New Seaham Medical Group

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 this comprehensive inspection on 19 January 2016.

Overall, we rated this practice as good.

Our key findings were as follows:

- The practice provided a good standard of care, led by current best practice guidelines. A programme of clinical audit was used to identify where patient outcomes could be improved.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents, although there was some confusion around recording procedures at times. Information about safety was monitored, appropriately reviewed and addressed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice was proactive in the promotion of good health and management of long term conditions. Staff communicated within multi-disciplinary teams to manage complex conditions.
- There was a clear leadership structure and staff felt supported by management. Staff felt confident in their roles and responsibilities.

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

The provider should:

- Ensure that formal governance arrangements are sufficient to fully assess and monitor risks and the quality of the service provision. The practice had some risk assessments in place to monitor safety of the premises, but not all risks had been identified, monitored or reviewed.

Summary of findings

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood their roles and responsibilities in raising concerns, and reporting incidents. Lessons were learned from incidents, and we found evidence that incidents had been reported, discussed and reflected upon, although there was at times some confusion around incident reporting. There were sufficient emergency and contingency procedures in place to keep people safe. There were sufficient numbers of staff with an appropriate skill mix to keep patients safe. The practice had assessed some risks to those using or working at the practice but had not subsequently kept some of these under review, and had not fully identified all risks.

Are services effective?

Good

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework (QOF) showed that the practice performed at or above Clinical Commissioning Group averages. Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. The practice was proactive in the promotion of good health and patient involvement. Patients with some long term conditions were given individual care or management plans and staff communicated within multi-disciplinary teams to manage complex conditions. Staff were supported within their roles to develop their skills, through a system of protected learning time, appraisals, and identified learning needs.

Are services caring?

Good

The practice is rated as good for providing caring services. Feedback from patients about their care and treatment was positive. Patients said they were treated with care and concern. We observed a patient-centred culture and staff promoted this as the ethos of the practice. Staff were motivated and inspired to offer kind and compassionate care. In patient surveys, the practice scores for how caring patients found the practice were at times below the average compared to local and national survey results. For instance, 79% of patients said the last GP they saw or spoke to was good at treating them with care and concern, below the Local (CCG) average of 89% and the National average of 85%.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice had a good overview of the needs of their local population,

Summary of findings

and was proactive in engaging with the Clinical Commissioning Group (CCG) to secure service improvements. The practice was located within a purpose built building, had sufficient facilities and was well equipped to meet patients need. Information was provided to help patients make a complaint, and there was evidence of shared learning with staff. The majority of feedback was positive around access to the service, with most patients able to access services without difficulty.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a forward plan to work to with clear aims and objectives. The practice had a well-developed vision and values which staff were familiar and engaged with. The practice had a Patient Participation Group (PPG) which they were trying to further develop and was able to evidence where changes had been made as a result of PPG and staff feedback. Staff described the management team as available and approachable, and said they felt highly supported in their roles. The practice had a number of policies and procedures to govern activity and held regular staff and management meetings.

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 held palliative care and multi-disciplinary meetings regularly to discuss those with chronic conditions or approaching end of life care. These patients were given priority access for appointments. Care plans had been produced for those patients deemed at most risk of an unplanned admission to hospital. Information was shared with other services, such as out of hours services and district nurses. Nationally reported data from the Quality and Outcomes Framework (QOF) showed the practice had good outcomes for conditions commonly found in older people. The over 75's had a named GP, and were offered an annual review which included dementia screening and falls risk assessment.

Vulnerable patients living in residential units, the housebound or at high risk of admission were cared for by a GP in conjunction with Advanced Nurse Practitioners and district nurses. This was a CCG initiative to ensure the needs assessment of vulnerable patients remained up to date.

People with long term conditions

Good

The practice is rated as good for the care of people with long term conditions. Clinics were designed to minimise patient need for attendance, for instance diabetic patients could see a dietician, GP, nurse and podiatrist as part of the same clinic review on the practice site. Staff ensured through joint working that housebound patients had the same access to reviews through home visits.

