Littletown Family Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	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 Littletown Family Medical Practice on 17 March 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing well-led, effective, caring and responsive services. It was also good for providing services for 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 and people experiencing poor mental health (including people with dementia).

Our key findings across all the areas we inspected 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 appropriately 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 compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

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

Importantly the provider should:

- Ensure that the legionella risk assessment that has been in place for a significant period of time is reviewed.
- Ensure fire drills are undertaken periodically and recorded.

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. 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. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. Patient's 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 and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that 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 to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that 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 that the practice responded quickly to issues raised.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. 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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

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

Summary of findings

been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances. It had carried out annual health checks for people with a learning disability and also offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It 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 had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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 including MIND and SANE. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia. All staff are dementia friends, understanding a bit more about dementia and the small things they can do to help people with the condition.

Summary of findings

What people who use the service say

We spoke with 12 patients who used the service on the day of our inspection and reviewed 38 completed CQC comment cards. The patients we spoke with were complimentary about the service. Patients told us that they found the staff to be extremely person-centred and felt they were treated with respect. The comments on the cards provided by CQC were also very complimentary about the service provided.

National GP survey results published in January 2015 indicated that the practice was best in the following areas:

- 97% of respondents find it easy to get through to this surgery by phone. Local (CCG) average: 70%
- 85% of respondents describe their experience of making an appointment as good. Local (CCG) average: 70%
- 94% of respondents describe their overall experience of this surgery as good. Local (CCG) average: 83%

National GP survey results published in January 2015 indicated that the practice could improve in the following areas:

- 74% of respondents were able to get an appointment to see or speak to someone the last time they tried. Local (CCG) average: 80%
- 88% of respondents say the last nurse they saw or spoke to was good at listening to them. Local (CCG) average: 92%
- 91% of respondents say the last nurse they saw or spoke to was good at giving them enough time. Local (CCG) average: 92%

There were 448 surveys sent out, 127 returned giving a completion rate of 24%.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that the legionella risk assessment that has been in place for a significant period of time is reviewed.
- Ensure fire drills are undertaken periodically and recorded.

Littletown Family Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Inspector accompanied by two specialist advisers, a GP and a practice manager, and an expert by experience who is a member of the public trained by the CQC.

Background to Littletown Family Medical Practice

Littletown Family Medical Practice has approximately 4,500 patients registered and is part of Oldham Clinical Commissioning Group (CCG). There are three partner GPs supported by a salaried GP, a practice nurse and a healthcare assistant. There is also a practice manager supported by a reception and administration team.

The practice delivers commissioned services under the General Medical Services (GMS) contract.

The practice offers a range of services for its patient population. Littletown Family Medical Practice is registered with the CQC as a provider of primary medical services. One GP is legally responsible for making sure the practice meets the requirements of the Health and Social Care Act as the registered manager. The registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

The Surgery is open as follows:

- Monday 08:00 – 18:30
- Tuesday 08:00 – 18:30
- Wednesday 08:00 – 18:30
- Thursday 08:00 – 18:30
- Friday 08:00 – 18:30

There is on open surgery each morning when patients can walk in and wait to see a GP. Patients can also book appointments in person or via the phone and online. Emergency appointments are available each day. There is an out of hours service available for patients provided by Go to Doc and information available about the local walk in centre.

The CQC intelligent monitoring placed the practice in band 5. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Information from the General Practice Outcome Standards (GPOS), Quality Outcomes Framework (QOF) and Oldham Clinical Commissioning Group (CCG) information showed the practice rated as an achieving practice.

Detailed findings

Why we carried out this inspection

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

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

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

How we carried out this inspection

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

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

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

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

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We also reviewed further information on the day of the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas. We carried out an announced inspection on 17 March 2015.

During our visit we spoke with a range of staff, including the GPs, nursing and administrative staff and spoke with 12 patients who used the service. We also reviewed information from the completed CQC comment cards. We observed how people were being cared for and talked with carers and/or family members.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. This included reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident and accident reports and saw evidence that these were reviewed and that action was taken when necessary. There were no recorded incidents in the last 12 months. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred and we were able to review these.

We saw that incidents and details of investigations were recorded. Learning points were documented and included discussions with the patient at the centre of the incident, reviews of medication, and sharing of information internally with clinical and non-clinical staff, where appropriate, and externally with the Oldham Clinical Commissioning Group (CCG).

We looked at the systems to manage and monitor incidents. We saw records were completed in a comprehensive and timely manner. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

National patient safety alerts were disseminated by the practice manager via email to practice staff. These are alerts issued to healthcare staff on patient safety issues that require urgent attention and/or action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that staff had received relevant role specific training on safeguarding. The practice had a GP as the lead in safeguarding and they had been trained to level 3 safeguarding children and had also received training in safeguarding vulnerable adults. We asked members of medical, nursing and administrative staff about their training and saw documented evidence it had been completed.

