Quayside 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?	Outstanding
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Quayside Medical Practice on 17 December 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice:

- The practice had a focussed care team who worked in a holistic way with vulnerable patients. This was to improve their outcomes in relation to health and social care needs.
- The practice had been through a difficult time following a senior GP partner suddenly leaving. They

Summary of findings

dealt with the increased workload without impacting on patient satisfaction. Emotional and practice support, including counselling, was put in place for all staff.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

- Data showed that patients rated the practice significantly higher than others for almost all aspects of care. This included being treated with care and concern, being listened to and being given enough time.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.

Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Staff knew patients well and patients commented how good their memories were in relation to their personal circumstances.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. Focussed care practitioners worked with patients and their families to improve outcomes and provide a holistic approach to their health and social care needs.
- Following a bereavement families were sent a sympathy card.

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 to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a 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. Learning from complaints was shared with staff.

Are services well-led?

Good

The practice is rated as good for being well-led.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older people were invited for regular health checks and medicine reviews.
- Housebound patients were able to order prescriptions by telephone.

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 structured annual review to check that their health and medicines 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.
- Care plans were in place for patients with long term conditions where their health needs put them at risk of a hospital admission.

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.
- Children under the age of five were seen on the day a request was made when needed, and parents were informed of this when they registered with the practice.

Summary of findings

- 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.
- We saw good examples of joint working with midwives, health visitors and school nurses, many of whom were based in the same building.

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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available early morning and late night to facilitate those who worked, and telephone appointments were also available.

People whose circumstances may make them vulnerable

Outstanding

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

- The practice had systems in place to meet the needs of patients in vulnerable circumstances including homeless people and travellers, although none were currently registered.
- It 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.
- A focussed care team worked holistically with vulnerable patients to improve their health and social care outcomes.

Summary of findings

- The practice provided a drug recovery service for their patients and patients from other practices to monitor opioid substitute medicines.

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).

- 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.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. Patients were invited for an annual review of their health.
- Access to counselling from MIND was available in the same building. (MIND provides advice and support to empower people experiencing mental health problems).

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. The results showed the practice was performing above local and national averages. 331 survey forms were distributed and 108 were returned. This was a 33% completion rate, representing 1.9% of the practice population.

- 81% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 94% found the receptionists at this surgery helpful (CCG average 87%, national average 87 %%).
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 97% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 92% described their experience of making an appointment as good (CCG average 70%, national average 73%).
- 84% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which all contained positive comments about the standard of care received. One card also included comments about a patient being dissatisfied with the medicine they were prescribed. The others were wholly positive, with patients stating staff were caring and treated them in a dignified way, and they had no difficulty accessing appointments.

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

Outstanding practice

- The practice had a focussed care team who worked in a holistic way with vulnerable patients. This was to improve their outcomes in relation to health and social care needs.
- The practice had been through a difficult time following a senior GP partner suddenly leaving. They dealt with the increased workload without impacting on patient satisfaction. Emotional and practice support, including counselling, was put in place for all staff.

Quayside 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 advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Quayside Medical Practice

Quayside Medical Practice is located on the first floor of a modern building in the centre of Failsworth. There are two other GP practices located in the same building. The practice is fully accessible to those with mobility difficulties. There is a car park next to the building entrance.

There are three GPs, two female GP partners and a male salaried GP. There are two practice nurses, a healthcare assistant, practice manager and administrative and reception staff. The practice also has a focused care team that amalgamates health and social care, taking a holistic approach to improving outcomes for patients.

The practice is open from 8am until 7.30pm on a Monday, 7am until 6.30pm on Tuesdays and Wednesdays and 8am until 6.30pm on Thursdays and Fridays.

Appointment times are:

Monday 9.30am – 12.40pm, 3.40pm – 6.10pm, 6.30pm – 7.15pm.

Tuesday 9am – 12.10pm, 3.40pm – 6pm.

Wednesday 9.30am – 12.10pm, 3.40pm – 6pm.

Thursday 9am 0 11.50am, 3pm – 5.10pm.

Friday 9am – 12.10pm, 2.50pm – 6pm.