Staff skill mix had been reviewed and was mapped to patient need. People with long term conditions were monitored and discussed at multi-disciplinary clinical meetings so the practice was able to respond to their changing needs. Outcomes were monitored through clinical audits. Nurses and GPs worked collaboratively. Data showed the practice was proactive in managing long term conditions. Diabetes indicators were all above national averages. For instance QOF data from 2014-15 showed the percentage of diabetic patients having a record of a foot check in the previous 12 months was 93.19%, above the national average of 88.3%.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Systems were in place to identify children who may be at risk. The practice monitored levels of children's vaccinations and attendances at A&E. Regular multidisciplinary meetings were

Summary of findings

held to review children on the safeguarding register. Immunisation rates were around average for all standard childhood immunisations. Antenatal clinics were held weekly, and patients accessed post-natal health review appointments combined with health visitor clinic and immunisation clinic at the same time. The under-five's had protected appointment slots with same day access to a GP. Young people could access family planning and sexual health advice.

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 population had been identified, and services adjusted and reviewed accordingly, for instance extended hours appointments were available later in one evening and earlier one morning each week. Patients could also access a Saturday morning surgery at a neighbouring practice. Patients could access a variety of services during these times, such as NHS health checks and contraceptive services. Routine appointments could be booked in advance, and could be made online. Repeat prescriptions could be ordered online. Telephone appointments were available. The practice carried out health checks for people of working age, and actively promoted screening programmes such as for cervical cancer. For instance, the practice's uptake for the cervical screening programme was 81.1%, similar to local and national averages.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people living in vulnerable circumstances. The practice had a register of those who may be vulnerable, including those with learning disabilities, who were offered annual health checks. Patients or their carers were able to request longer appointments if needed. The practice had a register for looked after or otherwise vulnerable children and also discussed regularly any cases where there was potential risk or where people may become vulnerable. The computerised patient plans were used to flag up issues where a patient may be vulnerable or require extra support, for instance if they were a carer. Carers could then be signposted to support organisations. Staff were aware of their responsibilities in reporting and documenting safeguarding concerns. New patients who may be vulnerable were identified through health checks and screening questionnaires.

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

made referrals to other local mental health services as required, and worked with other services such as the substance misuse team, and the Crisis Team. Patients could be referred directly to a counsellor who attended the practice twice weekly. There was an alert on the records of patients with severe mental health issues so they could be offered extra support to access services and health checks.

The practice was proactive in dementia screening and review, which was offered opportunistically. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the previous 12 months was above the national average of 86.04%, at 96%.

Summary of findings

What people who use the service say

The latest NHS England GP Patient Survey of 116 responses showed the following:

What this practice does best

75% of respondents usually waited 15 minutes or less after their appointment time to be seen

Local (CCG) average: 68% National average: 65%

62% of respondents with a preferred GP usually got to see or speak to that GP

Local (CCG) average: 61% National average: 59%

94% of respondents said the last appointment they got was convenient

Local (CCG) average: 94% National average: 92%

What this practice could improve

72% of respondents would recommend this surgery to someone new to the area

Local (CCG) average: 83% National average: 78%

79% of respondents found the receptionists at this surgery helpful

Local (CCG) average: 90% National average: 87%

79% of respondents described their overall experience of this surgery as good

Local (CCG) average: 90% National average: 85%

We spoke with six patients as part of the inspection. We also collected 11 CQC comment cards which were sent to the practice before the inspection, for patients to complete.

Almost all patient feedback and comment cards received on the day indicated patients were happy with the service provided. Patients we spoke with said they were treated with dignity and respect, and that all staff were very caring. Patients were given sufficient time during appointments. Patients said staff were pleasant, friendly and welcoming. Patients said that the facilities at the practice were good, and they were confident with the care provided, and were involved in their treatment options.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that formal governance arrangements are sufficient to fully assess and monitor risks and the quality of the service provision. The practice had some risk assessments in place to monitor safety of the premises, but not all risks had been identified, monitored or reviewed.

New Seaham Medical Group

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 specialist advisor GP, and a Practice Manager.

Background to New Seaham Medical Group

New Seaham Medical Group provides personal medical services (PMS) to approximately 5,100 patients in the catchment area of Seaham and surrounding villages. The main practice is located within a purpose built primary care centre. There is also a part-time branch surgery at Eastdene Rd within Seaham. This is the Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG) area. The practice team consists of two GPs, one male and one female, one nurse practitioner, one practice nurse, and a healthcare assistant. These are supported by a practice manager, and a team of reception, and administrative staff.