Staff were aware who the lead was and knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew what to do if they encountered safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. There was a flowchart displayed for staff giving the details of what to do in the event of a safeguarding concern and contact details for local authority safeguarding personal were accessible to all staff.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example if a child was subject to a child protection plan. We saw evidence of the practice working in co-operation with the local safeguarding authority in respect of child protection plans.

There was a chaperone policy. Staff had been trained to be a chaperone (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The staff we spoke with understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for maintenance of the cold chain and action to take in the event of a potential failure. We also saw that the temperature of the fridges, used specifically for the storage of medicines and vaccines, were regularly checked and recorded. Cold chain protocols were strictly followed. We saw written records of these and this was confirmed by staff. The "cold chain" is the process of keeping medicines within a safe temperature range.

Are services safe?

The practice nurse oversees the processes in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by the practice nurse using protocols that had been produced in line with legal requirements and national guidance. We saw evidence that the practice nurse had received appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The doctor's bag was securely stored when not in use. The GPs were responsible for checking drugs held in the Doctor's bag prior to visits. Any replacement drugs needed were ordered and replaced by the GP.

Any medicines alerts that were received were reviewed by the practice manager and then disseminated to all clinical staff via email.

Cleanliness and infection control

There were systems were in place that ensured the practice was regularly cleaned. The healthcare assistant took the lead for infection control within the practice. We found the practice to be clean at the time of our inspection. A system was in place to manage infection prevention and control.

We also saw that practice staff were provided with equipment such as disposable gloves and aprons. This was to protect them from exposure to potential infections whilst examining or providing treatment for patients. These items were readily available to staff in the consulting and treatment rooms.

We looked at the consulting and treatment rooms and found these rooms to be clean and fit for purpose. Hand washing facilities were available and storage and use of medical instruments complied with national guidance with most equipment for single use only. We looked at medical equipment and found that it was all within the manufacturers' recommended use by date.

Appropriate arrangements were in place to dispose of used medical equipment and clinical waste safely. Sharps boxes were provided for use and were positioned out of the reach of small children. Clinical waste and used medical equipment was stored safely and securely before being removed by a registered company for safe disposal.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in consulting and treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the

environment which can contaminate water systems in buildings). There was a risk assessment in place but this had not been reviewed for a significant period of time. The provider should ensure this risk assessment is reviewed.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. We reviewed saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment that supported clinical practice such as spirometers to measure lung capacity.

We also saw that fire and intruder alarms were regularly tested, checked and serviced. There were also checks of fire extinguishers.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. We saw that all staff were in the process of having criminal records checks undertaken through the Disclosure and Barring Service (DBS).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Are services safe?

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

There was a system in place to record professional registration such as for the General Medical Council (GMC). We saw evidence that demonstrated professional registration for clinical staff was up to date and valid.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy.

We found checks were made to minimise risk and best practice was followed. These included monitoring staff training to ensure they had the right skills to carry out their work and monitoring stocks of consumables and vaccines to ensure they were available, in date and ready to use.

Most of the staff at the practice had been employed for some years and knew the patients well therefore contributing to continuity of care. Staff we spoke to told us they were able to identify if patients were unwell or in need of additional support. They told us that this meant that they could make arrangements for the patient to be helped accordingly. We observed during our visit staff dealing with a patient who was distressed in a calm, empathetic and reassuring manner.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that staff had received training in basic life support. Emergency equipment was available including access to oxygen. The practice did not currently have an automated external defibrillator (used to attempt to restart a person's heart in an emergency) but had a risk assessment in place.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. 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.

Business continuity arrangements were in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included loss of premises utilities, computer system and loss of GP services.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training however the practice does undertake regular fire drills. The provider should ensure that fire drills take place.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly describe their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

We saw that the GPs took the lead in specialist clinical areas such as paediatrics and end of life care. The practice nursing staff supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support.

Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed. The practice team ensured that patients with long term conditions were regularly reviewed by practice staff and their care was coordinated with other healthcare professionals when needed. According to the Quality Outcomes Framework (QOF) data the practice was better than average for establishing and maintaining a register of all patients in need of palliative care/support irrespective of age, and was better than average for establishing and maintaining a register of patients aged 18 or over with learning disabilities.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit a year.

The practice demonstrated to us that clinical audits had been undertaken. We saw examples of completed audits around the use of antibiotics in practice and cervical smears which showed an effective response to any possible risk to patient safety.

There was a protocol for repeat prescribing which was in line with national guidance and staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used.

