Dr M D Hage and Dr M A Bicknell Beechdale Surgery

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Beechdale Surgery offers a range of primary medical services from a single surgery at 439 Beechdale Road, Nottingham.

Prior to our inspection we consulted with the local clinical commissioning group (CCG) and the NHS local area team about the practice. A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. Neither of these organisations had any significant concerns.

We carried out an announced inspection on 5 November 2014.

During the inspection we spoke with patients and carers that used the practice and met with members of the patient reference group(PRG). A PRG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

We also reviewed comments cards that had been provided by CQC on which patients could record their views.

We looked at patient care across the following population groups: Older people; those with long term medical conditions; mothers, babies, children and young people; working age people and those recently retired; people in vulnerable circumstances who may have poor access to primary care; and people experiencing poor mental health.

Our key findings were as follows:

- Patients of Beechdale Surgery were unanimously positive in their praise of the care and empathy shown by both clinical and non clinical staff and told us of several examples of where the staff had gone above and beyond what would normally be expected to support people in their everyday care and at times of crisis and bereavement.
- We found that practice was proactive in reaching out to people in particularly difficult situations, for example patients involved in drug and alcohol misuse

Summary of findings

and to patients with severe neurological conditions. The partner GP held this area of medicine as one of particular interest and worked with several agencies to meet the primary health care needs of these groups of patients as well as those suffering from mental health problems and took a prominent role in suicide prevention initiatives.

- The practice put care, compassion and continuity of healthcare as their primary objective.
- Patients were cared for in a safe and clean environment by staff who were appropriately qualified and supported.
- Patients we had contact with were unanimous in their endorsement of the care and treatment they received and said they were fully involved in decisions about their care.

The overall rating for Beechdale Surgery is 'Good'.

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

The provider should:

- Have in place a process to record all verbal complaints to ensure that any recurring themes can be identified and acted upon.
- Develop and implement the on-line appointment booking system to widen the opportunity for patients to book consultations at a time that best suited them.
- Ensure that all the required checks are carried out prior to staff taking up a post.

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 safe. Staff understood and fulfilled their responsibilities to raise concerns, and 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 people safe.

Are services effective?

Good

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. NICE guidance is referenced and used routinely. People's needs are assessed and care is planned and delivered in line with current legislation. This includes assessment of capacity and the promotion of good health. Staff have received training appropriate to their roles and further training needs have been identified and planned. The practice had completed appraisals and the personal development plans for all staff. Multidisciplinary working was evidenced.

Are services caring?

Good

The practice is rated as good for caring. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient centred culture and found strong evidence that staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how people's choices and preferences were valued and acted on. Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these are identified. Patients reported good access to the practice and a named doctor and 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 an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver this. 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 regular governance meetings had taken place. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient reference group (PRG). Staff had received inductions, regular performance reviews and attended staff 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. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Outstanding

The practice is rated as outstanding for the population group of people with long term conditions. Processes were in place and referrals made for patients in this group that had a sudden deterioration in health. When needed longer appointments and home visits were available. All these patients had a named GP and structured annual reviews to check 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.

The practice provided primary medical services to patients at a neurodisability centre, catering for people with either a brain injury or complex neurological condition. Staff confirmed the efficacy of the care and treatment provided by the practice and in particular how the GPs worked to help avoid unplanned admissions to hospital.

The practice also provided primary medical services to patients at a care home for those with alcohol and drug misuse. Patients we spoke with praised the care and treatment they received and stated they were treated with confidentiality and compassion.

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. Immunisation rates were very high for all standard childhood immunisations. Patients told us and we saw evidence that children and young people were treated in an age appropriate way and recognised as individuals. The premises was suitable for children and babies. We were provided with good examples of joint working with midwives and health visitors. Processes were in place and referrals made for children and pregnant women who had a sudden deterioration in health.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of the working-age population and those recently retired (including 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 offer continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the population group of people living in vulnerable circumstances. The practice encouraged the homeless to register as patients and many patients from a homeless project in Nottingham. The practice had carried out annual health checks for people with learning disabilities and offered longer appointments for people with learning disabilities.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector 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 and out of hours.