The practice core hours are between 8am and 6pm on Mondays to Fridays. Additional extended hours are available for pre-booked appointments between 6.30pm and 7.30pm on Mondays, and 7.15am until 8am on Thursdays. The branch surgery is open from 8:30am until 12:30pm.

The practice has higher levels of deprivation compared to the England average. There are higher levels of people with daily health problems, long standing health conditions, and claiming disability living allowance. The practice has opted out of providing Out of Hours services, which patients access via the 111 service.

Why we carried out this inspection

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

We carried out the inspection 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

Detailed findings

- 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 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 carried out an announced inspection on 19 January 2016.

We reviewed all areas of the main surgery site, including the administrative areas. We sought views from patients both face-to-face and via comment cards. We spoke with management staff, GPs, nursing staff, and administrative, dispensing and reception staff.

We observed how staff handled patient information received from the out-of-hours' team and patients ringing the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Good

Are services safe?

Our findings

Safe track record and learning from incidents

Safety was monitored using information from a range of sources such as national patient safety alerts (NPSA), which were disseminated to staff. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally where appropriate. Staff said they felt encouraged to report incidents, although there was some potential for under-recording, due to some confusion in staff as to which form they should use, and when incidents could be discussed within the practice or were required to be sent electronically to healthcare commissioners. Significant events were discussed and analysed regularly, with learning points and action plans recorded.

We looked at recorded summaries and analysis of incidents from the previous 12 months. There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. The practice carried out reviews of all incidents and discussed these regularly in meetings.

Safe systems and processes including safeguarding

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. There were lead members of staff for children's and adult's safeguarding, who staff were aware of. The practice participated in joint working arrangements and information sharing with other relevant organisations including quarterly meetings with health visitors. This included the identification, review and follow up of children, young people and families living in disadvantaged circumstances, including children deemed to be at risk. Staff demonstrated they understood their responsibilities and had received training at the level relevant to their role. Computerised patient notes were coded to flag up safeguarding concerns.
- Notices in the waiting room and on consulting room doors advised patients that they could request a chaperone. All staff who acted as chaperones were trained for the role 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).
- We observed the premises on the whole to be clean and tidy, although we did find some minor issues with dust on some equipment, which had not been identified through routine audit. There was an infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken and we saw evidence that action was taken to address improvements identified as a result.
- There were arrangements for managing medicines, including emergency drugs and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We did find one medicine item in a doctors bag which was out of date.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and procedures available. 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 some other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and electrical equipment, but not all risks had been identified, monitored or reviewed. The practice had previously

Good

Are services safe?

engaged an external health & safety company to produce policy documents, which had also identified the need to produce risk assessments, but as yet the practice had not acted fully on these recommendations.

- 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. Staff said their team levels were sufficient to provide services and cover for annual leave or busy periods.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises which was checked and serviced regularly. There was oxygen in the same building in the adjacent urgent care centre, which had been risk assessed, and procedures for its use were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and fit for use.
- The practice had a 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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. NICE guidance was disseminated through team meetings which ensured staff were aware of information relevant to them. NICE guidelines were regularly discussed at clinical meetings, including how these linked to personalised care plans and specific templates for care.

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). In 2014-15 the practice achieved 98.9% of the total number of points available.

Data from 2015 showed;

• Performance for diabetes related indicators was 93%, which was above CCG and national averages.

• The percentage of patients with hypertension having regular blood pressure tests was 87% and this was higher than the national average of 83%.

• Performance for mental health related indicators was 100%, which was higher than CCG and the national averages.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Clinical audit findings were used by the practice to improve patient care. For instance, the practice had a GP with specialist interest in skin and minor surgery, and could demonstrate through audit zero infection rate following minor surgery.

The practice had identified their most vulnerable patients, who were at risk of an unplanned admission to hospital, and had produced care plans for these. These were regularly reviewed and discussed, for instance after an admission, to ensure they were accurate and addressed the needs of those patients. Regular multi-disciplinary meetings were held to discuss the needs of patients, for instance those on the unplanned admissions register, requiring palliative care, or with long-term conditions to ensure their needs assessment remained up to date.