Effective staffing

We reviewed nine staff files and staff training records, and had discussions with staff. This demonstrated that all staff were able to access regular training to enable them to develop professionally and meet the needs of patients effectively. New staff were provided with a programme of induction that included training relevant to their role. Staff were given protected time for training.

We saw that appraisals had taken place. These included performance against agreed objectives, key achievements, areas identified for improvement, training and development, changes to job description and actions agreed. These were backed up with an action plan and a training and development plan. Staff we spoke with said they being supported to access relevant training that enabled them to confidently and effectively fulfil their role.

GPs were supported to obtain the evidence and information required for their professional revalidation. This was where when doctors demonstrated to their regulatory body, the GMC, that they were up to date and fit to practice. All the GP's had undergone clinical appraisals.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, x ray results, and letters from the local hospital including discharge summaries, and out of hours services both electronically and by post. The practice ensured that all relevant staff were aware of their responsibilities in passing on, reading and acting on any issues arising from communications with other care

Are services effective?

(for example, treatment is effective)

providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. According to QOF data the practice was rated better than average in having regular (at least three monthly) multidisciplinary meetings where all patients on the palliative register were discussed. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and indicated how useful they found this as a means of sharing important information.

Information sharing

There was effective communication, information sharing and decision making about a patient's care across all of the services involved both internal and external to the organisation, in particular when a patient had complex health needs. Care was delivered in a co-ordinated and integrated manner with appropriate sharing of patient sensitive data such as safeguarding information being shared with the local safeguarding authority.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff 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.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in meeting their requirements. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice.

The 2015 national GP patient survey indicated 92% of people at the practice said the last GP they saw or spoke to was good at explaining tests and treatments, 89% said the last GP they saw or spoke to was good at involving them in decision making and 97% had confidence and trust in the last GP they saw or spoke to.

Patients we spoke with told us that they were spoken to appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and gave informed consent to treatment. The practice computer system identified those patients who were registered as carers and any other information relating to consent was put onto the system and alerts set up to notify clinicians.

All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

Health promotion and prevention

It was practice policy to offer all new patients registering with the practice a health check with the health care assistant and they were also given the opportunity to complete a health questionnaire. The GP was informed of all health concerns detected and these were followed-up in a timely manner. We noted a culture amongst the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic health screening to patients who do not attend the practice regularly.

The practice demonstrated a commitment that ensured their patients had information about a healthy lifestyle. This included providing information about services to support them in doing this. There was a range of information available for patients displayed in the waiting area and on notice boards in the reception area. This

Are services effective?

(for example, treatment is effective)

included information for expectant mothers, children's health and long term chronic conditions. They also provided information to patients via their website and in leaflets in the waiting area about the services available.

The practice worked proactively to promote health and identify those who require extra support, for example those with long term conditions. There was evidence of appropriate literature and of good outcomes for these areas as demonstrated in the QOF data.

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. Staff we spoke with were knowledgeable about other services and how to access them. The practice nurse offered a variety of appointments that included cervical smears, cervical cytology, child health and mother and baby clinics.

The practice offered a full range of immunisations for children and flu vaccinations in line with current national guidance. If a patient required any vaccinations relating to foreign travel they made an appointment with the practice nurse to discuss the travel arrangements. This included which countries and areas within countries that the patient was visiting to determine what vaccinations were required.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients completed CQC comment cards to tell us what they thought about the practice. We received 38 completed cards and comments were generally positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all 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. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. We noted that the waiting area was located away from the reception desk which helped keep patient information private. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff.

We looked at the results of the 2015 GP patient survey. This is an independent survey run on behalf of NHS England. The survey results reflected that 92% of respondents said the last GP they saw or spoke to at the practice was good at treating them with care and concern. 88% of respondents said the last nurse they saw or spoke to was good at listening to them.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 82% of practice respondents said the GP involved them in care decisions and 92% felt the GP was good at explaining treatment and results.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the CQC comment cards we received was also positive and aligned with these views.

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

Patient/carer support to cope emotionally with care and treatment

The patients we spoke to on the day of our inspection told us that staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was also a carer. We were shown the information available for carers to ensure they understood the various avenues of support available to them.

We saw that there was a system for notifying staff about recent patient deaths. Staff told us that this was helpful when speaking to relatives and others who knew the person who had died. During our inspection we observed one of the GPs dealing with a family who had suffered bereavement. The GP dealt with this matter in a sensitive and supportive manner, and offered condolences and further support to the family.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS Local Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice had a website and that offered the opportunity of booking a limited number of appointments on line. The website also allowed patients to order repeat prescriptions, cancel appointments and change contact details.