There is the facility for patients to be seen outside these hours, with earlier appointments, from 7.30am, usually given on Tuesdays and Wednesdays. Telephone appointments are also available.

The practice has a Personal Medical Service (PMS) contract with NHS England. At the time of our inspection 5601 patients were registered.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Go to Doc.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on17 December 2015. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, a practice nurse, a focussed care practitioner, the practice manager and administrative and reception staff.
- Spoke with eight patients.
- Reviewed 33 CQC comments cards where patients shared their views and experiences of the service.
- Observed people at the reception desk.
- Reviewed policies, audits, personnel records and other documents relating to the running of the practice.

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)

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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they were aware of the process of reporting significant events. Staff had a good awareness of what should be reported, and they told us they were discussed at the monthly practice meetings.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. These included a change to the system of recording vaccinations carried out during home visits.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3, and all other staff were trained to the appropriate level. Safeguarding flowcharts for children, vulnerable adults and child sexual exploitation were displayed in consulting rooms for advice.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones had been trained for the role by an external trainer and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All the staff we spoke with understood their role in relation to chaperoning.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Cleaners attended the practice daily and there was a system in place to leave them messages if required, and the practice manager performed regular checks of their performance. A spillage kit was held at the practice for use during the day if required.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). One of the medicines in the emergency medicines box did not have an expiry date displayed. This was removed during the inspection. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed seven personnel files and found that appropriate recruitment checks had been undertaken prior to employment. These included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

Good

Are services safe?

health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- There were two defibrillators in the building and the practice carried out checks to ensure they were available and ready for use. The practice had oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.6% of the total number of points available (clinical commissioning group (CCG) 92.6%, national average 93.5%), with 6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was 91.9%. This was better than the CCG average of 81.8% and the national average of 89.2%.
- Performance for hypertension related indicators was 100%. This was better than the CCG average of 96.7% and the national average of 97.8%.
- Performance for mental health related indicators was 100%. This was better than the CCG average of 91.7% and the national average of 92.8%.
- Performance for dementia related indicators was 100%. This was better than the CCG average of 90.4% and the national average of 97.3%.

Clinical audits demonstrated quality improvement.

- We saw three clinical audits that had been completed in the last two years. All of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following the result of the audit of the management of drug misuse patients that were registered with other practices but attended this practice as part of a shared care agreement for the prescribing of an opioid substitute had a full medicine check, and further checks were put in place if required.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered all aspects of their role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Staff usually had an annual appraisal. Due to difficulties faced by the practice in 2015 when a senior GP partner suddenly left it had been decided that a group meeting to discuss how the team coped during the difficulties and address ongoing issues would be more productive. Staff had formally signed that this meeting, during March 2015, had taken the place of their usual appraisal meeting.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

Good

Are services effective?

(for example, treatment is effective)

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Some staff had also received training in the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Staff were familiar with the Gillick competence and knew to apply these appropriately when seeing a patient under the age of 16.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 79.1%, and five year olds from 72.3% to 74.5%. Flu vaccination rates for the over 65s were 73.58% (comparable to the CCG average), and at risk groups 44.19% (below the national average of 52.29%. The practice had set up flu vaccination sessions on Saturday morning and also offered opportunistic flu vaccinations when patients attended for any other reasons.

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.

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was also a privacy area at the side of the reception desk that could be used.

All of the 33 CQC comment cards we received contained positive comments about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight patients, and they also gave us very positive feedback about the practice. Patients commented that everyone had a very friendly attitude and staff showed an interest in patients. They told us that reception staff knew them and had excellent memories if they telephoned to ask any questions. We observed several patients calling into the practice to bring Christmas presents for staff.

We also spoke with eight members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They commented of how knowledgeable reception staff were and how they knew the names patients preferred to be called by.

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

- 94% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 86% said the GP gave them enough time (CCG average 86%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85 %%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 94% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Outstanding ☆

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that all families who suffered a bereavement were sent a sympathy card. A patient also told us they were given extra support from their GP when they had suffered a bereavement.