Nursing staff implemented long-term condition clinics to ensure patients were given appropriate reviews and support. For instance, patients with diabetes were able to access appointments with the nurse, dietician, GP and podiatrist together on the same site which minimised the need for their attendance and increased convenience.

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 such topics as health and safety, information management and confidentiality. New members of staff were given additional support and mentoring.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example 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. Clinical staff had access to clinical supervision and one to one support from GPs.
- Staff received basic 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, role specific training, and training accessed via the CCG.

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. Information was available electronically to out of hours services and ambulance services to help continuity of care.
- The practice had an appropriate recall system for tasks such as long term condition reviews, and medication reviews. The practice employed part-time a clinical pharmacist to carry out medication reviews.
- Staff had processes to follow on receiving results to ensure these were entered onto the patient record in a timely fashion and necessary actions were taken according to the result.
- Staff worked together and with other health and social care services, such as district nurses and advance nurse practitioners 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 regular basis, where people with long term conditions, at risk of admission and requiring palliative care were discussed to ensure their needs assessment and care plans were kept up to date. Regular clinical meetings took place within the practice.

Consent to care and treatment

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

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

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 or alcohol cessation. Patients were then signposted to the relevant service.
- 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. Health checks were used to opportunistically identify patients who may need extra support, for example those with caring responsibilities.
- Immunisation rates were around average for all standard childhood immunisations. Antenatal clinics were held weekly, and patients could access contraception and sexual health clinics.
- The practice's uptake for the cervical screening programme was 81.1%, similar to local and national averages. Patients who did not attend for their cervical screening test were sent reminders. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Patients could access some counselling and mental health services on the same site as the practice made rooms available for visiting professionals to work in.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

The latest NHS England GP Patient Survey of 116 responses showed that some areas of patients satisfaction were lower than local and national averages for instance:

- 80% of patients said the last GP they saw or spoke to was good at giving them enough time

Local (CCG) average: 90% National average: 87%

- 81% said the last GP they saw or spoke to was good at listening to them

Local (CCG) average: 91% National average: 89%

- 79% say the last GP they saw or spoke to was good at treating them with care and concern

Local (CCG) average: 89% National average: 85%

However we did not find negative feedback around these areas on the day. We spoke to six patients as part of the inspection. We also collected 11 CQC comment cards which were sent to the practice before the inspection, for patients to complete.

Almost all patient feedback on the inspection day, and comment cards indicated patients were happy with the service provided. Patients said they were treated with dignity and respect, and that all staff were very caring. Patients were given sufficient time during appointments. Patients said staff were pleasant, friendly and welcoming.

There was some information on bereavement services in reception, and doctors could refer patients to local counselling, or mental health services. The practice kept registers of groups who needed extra support, such as those receiving palliative care and their carers, and patients with mental health issues, so extra support could be provided.

We observed that reception staff maintained confidentiality as far as possible. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were used in treatment and consulting rooms to maintain patients' privacy and dignity during investigations and examinations. There was a chaperone policy and guidelines for staff, and information available on this in reception. Trained staff acted as chaperones where requested.

Care planning and involvement in decisions about care and treatment

The latest NHS England GP Patient Survey of 116 responses showed some results around how patients were involved in their treatment were lower than national or local averages, although we did not receive negative feedback around this on the day. For instance:

- 75% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care.

Local (CCG) average: 85% National average: 82%

- 79% said the last GP they saw or spoke to was good at explaining tests and treatments.

Local (CCG) average: 89% National average: 86%

- 86% said the last nurse they saw or spoke to was good at involving them in decisions about their care.

Local (CCG) average: 90% National average: 85%

The templates used on the computer system for people with long term conditions supported staff in helping to involve people in their care, and staff updated these to reflect latest guidance. Nursing staff provided examples of where they had discussed care planning and supported patients to make choices about their treatment, including referral to specialist or community nursing staff.

Patients we spoke to on the day of our inspection, and comment cards received, 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. All staff had received training in compassion and care. Patients said they had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

Staff told us there was a translation service available for those whose first language was not English. There was a hearing loop at reception.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting different people's needs

The practice worked with the local CCG to improve outcomes for patients in the area, and had recognised the needs of different groups in planning its services.

