to all staff. Notices in the waiting room and consulting rooms advised patients the service was available should they need it. Staff had received training to carry out this role and all staff had received a Disclosure and Barring Service (DBS) check.

Medicines management

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines. The practice reported that 89% of patients on repeat medication had been reviewed in the past 12 months.

We looked at two medicine audits with regard to the prescribing of certain types of medication. One audit had been carried out to check that the management of gestational diabetes was in line with NICE guidelines. As a consequence a follow up blood test had been introduced and the second audit cycle demonstrated that all appropriate patients had been given the test. The second audit looked at on the day of inspection evidenced that the practice had improved the intervention to manage diabetes by increasing the number of blood tests and reviews completed. For example, 63% had achieved the target blood pressure in 2014 compared to 53% in 2014.

The practice had two fridges for the storage of vaccines. The practice nurses took responsibility for the stock controls and fridge temperatures. We looked at a sample of vaccinations and found them to be in date. There was a cold chain policy in place and fridge temperatures were checked daily. Regular stock checks were carried out to ensure that medicines were in date and there were enough available for use.

Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

All areas within the practice were found to be visibly clean and tidy. Comments we received from patients indicated that they found the practice to be clean. Treatment rooms had hand washing facilities and personal protective

equipment (such as gloves) was available. Hand gels for patients were available at the electronic booking in screen. Clinical waste disposal contracts were in place and spillage kits were available.

The practice nurse was the designated clinical lead for infection control. There was an infection control policy in place. All staff had received infection prevention and control training. The landlord of the building was responsible for cleaning all areas. Cleaning schedules were in place and a recent audit had been carried out in September 2015. A legionella risk assessment had been completed and procedures were in place to prevent the growth of legionella. The infection control policy had been reviewed annually but did not take account of the most up to date infection control guidance. For example, two of the clinical rooms had screw top taps and clinical rooms that were carpeted had not been risk assessed. National accepted guidance suggested to activate taps, the action would be best performed by sensor or by using a person's elbows. This would help to avoid a person leaving bacterial or viral pathogens (germs) on the surface that would be touched by the next person who used the sink. Two of the clinical rooms were carpeted. The practice reported that no invasive procedures were performed in these rooms. The wall adjacent to the couch in the nurse's room was damaged and the plaster exposed. This created a potential risk to patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw equipment maintenance logs that demonstrated that all electrical equipment had been tested and maintained regularly. For example, all portable electrical equipment had been tested in June 2015 and medical devices were calibrated in March 2015 to ensure they were safe to use.

Staffing and recruitment

There were sufficient numbers of staff with appropriate skills to keep people safe. There was a buddy system for administration staff in place to cover holidays and sickness. The practice employed three GPs, who were supported by locum GPs. The GPs usually worked additional hours to cover holidays, or additional locum GPs were employed as required. A service level agreement (SLA) was in place with an agency that provided locum GPs.

Recruitment checks were carried out and the three files we reviewed showed that 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 (where required).

Monitoring safety and responding to risk

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. There was a maintenance book that detailed the requirements to the landlord, for example, legionella testing had been completed annually and the fire alarm was tested weekly.

Risk assessments had been completed for the use of visual display units (VDUs) in June 2015. The practice told us that health and safety issues were discussed in practice meetings but no written risk assessment had been completed by the practice. The most recent review had been completed in April 2013. There was a health and safety policy in place and had been reviewed in April 2013. However there were a number of outstanding actions, for example, risk assessments to be completed and reviewed annually. The Health and Safety Executive (HSE) guidelines state that employees with more than 5 employees must have a written health and safety policy, have a competent person appointed to help meet health and safety duties and written risk assessments must be completed.

Arrangements to deal with emergencies and major incidents

There were emergency procedures and equipment in place to keep people safe. Emergency medicines were available in the treatment room and staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis (a severe allergic reaction) and low blood sugar. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. Staff had received cardio pulmonary resuscitation training, and a defibrillator was available, which staff were trained to use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. A copy of the plan was kept offsite and included the emergency contact numbers for local services staff. Panic alarm buttons were in every room.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff routinely referred to guidelines from the National Institute for Health and Care Excellence (NICE) when assessing patients' needs and treatments. There was a system in place to inform staff of any changes in the NICE guidelines they used. The guidelines were accessed online and used to create an information sheet that was given to all clinical staff. Evidence was viewed on the day of inspection, for example, management of asthma and chronic obstructive pulmonary disorder (COPD).

