Forest Road Group Practice

Quality Report

Forest Primary Care
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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

We carried out an announced comprehensive inspection at the Forest Road Group Practice on 21 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. However there was no system for checking medicines carried in doctor's bags for home visits.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was a system for obtaining patient consent; however consent was not always sought for child immunisations when it was not the parent that presented the child for the immunisation.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Produce a log for checking the medicines and equipment in the GP home visit bags.

Summary of findings

- Ensure that consent is sought for child immunisations if a relative other than the parent brings the child.
- Ensure all patients that are carers are identified and supported.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice highly compared to others for several aspects of care. For example, 96% of respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was responsive to the needs of the patient population.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a service to two care homes. We spoke to the homes who were both happy with the service provided.
- The practice proactively contacted all patients over 65 who had been admitted to hospital following their discharge.
- Patients were contacted within three days of any hospital accident and emergency attendance to have their needs reassessed by the practice.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 73% of patients with diabetes had received a blood pressure check in the preceding 12 months, compared to the national average of 78%.Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 72% of patients diagnosed with asthma had an asthma review in the last 12 months, compared to the national average of 75%.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Consent was not always sought when a family member other than a parent presented a child for immunisations.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice works with a local drug and alcohol service to provide a shared service to patients. This includes the facility for patients to see their key worker at the practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice works with a local drug and alcohol service to provide a shared service to patients. This includes the facility for patients to see their key worker at the practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. Three hundred and fifty four survey forms were distributed and 94 were returned. This represented 2.8% of the practice's patient list.

- 48% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 72% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 85% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 77% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 72%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients stated that they received a good friendly service from all staff at the practice and that the GPs were respectful and always involved them in their treatment.

We spoke with 12 patients during the inspection. All patients we spoke with said they were happy with the care they received and thought staff were approachable, committed and caring.

From the 18 responses to the NHS Friends and Family Test in February 2016, 14 patients stated that they were either likely or extremely likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Produce a log for checking the medicines and equipment in the GP home visit bags.
- Ensure that consent is sought for child immunisations if a relative other than the parent brings the child.
- Ensure all patients that are carers are identified and supported.

Forest Road Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Forest Road Group Practice

The Forest Road Group Practice is located in the London Borough of Enfield. The practice is part of the NHS Enfield Clinical Commissioning Group (CCG) which is made up of 50 practices. It currently holds a Personal Medical Service (PMS) contract (a contract between NHS England and general practices for delivering general medical services)) to approximately 12,200 patients.

The Forest Road Group Practice serves a diverse population with many patients attending where English is not their first language. The practice has a mixed patient population age demographic with 51% under the age of 18 and 16% over the age of 65. The Forest Road Group Practice is situated in a two storey health centre. It occupies the majority of the second floor. All consulting rooms are easily accessible through wide corridors. There is lift access at the practice. There are currently five full time GP partners (two male and three female) who undertake between six and seven sessions per week, five salaried GPs (four female and one male) who carry out a total of 24 sessions per week and three GP registrars (two female and one male) who carries out seven sessions per week offering a total of 78 sessions a week. Practice staff also included two nurses (both female), a healthcare assistant (female) a practice manager, administration and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning and 3pm to 5.40pm daily. Following this, GP's conducted telephone appointments and home visits. However further surgery hours are offered on a Tuesday to Thursday from 5.40pm to 6.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that needed them. The practice has opted out of out of hours care and directs patients to a local out of hour's provider.

The practice is a teaching practice.

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

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice was previously inspected as part of our pilot scheme for the new comprehensive inspection programme in September 2014. No concerns were found at this inspection.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 March 2016.

During our visit we:

- Spoke with a range of staff (GP, Nursing, managerial and administrative) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a four year old with severe learning difficulties was prescribed an incorrect dose of medicine X. This prescribing error was discussed in the clinical meeting and highlighted the issue for staff to double check any repeat prescriptions before issue. The matter was also discussed in the staff meeting to provide further awareness and learning.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology was sent by the practice manager and patients were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained in child protection and to Safeguarding level 3. Administrative staff are trained to Safeguarding level 1 except those who undertake chaperoning duties who had received additional training to Safeguarding level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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). Staff could describe chaperone duties undertaken and also stated that they entered the chaperone details on the patient record. .
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had recently had an external infection control audit by the CCG and were awaiting the results. Cleaning was undertaken by the building management and the practice had access to schedules and cleaning comments book. The nurse undertook the cleaning of clinical equipment and we were shown completed schedules of when this was undertaken.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (a document permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (a written

instruction, signed by a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. We noted that the practice did not hold a log of the medicines within the doctors' bags. The practice responded by stating they would start to log these.