Telephone consultations, pre-bookable or extended hours appointments were available, to assist those who would otherwise struggle to access the surgery, for instance the working population. Children under the age of five had same day access to a GP. Vulnerable patients or those at high risk of admission were identified on their notes so could be offered appropriate access at the first point of contact. Longer appointments could be made available for those with complex needs.

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions. The practice was located within a purpose-built building which accommodated the needs of people with disabilities, incorporating features such as accessible toilet facilities and automatic doors. Treatment and consulting rooms were accessed via a lift.

Access to the service

Information was available to patients about appointments on the practice website. There was a practice leaflet, although this was not readily available to patients at the time of inspection. Information included how to arrange urgent appointments and home visits and how to book appointments. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Appointments could be made in person, by telephone or online. Repeat prescriptions could also be ordered online. A mix of pre-bookable and 'on the day' appointments were available.

The practice core hours were between 8am and 6pm on Mondays to Fridays. Additional extended hours were available for pre-booked appointments between 6.30pm and 7.30pm on Mondays, and 7.15am until 8am on Thursdays. Patients could also access Saturday morning appointments through a neighbouring practice within the same building. This benefited people of working age, who could access a variety of GP, nurse and health promotion services during these times.

The latest NHS England GP Patient Survey of 116 responses showed that most patients were satisfied with how easy it was to access the service. For example:

- 75% of respondents usually waited 15 minutes or less after their appointment time to be seen

Local (CCG) average: 68% National average: 65%

- 62% of respondents with a preferred GP usually got to see or speak to that GP

Local (CCG) average: 61% National average: 59%

- 94% of respondents said the last appointment they got was convenient

Local (CCG) average: 94% National average: 92%

The numbers of book on the day or pre-bookable appointments were adjusted according to predicted need. Staff numbers and required skill mix were planned advance.

Listening and learning from concerns & complaints

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

We looked at a summary of complaints made in the last 12 months, and could see that these had been responded to with an explanation and apology, and investigated as a significant event where necessary. We could see where corrective actions were taken, such as refresher training for staff. Patients we spoke with said they would feel comfortable raising a complaint if the need arose.

Are services well-led?

Good

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

Our findings

Vision, Strategy and Culture

The practice had a clear vision, values and a mission statement. Staff were familiar with and engaged with the values and ethos of the practice. Staff we spoke with agreed that communication within their own teams and as a practice was good, and they formed a strong supportive environment, where people worked flexibly and supported one another.

Staff had individual objectives via their appraisals, such as clinical staff looking to develop their knowledge in a certain area to be able to offer additional services. Staff described the appraisal process as useful and stated they were able to identify and follow up on learning objectives through these. Staff told us that regular team meetings were held, and we saw this from meeting minutes. 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 felt confident in doing so and felt supported if they did. There was a clear leadership structure in place and staff felt supported by management.

Governance Arrangements and Improvement

Staff were clear on their roles and responsibilities, and felt competent and trained in their roles. The practice had a number of policies and procedures in place to govern activity, such as chaperone policy, infection control procedures and human resources policies, and these were available to staff via the shared computer system. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also available to all staff within the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure performance. The practice regularly reviewed its results and how to improve, and was proactive in using patient contact to promote additional screening or review services. The practice reviewed its QOF activity regularly to plan areas where they needed to target resources. We saw evidence that they used data from various sources including patient surveys, incidents, complaints and audits to identify areas where improvements could be made.

The practice had identified lead roles and deputies for areas such as, safeguarding, chronic disease management and infection control. A programme of clinical audit was carried out, subjects selected from QOF outcomes, from the CCG, following an incident or from the GP's own reflection of practice. The practice had arrangements for identifying, recording and managing risks, although not all risks had been fully identified or kept under reviewed.

Practice seeks and acts on feedback from users, public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. Staff felt confident in raising concerns or feedback, and participated in a yearly staff survey. There was a Patient Participation Group (PPG), although membership numbers were small. The practice was actively recruiting and considering other ways of working, such as a virtual group. The practice had carried out a patient survey and discussed highlighted areas for improvement with the PPG, such as better information around extended hours opening times. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.