The practice nurse managed the care of patients with long term conditions such as diabetes, heart disease and asthma with support from the GPs. Care was planned to meet identified needs and was reviewed through a system of regular clinical meetings. There was a robust recall system in place to identify and invite patients in for their clinical review. Written management plans were reviewed by the GPs and nurse and any amendments actioned by the care coordinator.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against the national screening programmes to monitor outcomes for patients. In 2014-2015 the practice achieved 95.4% of QOF points which was above the local Clinical Commissioning Group (92.3%) and national average (94.7%). The exception rate of 10% was higher than the national average (5.5%). Exceptions can be made when patients have been contacted 3 times but have not made or attended their appointment. This practice was not an outlier for any QOF clinical targets. Data from 2014-2015 showed;

- Performance for dementia was 9.1% higher than the CCG average.
- Performance for depression was 8.4% higher than the CCG average.
- Performance for mental health was 9.3% higher than the CCG average.
- Performance for osteoporosis was 30.1% higher than the CCG average

The practice were below the CCG average in one area:

- Performance for stroke and transient ischaemic heart attack was 3.3% below the CCG average.

The practice carried out a range of audits which included clinical audits. The practice showed us a number of clinical audits that been undertaken. Two of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. For example, the practice had identified patients with diabetes who blood results were higher than recommended. The practice had encouraged these patients to attend their reviews, so their blood results could be monitored and advice given on the management of their diabetes. The second audit cycle demonstrated an improvement in the management of patients with diabetes, as shown by the QOF results. The clinical audits would benefit from being recorded in a way that clearly identified the four stages of the audit cycle.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment and had protected learning time for ongoing training. Staff had received training appropriate to their roles. The learning needs of staff were identified through a system of appraisal and meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions and appraisals. All staff had had an appraisal within the last 12 months. There was a system in place to check the GPs and the nurses' registration with their professional body remained in date.

Staff received training that included: safeguarding, fire procedures, basic life support and chaperoning. Staff had access to and made use of e-learning training modules. The practice had not completed the training programme but had planned to complete in the areas identified as required, for example health, safety and welfare, equality diversity and human rights.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those of patients with complex needs. We spoke with staff of two local care

Good

Are services effective?

(for example, treatment is effective)

homes as part of this inspection. They told us the practice worked with them to meet the needs of patients and that there were effective communication pathways in place to support the sharing of information. The practice held multidisciplinary team meetings every month to discuss the needs of complex patients, for example those with end of life care needs. All meetings were recorded and the minutes shared with relevant staff.

The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a system with the local out of hours provider to enable patient data to be shared in a secure and timely manner. The practice offered a Choose and Book option for patient referrals to specialists. The Choose and Book appointments service aims to offer patients a choice of appointment at a time and place to suit them.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

No formal training on the Mental Capacity Act and Children's Act had been arranged for staff but staff spoken to on the day of inspection demonstrated knowledge of their responsibilities. The practice carried out minor surgery joint injections and we found appropriate information and that consent had been sought from patients prior to the procedure being carried out.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those requiring advice on their diet, smoking and alcohol cessation. Patients were referred to the relevant service for weight management and alcohol cessation advice. The HCA provided in house smoking cessation advice and stated that the patients using the service had achieved a 71% quit rate over a four week period.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78% which was comparable to the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for bowel screening in the past 30 months was 56.3% in line with the national average of 58.3%. The uptake for breast screening in the past 36 months was 75%, above the national average of 72%

Childhood immunisation rates for the vaccinations given were comparable to the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.2% to 100% and five year olds from 92.2% and 98%.The practice worked closely with the health visiting team, sharing information about patients who do not attend for their immunisations. Flu vaccination rates for the over 65s were 73.6% which was in line with the national average of 73.2%, and at risk groups were 55%, which was slightly above the national average of 52%.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that people were treated with dignity and respect.

We spoke with nine patients during the inspection and collected 17 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered good service and staff were helpful, caring and treated them with dignity and respect. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care. Comment cards highlighted that staff responded compassionately when they needed help.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Confidentiality at the reception area was managed using a sign asking patients to stand back and there was no clear sign offering a confidential area if patients wanted to discuss sensitive issues or appeared distressed.

Data from the National GP Patient Survey July 2015 showed from 117 responses that the overall performance was in the top four practices in the CCG. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG of 87% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 96% said that they found the reception staff helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt fully informed and involved in the decisions about their care and treatment. They 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. Patients' comments on the comment cards we received were also positive and supported these views.

Data from the National GP Patient Survey July 2015 showed from 117 responses that performance was higher than most local and all national averages for example:

- 88% 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%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%.
- 86% said the last time they saw or spoke to a nurse; the nurse was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

Patient/carer support to cope emotionally with care and treatment

Notices in the waiting room and information on the practice website told patients how to access a number of support groups and organisations. Patients also had access to a touch screen in the waiting area where they could access the practice website and links to available services.