- We reviewed five personnel files and found 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.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments (April 2015) and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use (last tested June 2015) and clinical equipment was checked to ensure it was working properly (last calibrated August 2015). The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book 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 medicines we checked were in date and fit for use. However there was no checking system for medicines kept within the doctors home visit bag.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.2% of the total number of points available, with an overall exception reporting total of 5.7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the national average. For example 73% of patients with diabetes had received a blood pressure check in the preceding 12 months, compared to the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. The practice recorded 82% compared to the national average of 83%.
- Performance for mental health related indicators was above the national average. For example, 90% of patients on the practice mental health register had received a face to face review in the preceding 12 months compared to the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been 16 clinical audits conducted in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit undertaken to review asthma patients on high dose inhaled corticosteroid (ICS) therapy, to ensure that they were appropriately prescribed the inhaler. At the first round of audit in November 2015, 38 patients were using a high dose inhaler with 60% using the spacer appropriately and 27% having their inhaler technique checked. The practice stepped down any patients where the medicine was no longer suitable. At the re-audit in February 2016, 30 patients were prescribed the inhaler, 88% were using the spacer appropriately and 27% had received their inhaler technique checked. This showed that the practice were reducing the number of people on the medication whilst ensuring that checks were undertaken to ensure that those on the medication were appropriately prescribed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice routinely reviews the staff induction programme to ensure it remains relevant to the specific job roles. The practice undertook induction tests for reception staff to ensure that they could type, file and take messages accurately before they were signed off to work unsupported.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

Good

Are services effective?

(for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, in-house training and locally run training courses.

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.

- 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 patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. In particular with the practice's work with two care homes where they liaised with elderly care and mental health specialists.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. However when children presented for immunisation when not accompanied by a parent, consent was not sought or recorded. The practice was made aware of the need for this and agreed to both review their policy and change their working practise.
- 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, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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 and alcohol cessation. Patients were then signposted to the relevant service.
- The practice nurse was qualified as a level two smoking cessation advisor who offered one to one counselling and referrals to other relevant services.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 14% to 85% (CCG average range from 10% to 80%) and five year olds from 68% to 83% (CCG average range from 66% to 86%).

Good

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Eight hundred and seventy four (74%) of the 1190 newly registered patients were provided with a health check in the last 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 11 members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were in line with CCG and national averages. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 79% said the GP gave them enough time (CCG average 82%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 82%)
- 79% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 76 patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice offered a 'Commuter's Clinic' on a Tuesday to Thursday evenings until 6.30pm for working patients who could not attend during normal opening hours. The clinic contains both GP and nurse service including appointments for the care of long term conditions.
- There were longer appointments available for patients with a learning disability.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and interpreting services available.
- All patients on the practice vulnerable patients register received a care plan.
- Patients were contacted within three days of any accident and emergency attendance or hospital admission to have their needs reassessed by the practice.
- All GPs have a dedicated clinical session to provide house visits to those patients unable to attend the practice.
- The practice proactively contacted all patients over 65 who had been admitted to hospital following their discharge.
- A GP with special expertise in Diabetes runs a weekly clinic and offers advanced care to diabetes patients in connection with a local diabetes clinic.
- The practice works with a local drug and alcohol service to provide a shared service to patients. This includes the facility for patients to see their key worker at the practice.
- The practice registers homeless people if requested by the patient.
- The practice looks after two care homes and worked closely with the local consultant care of the elderly physician and care of the elderly psychiatrist.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately and were referred to other clinics for vaccines available privately.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 3pm to 5.40pm daily. Following this, GP's conducted telephone appointments and home visits. However further surgery hours were offered on a Tuesday to Thursday from 5.40pm to 6.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 48% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 24% patients said they always or almost always see or speak to the GP they prefer (CCG average 53%, national average 59%).

The practice were aware of the low figures and had installed a new telephone system to increase access and also increased GP appointments to enable more flexibility.

People told us on the day of the inspection that they were able to get appointments when they needed them. They also stated that they were able to see their regular GP if they chose, however there may be a longer wait.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system which included a complaints leaflet and notices within the reception area.

We looked at 14 complaints received in the last 12 months and found and found that they were handled in line with the practice complaints policy. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint was received from a patient that was unhappy

Good

Are services responsive to people's needs?

(for example, to feedback?)

regarding not receiving a prescription for the medicines that they required and requested to change to another GP. The practice obliged by providing an appointment with a GP of the patient's choice. Another complaint involved a patient not receiving the result of an x-ray for over a month. A letter was written to the patient to apologise and an appointment was made with the patient to discuss the results. This was discussed in the clinical governance meeting to ensure that the GPs were following the correct procedure and to ensure that no further delays occurred in the future.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice ensured that all that was done in the practice was in line with the vision statement and that all new members of staff focussed on the vision statement as part of the induction programme.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings.
- Staff told us 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG initiated a healthy living campaign where members of the group had a stall in the reception area to promote fresh fruit and vegetables to patients. Members of the PPG also spent time in the reception area offering to help to patients who were unable to navigate the self-service check in screen. Following a proposal by the PPG, the practice made changes to their extended hours to enable the practice to be more accessible.

Are services well-led?

Good

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

- The practice had gathered feedback from staff through appraisals and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.