The practice hosted a weekly welfare rights clinic.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). The practice provided primary medical services to a medium secure mental health hospital and the GP partner took leadership on suicide prevention for the CCG.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice had in place advance care planning for patients with dementia.

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations.

Summary of findings

What people who use the service say

During the inspection we talked with nine patients. They told us that the care and treatment they received was good and that they felt fully informed as to their treatment options.

Both the patients we talked with, and the patients who had completed 29 CQC comments cards, emphasised the caring attitude of the staff and in particular the GPs who they said displayed great sympathy and empathy during difficult times such as bereavement and when discussing difficult health related issues.

One patient told us how the practice manager had personally gone out of their way to deliver a prescription to the patients home.

One patient commented that there was sometimes a lengthy wait to see a doctor as the appointment times could run over, but they added that they accepted this as being inevitable as some patients needed longer with the doctor than others.

Patients told us that the GPs made them feel like the most important person there was and that they trusted them implicitly.

Areas for improvement

Action the service SHOULD take to improve

- Have in place a process to record all verbal complaints to ensure that any recurring themes can be identified and acted upon.
- Develop and implement the on-line appointment booking system to widen the opportunity for patients to book consultations at a time that best suited them.
- Ensure that all the required pre-employment checks are carried out prior to staff taking up a post.

Outstanding practice

- Patients of Beechdale Surgery were unanimously positive in their praise of the care and empathy shown by both clinical and non clinical staff and told us of several examples of where the staff had gone above and beyond what would normally be expected to support people in their everyday care and at times of crisis and bereavement.
- We found that practice was proactive in reaching out to people in particularly difficult situations, for example patients involved in drug and alcohol misuse and to patients with severe neurological conditions. The partner GP held this area of medicine as one of particular interest and worked with several agencies to meet the primary health care needs of these groups of patients as well as those suffering from mental health problems and took a prominent role in suicide prevention initiatives.

Dr M D Hage and Dr M A Bicknell Beechdale Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP and also included a GP practice manager.

Background to Dr M D Hage and Dr M A Bicknell Beechdale Surgery

Beechdale Surgery is located in the outskirts of Nottingham. The practice has recently acquired a further surgery known as The Boulevard. The Boulevard was not included in this inspection.

The practice population lies within the second most deprived decile of the Public Health England practice profile data. The practice has high percentages of patients who were not in full or part time work and those who were disability allowance claimants was higher than the national average.

The practice has a high number of disadvantaged patients, including those with mental illness, substance and alcohol misuse and severe neurological difficulties. The number of patients with long term conditions was above the national and CCG averages. It has a high percentage of patients living in care homes, compared to the CCG average.

On the day of our inspection the patient list stood at 3,890 weighted to 4,500.This weighting reflects the complex health needs of the patients.

It is located within the area covered by Nottingham City Clinical Commissioning Group.

The practice is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning; maternity and midwifery services and surgical procedures.

The practice is staffed by one GP partner and one practice nurse partner. They are supported by two salaried GPs, one of whom is female. The practice employs one healthcare assistant. They are supported by a practice manager, administration and reception staff.

The surgery was open from 8.30 am until 6.30 pm daily with extended opening hours on one evening until 8 pm. The surgery was closed from 12.30 pm on Thursdays. The surgery was open for four hours every Saturday morning.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Nottingham Emergency Medical Services (NEMS).

The practice is located in a converted commercial building which has been extended and improved to meet the needs of patients.

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

Detailed findings

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 whose circumstances may make them vulnerable

• People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice.

We carried out an announced visit on 5 November 2014. During our visit we spoke with a range of staff including GPs, a nurse, healthcare assistants, reception and administration staff. We spoke with patients who used the service. We observed the interactions between patients and staff, and talked with carers and family members. We met with representatives of the patient reference group (PRG). The PRG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

We reviewed 29 CQC comment cards where patients had shared their views and experiences of the service.