Each patient contact with a clinician was recorded in the patient's record, including consultations, visits and telephone advice. The practice had a system for transferring and acting on information about patients seen by other doctors and the out of hour's service. There was a reliable system to ensure that messages and requests for visits were recorded and that the GP or team member received and acted upon them. The practice had a system in place for dealing with any hospital report or investigation results which identified a responsible health professional and ensured that any necessary action was taken. There were arrangements in place to ensure the relevant team members were informed about patients nearing the end of their life. There was also a system to alert the out of hour's service if somebody was nearing the end of their life at home.

The practice also provided GP serves to a local inpatient facility that looked after patients who were deaf and/or had complex communications difficulties. There was also services provided to a local domestic violence hostel. This demonstrated that the practice were responding to the needs of people in vulnerable circumstances.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

The practice provided equality and diversity training for clinical and non-clinical staff. Staff we spoke with confirmed they had completed the equality and diversity training and that equality and diversity was regularly discussed during appraisals and at meetings.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. The practice nurse and health care assistant undertook home visits if necessary. This included providing vaccinations to housebound patients.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that those in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. The practice responded to patient feedback and introduced an open surgery system which allowed patients to turn up and wait to see a GP, though this was not be a named GP.

The national GP survey results published in January 2015 showed that 97% of patients said it was easy to get through to the practice to make an appointment. 93% of patients said they found the receptionist helpful once they were able to speak with them. Patients we spoke with told us that they did not have difficulties in contacting the practice to book a routine appointment.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and 38 patients chose to comment. All of the comment cards completed were generally complimentary about the service provided.

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

Patients we spoke with knew how to raise concerns or make a complaint. Information on how to complain was on the practice website and in the practice information leaflet. We looked at complaints received and found they had been satisfactorily handled and dealt with in a timely manner.

Patients were informed about the right to complain further and how to do so, including providing information about relevant external complaints procedures. Patients we spoke with said they would be able to talk to the staff if they were unhappy about any aspect of their treatment.

Are services well-led?

(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 statement of purpose which was to provide a safe and effective service for patients, ensure all staff delivering services had the appropriate qualifications and were up to date with all new training requirements and to ensure the premises from which the services were provided were safe, clean and comfortable for the service users.

The GPs we spoke with demonstrated an understanding of their area of responsibility and they took an active role in ensuring that a high level of service was provided on a daily basis. All the staff we spoke with said they felt they were valued and their views about how to develop the service were acted upon.

The practice website had a feedback section and offered patients the opportunity to book an appointment on line. This demonstrated that the practice was interested in the views of their patients and carers and these views were used to consider how the service could be improved. The staff were dedicated to providing a service with patient's needs at the heart of everything they did.

GPs attended locality and Clinical Commissioning Group (CCG) meetings to identify needs within the community and tailored their services accordingly.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff in paper form and on any computer within the practice.

There was a clear leadership structure with named members of staff in lead roles such as a GP was the lead for safeguarding children and safeguarding vulnerable adults. The practice manager was the lead for information governance, the caldicott guardian and data protection. The practice nurse took the lead for long term conditions and the storage of vaccines and emergency equipment. We spoke with six members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed by the GPS and practice nurse.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice or from safety alerts. We looked at several clinical audits and found they were well documented and demonstrated a full audit cycle.

Leadership, openness and transparency

We saw from minutes that team meetings were held regularly but would be convened at any time if circumstances demanded. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. We also saw evidence of regular clinical, educational and managerial meetings. These meetings discussed a variety of clinical matters including NICE guidance, case studies, out of hour's data and A&E attendances.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. We saw that there were staff employment policies in place such as dignity at work, equal opportunities and data protection. We were shown the information that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. Staff we spoke with were aware of the whistleblowing policy and what to do if they were concerned about any matters.

We saw evidence that showed the practice worked with the Clinical Commissioning Group (CCG) to share information, monitor performance and implement new methods of working to meet the needs of local people.

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

The practice had gathered feedback from patients through a patient survey and through the friends and family test. Patient complaints were also reviewed for feedback. We looked at the results of these and the annual patient survey

Are services well-led?

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

and saw that action actions had been taken for all of the areas patients reported a less positive experience. The change to the open surgery was implemented because of patient feedback.

The practice gathered feedback from staff during the appraisal process and at team meetings. The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to develop through training and mentoring. We saw that annual appraisals took place. Staff told us that the practice was very supportive of training and provided them with eLearning through a system called “blue stream academy”. There was also some face to face learning. Training included basic life support, consent, fire safety awareness, chaperoning, safeguarding children and vulnerable adults and equality and diversity. We also saw evidence that the practice manager had undertaken training in health care support to care homes, shared decision making and significant event analysis, and that the practice nurse had received training in end of life care and learning disability awareness..

The practice had completed reviews of significant events and other incidents and shared with staff via email to ensure the practice improved outcomes for patients.