Staff told us that if patients us that if families suffered bereavement, they were offered an appointment to come and see their GP. Patients could be referred for bereavement counselling if required.

The practice's computer system alerted GPs and nursing staff if a patient was also a carer. There was a practice register of 132 people who were carers and carers and were being supported, for example, by offering annual health checks and advice regarding social care needs. Contact details for the Carer's Association were also provided.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had sufficient seating in the waiting area. Situated in this area was a booth containing a blood pressure machine for patients to use, and a touch-screen providing patient information on the practice and on local health services available. The reception area had a hearing loop and a sign to inform patients. Staff told us that patients in need of immediate treatment would be seen even if not registered with the practice and without proof of identification.

The practice had a Patient Participation Group (PPG) that had been established for six years. The PPG met every two months and members of the group confirmed that the meetings were normally attended by two of the GPs, the practice manager and the clinic clerk. We spoke with nine members of the group who told us the practice engaged, listened and had been responsive to their concerns. For example, the PPG managed a number of the noticeboards in the waiting area including one dedicated to the group. Other noticeboards had focused information on areas highlighted such as alcohol and substance misuse services available to patients. The members told us they supported the practice in completing an annual questionnaire. Feedback, comments and an actions plan was placed on the PPG noticeboard. The group meetings had led to a fund raising coffee morning that raised money for the Macmillan Cancer Support charity.

Access to the service

The practice was open from 8.30am until 12.45 pm and 1.45pm until 6pm on Monday to Friday. The reception telephone lines remained open until 6.30pm. The practice offered a number of appointments each day with the GPs for patients who needed to be seen urgently. Pre-bookable appointments, telephone appointments and Skype consultations could be booked up to four weeks in advance. Children under five were offered a same day appointment. Patients told us they could usually get an appointment when they needed one. These comments were similar to those made on the comment cards.

Results from the national GP survey indicated that were satisfied with access:

- 92% of respondents were able to get an appointment or speak to someone the last time they tried, which was higher than the CCG (86%) and national average (85%).
- 95% of respondents said their experience of making an appointment was good, which was above the CCG (88%) and national average (85%).
- Patients commented that they were normally able to see or speak to their preferred GP (79% compared to the CCG (61% and national average 60%).
- The practice was higher than average in the usual wait for patients after their appointment time where 36% said they usually wait more than 15 minutes to be seen. This was above both the local CCG (25%) and national average (27%).

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated person who handled all complaints in the practice.

Information on how to complain was available in the waiting area. There was a sign and an NHS England leaflet on how to make a complaint. Patients we spoke with were aware of the process to follow if they wished to make a complaint. It was noted that information on making complaints and giving patient feedback was not clearly visible at the reception desk. There was a suggestions box in the waiting area.

We looked at a summary of complaints made during the last twelve months and found these had been satisfactorily handled and demonstrated openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Complaints were discussed during the bi-monthly meetings and communicated to all staff electronically

Are services well-led?

Good

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

Our findings

Vision and strategy

Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. They felt that patients should be involved in all decisions about their care. Comments we received were very complimentary of the standard of care received at the practice and confirmed that patients were consulted and given choices as to how they wanted to receive their care.

However, the practice did not have any strategic plans in place to support the delivery of the practice values or any future developments.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- 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 system for reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of events actively took place.
- A system of continuous audit cycles which demonstrated an improvement in outcomes for patients.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Acting on concerns raised by patients and staff.

Confidential information was stored securely, although staff from the other GP practice located in the same building also had access. A risk assessment had not been completed to ensure the safety of this confidential information within the practice.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise 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 partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG), NHS Friends and Family Test and complaints received. The practice had a well-established PPG. PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care.

The practice reviewed the results from the national GP survey and Friends and Family Test and had developed an action plan to address the issues identified, for example, one of the partners had identified that his patients often waited more than fifteen minutes after their appointment time and had introduced longer appointment times for some patients.

Management lead through learning and improvement

The practice staff told us they worked well together as a team and there was evidence that staff were supported to attend training appropriate to their roles. Formal meetings took place to support shared learning and to drive forward improvements. The GPs were all involved in revalidation, appraisal schemes and continuing professional development. There was evidence that staff had learnt from incidents and complaints and there was evidence of shared learning between staff.

The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. The practice partners attended the locality meetings and communicated the information to other members of the team. This was beneficial to patient care in that a culture of continuous improvement and evidence based practice was promoted. The practice had

Are services well-led?

Good

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

also signed up to the local Clinical Commissioning Group (CCG) Quality Improvement Framework (QIF). The QIF is underpinned by a learning and development programme, with workshops and best practice documents.