We sought the views of the managers of residential care homes where patients of the practice lived.

In advance of our inspection we talked to the local clinical commissioning group (CCG) and the NHS England local area team about the practice. We also reviewed information we had received from Healthwatch, NHS Choices and other publically accessible information.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients.

Staff we spoke to were aware of their responsibilities to raise concerns, and how to report incidents and near misses.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events.

We saw evidence of significant event analysis and staff told is that incidents were discussed at clinical meetings at regular intervals. Minutes of these meetings confirmed this to be the case.

Meetings for all practice staff were held on a monthly basis and we saw that incidents and events were discussed at these meetings.

Reliable safety systems and processes including safeguarding

The practice provided us with evidence that the necessary checks, including Disclosure and Barring Service checks (DBS), formally known as Criminal Records Bureau (CRB) checks, were made when staff were employed to work at the practice. DBS checks identify whether a person has a criminal record or is on an official list of persons barred from working in roles where they will have contact with children or adults who may be vulnerable.

The practice had a chaperoning policy and provided training for those staff who were asked to fulfil this role when needed. Staff we spoke with confirmed they had been trained for this role and showed that they understood their responsibilities regarding this. Staff told us that patients were always offered the opportunity to have a chaperone at the start of any appointment involving a sensitive or intimate examination. Staff told us that a note was made in patient records when a chaperone was present to provide an audit trail. Notices informing patients of the availability of chaperones were clearly displayed.

The practice had a clear safeguarding policy which included information about the processes involved and important contact numbers for the child and adult safeguarding teams. The policy and protocols were available to all staff. Staff we spoke with knew who the practice's safeguarding lead was and were clear about their duty to report abuse and neglect.

All staff including GPs had received training in safeguarding vulnerable adults and children.

There was a whistleblowing policy and staff we spoke with were aware of it, what it meant and how to access it.

Medicines management

The prescribing arrangements at the practice gave patients options for obtaining their repeat prescriptions. There was a process for prompting patients who needed to have their medicines reviewed by a GP and this was done at suitable intervals depending on the patients' specific needs. We saw that a protocol was in place for repeat prescribing. GPs authorised repeat prescriptions through electronic prescribing. Medicines prescribed on repeat prescriptions were not issued without first being authorised by a clinician. GPs had protected time put aside to enable them to deal with repeat prescriptions. Prescribing patterns for some medicines had been highlighted by the practice as a subject for external audit through the CCG.

Refrigerators used to store medicines and vaccines had their temperatures monitored to ensure their efficacy. We saw that the practice had a robust 'cold chain' policy that ensured that medicines that needed to be refrigerated were.

Cleanliness and infection control

Patients commented on the high standard of hygiene and cleanliness at the practice. The practice was clean and tidy when we inspected.

We saw that the practice had a robust infection control and prevention policy. The practice had a dedicated infection prevention and control (IPC) lead.

We saw the last IPC audit that had been completed in April 2014. Any areas for improvement had been highlighted in action plans to be implemented.

The practice had an up to date legionella risk assessment which had established that the building had low levels of risk in relation to legionella bacteria.

Good

Are services safe?

There were cleaning schedules in place and we saw that audits on the effectiveness of cleaning were incorporated in the practice's on-going risk assessments.

The practice had a contract with a specialist company for the collection of clinical waste and we saw that waste collected during our inspection was in the appropriate bins and bags.

The practice had evidence of the hepatitis B status of all staff.

Equipment

We established that the practice had the equipment they needed for the care and treatment they provided and that this was maintained and re-calibrated as required. Portable electrical equipment and fire fighting equipment had been tested and we saw the schedule for next plan tests.

Staffing and recruitment

The practice could not demonstrate that appropriate references had always been obtained prior to employment. For example we saw that references were not present in one of the staff files we looked at. We were assured that this particular member of staff was already well known to the partners and senior administration staff at the time of appointment. The practice manager was aware of the shortcoming and the practice had recently recruited a new business manager whose role included that of human resources. We saw that the business manager had already started to re-organise and structure staff files and had identified issues for action.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients was kept safe.