When a patient had been discharged from a significant stay in hospital a GP contacted them to ask how they were. Also, patients who had blister packs for their medicines received monthly telephone calls to make sure everything was okay with their medicine needs. The practice had a system in place to help patients financially if they needed to attend hospital and an ambulance was not appropriate. Patients who were not able to afford public transport were given money from petty cash. We saw an example of the practice nurse delivering food to a patient with dementia who was waiting for support from social services.

The practice worked with another healthcare provider to take a holistic approach to improving outcomes for patients. Health and social care needs were amalgamated and patients had input from a focussed care team. Clinical and reception staff were able to refer patients to the team if they thought patients, especially more vulnerable patients, would benefit. The focussed care team was made up of practitioners from the other healthcare provider and practice staff who worked flexible to give help and support and the time and place most suitable for the patient. They also worked with families as a way to improve outcomes.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice opened at 7am twice a week and it also had appointments until 7.15pm once a week.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients or patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Focussed care practitioners provided a holistic service to more vulnerable patients with a view to improving outcomes in both health and social care. All staff were able to make referrals to the focussed care team.
- The practice worked with another healthcare provider when providing its focussed care service. This other provider gave pastoral care and advice to patients and staff following difficulties the practice had encountered in the previous year.
- The practice had a drug dependency service for their patients and patients from other practices where opioid substitute medicines were monitored. Drug support workers also attended this service.

Access to the service

The practice was open from 8am until 7.30pm on a Monday, 7am until 6.30pm on Tuesdays and Wednesdays and 8am until 6.30pm on Thursdays and Fridays. Appointment times were:

Monday 9.30am – 12.40pm, 3.40pm – 6.10pm, 6.30pm – 7.15pm.

Tuesday 9am – 12.10pm, 3.40pm – 6pm, with extended hours appointments available from 7.30am.

Wednesday 9.30am – 12.10pm, 3.40pm – 6pm, with extended hours appointments available from 7.30am.

Thursday 9am - 11.50am, 3pm – 5.10pm.

Friday 9am – 12.10pm, 2.50pm – 6pm.

In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments were also available for people that needed them. The practice sent text reminders to patients about their appointments.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 81% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 92% patients described their experience of making an appointment as good (CCG average 70%, national average 73%.
- 84% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71%, national average 65%).

Patients told us on the day that they were able to get appointments when they needed them, with accessing a same day appointment rarely being difficult.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included information on the website and in the practice information leaflet.
- Verbal complaints were recorded, and all complaints were discussed at practice meetings as well as at an annual complaints review meeting.
- Staff described a blame free culture where learning from any complaints made was encouraged.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We looked at the complaints made in the previous 12 months and found they had been satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which staff were aware of and understood.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

There had been a recent change to the partnership, where a senior GP partner had suddenly left, and the practice had gone through a very difficult time. They had kept CQC informed throughout the difficulties and had notified CQC of their intention to have their registration changed to reflect the new partnership. Throughout the difficulties faced the practice manager and remaining GPs provided support to each other and other staff at the practice. This support had included suspending non-clinical appraisals for one year and having a group support meeting instead to focus on how they had managed the difficult situation and look at the strengths they displayed as a team. In addition, external counselling was arranged for staff to help them through the difficult time.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held monthly team meetings. The GPs met weekly. Every month there was a palliative care and multi-disciplinary team meeting, and complaints ad significant events were also discussed in monthly meetings. The focussed care team met formally every six weeks. All clinicians met monthly and every six months during these clinical meetings there was a peer review of referrals made to other services
- 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. The team met socially outside work to promote closer working.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. A comments and suggestions box was available in the reception area.

- There was an active patient participation group (PPG) that met approximately every six weeks. The group had formed approximately 10 years ago. We spoke with eight members of the group and they explained they were a link between the practice other patients. They told us the practice manager attended their meetings if there was any information to disseminate or if the practice wanted help from the PPG. This had previously included coordinating patients attending Saturday flu vaccination clinics. The PPG had been instrumental in getting a zebra crossing put in place close to the practice, getting grit bins place nearly for staff to use in icy weather conditions and in improving access for patients via automatic doors.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. This included the focussed care team who worked with vulnerable patients holistically to improve health and social care outcomes.

The practice was a training practice for foundation programme doctors and also taught undergraduate medical students. One of the GPs had recently qualified to be a GP trainer.