Monitoring safety and responding to risk

The practice had arrangements for identifying those patients who may be at risk for whatever reason. There were practice registers in place for people in high risk groups such as those with long term conditions, mental health needs, dementia or learning disabilities. The practice computer system was set up to alert GPs and nurses to patients in these groups and to adults and children who may be at risk due to abuse or neglect.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment and records we saw confirmed these were checked regularly.

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 emergency medicines were within their expiry date and suitable for use.

There was a comprehensive business continuity plan in place to deal with a range of foreseeable emergencies that may impact on the daily operation of the practice, for example loss of utilities, telephones, fire or flood that would prevent the practice from operating normally. Every member of staff was provided with a copy of the plan.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nurses we spoke with told us how they followed evidence based practice. They accessed guidelines from the National Institute for Health and Care Excellence and from local commissioners. The GPs interviewed were aware of their professional responsibilities to maintain their knowledge.

Patients had their needs assessed and care planned in accordance to best practice. The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes.

We saw good evidence of how the practice catered for the healthcare needs of patients with long term conditions for example those in receipt of anti-coagulant therapy (used to prevent blood clotting) and measuring how well it was working using the international normalisation ratio, commonly referred to as INR. We saw that INR testing was conducted by healthcare assistants who had received training and on-going assessment and supervision to ensure their competence. A GP was always available during INR testing in the event that the results were 'out of range' in which event they would be consulted for clinical advice.

The practice referred patients appropriately to secondary and other care in the community services.

National data showed the practice was in line with national standards on referral rates for all conditions. Patients we spoke with told us that referrals to secondary care were timely.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs and other staff demonstrated that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

The practice routinely collected information about patients care and outcomes. It used the Quality and Outcomes Framework (QOF) to assess its performance. QOF data (and other data returns) showed the practice performed well in comparison to local practices and QOF points achievement was above the CCG average.

The practice had a system in place for completing clinical audit cycles. Although we saw that some audits were in progress, for example assessing the effectiveness of personalised care plans to avoid unplanned admissions for vulnerable people, we did not see any evidence of completed cycles. The aformentioned audit was due for re-audit in 2014/15.

We saw evidence that the practice took part in a programme of visits from peer GPs in their CCG cluster, with the aim of reflecting upon the management of the practice and to highlight challenges and any improvements that might be implemented. We saw how these visits had highlighted positive achievements that had impacted on the care and treatment that patients received, for example the increased satisfaction of patients in the ease of getting an appointment. We also saw that the visit had highlighted areas for improvement and how these had been embraced and improvements made, for example the increased detection of chronic kidney disease.

Effective staffing

The practice had an appropriate number of key staff including clinical, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support.

A range of training appropriate to each staff members needs was available and we saw that staff had taken part in training such as conflict resolution, customer care, information governance, infection prevention and control and chaperoning.

We saw that some staff had received training in subjects that they had special interests in. For example we saw that the practice nurse had taken part in training around sexual health, optomising end of life care and diabetes care.

GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation.

All staff undertook annual appraisals which identified learning needs from which action plans were documented. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses.

Good

Are services effective?

(for example, treatment is effective)

Working with colleagues and other services

We looked at correspondence that had come into the practice either by mail or facsimile and saw they were scanned onto the practice computer system. The 'task list' on the computer system which contained details of referrals showed they were dealt with in a timely manner.

Incoming correspondence relating to clinical matters such as diagnostic and blood test results were entered onto the computer system. Abnormal test and pathology results were referred to the GPs to deal with that day.

Information sharing

The practice had systems for making information available to the out- of- hours service about patients with complex care needs, such as those receiving end of life care.

Staff had completed training about information governance to help ensure that information at the practice was dealt with safely with regard to peoples' rights as to how their information was gathered, used and shared. Staff were alert to the importance of only sharing information with patients or with patients' consent.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, which is the legislation designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. 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. We saw that clinical staff had received appropriate training.

We saw written evidence that do not attempt resuscitation forms and the Mental Capacity Act had been discussed at team meetings.

Health promotion and prevention

The practice faced major challenges in promoting healthier lifestyles given their ageing patient population and number of patients with complex, chronic and multiple morbidities. The practice worked closely with other providers to help people live healthier lives and made full use of other providers such as community nurses, midwifery and alcohol and drugs projects, including participation in the Nottingham Crime and Drugs Partnership, aimed at reducing the harm and misuse of drugs and alcohol, and tackling crime.

It was practice policy to offer all new patients registering with the practice a health check. The GP was informed of all health concerns detected and these were followed-up appropriately.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations which were offered to all over the age of 65, those in at risk groups and pregnant women. The practice had achieved 100% take-up of immunisations for two year olds (immunisations against diphtheria, tetanus, whooping cough, polio and haemophilus influenzae type b).

The practice asked all patients with an identified learning disability to have an annual physical health check. We saw that the practice had been successful in providing such checks to 21 of the 29 patients in this group.

We contacted staff at a neurodisabilty centre where the practice had patients. They confirmed that the practice worked well with the centre and was particularly effective in helping to avoid unplanned admissions to hospital.

The practice hosted the Health Visiting team who held a weekly child health clinic where parents were able to access advice on child development and behavioural issues and care and treatment for childrens' health conditions.

We saw that the waiting area at the surgery contained a wide range of health promotion material in several different languages,including smoking cessation and dietary advice. A notice was displayed referring to the outbreak of the Ebola virus in West Africa and giving advice to patients.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey, a survey by the practice's Patient Reference Group and patient satisfaction questionnaires. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 29 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

We also spoke with patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We spoke with one patient who had very complex and serious, life threatening co-morbidities. They explained to us the caring nature of all the staff, and of the GPs in particular, and how their confidentiality and dignity was always respected, even though that was difficult at times due to their circumstances. They told that they were always treated with the utmost respect, although they did state that they thought that practice could provide more seating in the waiting area as at busy times they found it extremely uncomfortable to stand and wait for their consultation.

Another patient told us how the practice manager had gone out of her way to personally deliver a prescription to them at their home to enable them to get it fulfilled expeditiously.

Patients told us that a private room was available to discuss issues out of earshot of other patients.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains around examination couches 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 / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private.

Staff told us 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.

Care planning and involvement in decisions about care and treatment

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 comment cards we received was also positive and aligned with these views.

We spoke with one patient who had very complex and serious, life threatening co-morbidities explained to us how the GPs had worked with them to achieve the best health and social outcomes and how they had improved their well being by thorough and candid interaction with the clinical staff.

The practice took part in the Gold Standards Framework that enables healthcare staff to achieve the best outcomes for patients coming towards the end of their life. The practice had 16 patients who had been identified and were on the programme. We viewed the minutes of the monthly multi-disciplinary meetings where healthcare professionals discussed the needs of patients on the register. We also saw evidence of other patient concerns and welfare issues, including safeguarding and palliative care that were discussed at multi-agency meetings.

Staff told us that translation 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 and the comment cards we received emphasised the support that practice staff offered during difficult times.

Good

Are services caring?

Staff told us families who had suffered bereavement were called by their usual GP. Patients we spoke to who had had a bereavement confirmed they had received this type of support and said they had found it helpful. Several patients that we spoke with and who had completed the CQC comments cards were highly complimentary about the compassion and empathy that staff displayed during times of bereavement and other difficult times, for example following miscarriage.

Notices in the patient waiting room signposted people to a number of support groups and organisations.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to people's needs and had sustainable 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. The 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. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population.

Tackling inequity and promoting equality

The practice was situated in an urban environment with high levels of inequality by virtue of unemployment and economic deprivation. Ther were high levels of drugs and alcohol misuse. The practice had a high number of elderly patients and fewer young adults than is the average. There was significant percentage of black and minority ethnic patients.

The practice had a robust policy that informed staff on their responsibilities in promoting equality and diversity and staff we spoke with were very clear as to their roles. They displayed positive attitudes to minority and ethnic groups.

Access to the service

We looked at the appointments system and found there were several ways in which a patient could get to see a GP.

The practice operated a 'doctor first' telephone triage system from 8.30 am to 9 am every morning that was undertaken by a GP and the practice nurse. This enabled patients to be directed to the disposition that best met their clinical need.

Appointments could be booked either in person or by telephone. An on-line appointment system was in the process of being developed. Home visits were offered to patients who could not attend the surgery due to frailty or illness.

Patients we talked with told us that the telephone was generally answered within five minutes, even at times of peak demand. An appointment to see a preferred GP could take up to two weeks, but if there was no preference it was unusual to wait more than two days. In cases where an urgent appointment was considered necessary, patients were seen the same day.

The practice provided GP medical services to residents of a neuro disability unit, a specialist centre providing long term person-centred care and support for male and female adults with either brain injury or complex neurological condition.

In addition GP services were also provided to residents of a care home for up to 23 people that gave care and support to people who had a dependence on alcohol or drugs. The care home also provided a service to some people who were homeless and slept rough. We spoke with a resident of the latter home who confirmed that many of the people who lived there had very complex and multiple healthcare needs. They told us that getting an appointment to see a GP or the practice nurse was always possible within a week and when urgent they got one the same day. They also told us that the GP visits the home on a regular basis to see patients who could not attend the surgery.

The practice provided general practice services to patients at Calverton Hill Hospital, a medium secure unit, registered to provide assessment and treatment for people who are living with a learning disability and mental health needs who may be detained under the Mental Health Act 1983.

We saw the list of charges for non NHS treatments and services that were available at the practice such as vaccinations, medical reports and access to records. The partner GP told us how they had set the charges for private services at low levels to reflect the high levels of deprivation experienced by their patient population.

The practice had an informative website that contained a range of information for patients including how to access appointments, policies, details of the patient reference group and specialist clinics and services.

The practice produced a patient information booklet that contained a wide range of useful information about the practice, staff and the services offered or that patients could be sign posted to.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with

Good

Are services responsive to people's needs?

(for example, to feedback?)

recognised guidance and contractual obligations for GPs in England. The practice manager was designated as the person responsible who handled all complaints in the practice.

Accessible information was provided to help patients understand the complaints system. Complaints procedure information was available to patients in the practice, in the patient information booklet and via the practice website.

We saw that there was one complaint recorded in 2014, which had been dealt with in accordance with the practice policy. The practice manger told us that any complaints that could be dealt with and resolved verbally were not recorded and there had been several of those. There was no audit of these complaints to show whether themes had been identified and what actions had been taken.

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, putting patient care at the heart of what they set out to achieve. Staff that we spoke with all knew and understood the vision and values and knew what their responsibilities were in relation to these.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff. All policies and procedures we looked at had been reviewed and were up to date.

The practice held monthly team meetings. We looked at minutes from the last three meetings and found that performance, quality and risks had been discussed.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with local and national standards.

The practice had robust arrangements for identifying, recording and managing risks. We saw that the risk was regularly discussed at team meetings. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented.

Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and the senior partner was the lead for safeguarding. We spoke with members of staff and they were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that team meetings were held regularly, at least monthly. 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.

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

The practice had gathered feedback from patients through patient surveys. For example patients had expressed a wish for Saturday morning appointments. The practice had responded and Saturday GP consultations were now available.

The practice had an active patient reference group (PRG) whose membership reflected the diverse ethnic and age mix of the patient population. We met with six members of the PRG. The PRG had carried out quarterly surveys and met every quarter. We viewed the analysis of the last patient survey which was considered in conjunction with the practice. The results and actions agreed from these surveys were available on the practice website.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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 in the practice to improve outcomes for both staff and patients.

Management lead through learning & improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and paid for any identified training needs appropriate to their role.

The practice had completed reviews of significant events and other incidents and shared with staff via meetings. We looked at notes of meetings that confirmed this to be the case.