Risedale 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

We carried out an announced comprehensive inspection at Risedale Surgery on 7 June 2016. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- 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 mostly assessed and well managed.
- While most staff had undertaken recent training, records could not be provided to show that all staff had recently received training that included infection control, fire safety awareness, basic life support and information governance.

We saw an area of outstanding practice:

Summary of findings

- The practice worked to improve the care of people with learning difficulties. For example, one of the GPs visited a local home for patients with learning difficulties to help with care planning and to offer vaccinations to patients and staff who worked there. The practice nurse had attended workshops with patients with learning difficulties to give talks and let people handle medical equipment such as stethoscopes to help them to feel more at ease when undergoing care.

The areas where the provider should make improvements are:

- Support staff to understand their role in identifying and reporting significant events.
- Prescribers should continue to assess named patients for their suitability to receive medication under a Patient Specific Direction before these are signed.
- Consider other ways of sourcing emergency medication if difficulties with suppliers persist.

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, however some staff were aware of what should be reported.
- Lessons were shared with some staff to make sure action was taken to improve safety in the practice.
- Risks to patients were generally well assessed and managed.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, aspects of some of these systems could be improved, for example patient specific directions (a type of prescription) were being signed by a prescriber before they were able to assess the patients who were receiving the medications.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or slightly below average compared to the national average. However, the practice demonstrated that they had responded to those results which were below average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Records to show that all staff had received training that included infection control, fire safety awareness, basic life support and information governance required completion.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with others locally and nationally.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services when necessary.
- 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 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 it.
- 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 included arrangements to monitor and improve quality and identify risk. However, we found some risks which had not been identified.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 they acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had decided to manage their workload by dividing the town into zones, each of which was covered by a particular doctor. This led to a more equal distribution of workload among the clinical staff and allowed better management of home visits and visits to patients in care homes.

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.
- Performance for diabetes related indicators was similar to the national average. For example, 78% of patients with diabetes, on the register, had a result of 64 mmol/mol or less for their last IFCC HbA1c (a blood test which measures the levels of glucose in the blood) in the preceding 12 months (April 2014 to March 2015), which was the same as the national average.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition 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.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national average of 82%.

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 those with a learning disability.
- The practice worked to improve the care of people with learning difficulties. For example, one of the GPs visited a local home for patients with learning difficulties to help with care planning and to offer vaccinations to patients and staff who worked there. The practice nurse had attended workshops with patients with learning difficulties to help them to feel more at ease when undergoing care by giving talks and by allowing patients to handle medical equipment such as stethoscopes.
- The practice offered longer appointments for patients who needed them.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was below the national average. For example, 83% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (April 2014 to March 2015) compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 272 survey forms were distributed and 115 were returned. This represented a 42% response rate and approximately 1.6% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients described staff at the practice as caring and told us they felt treated with dignity and respect. They stated that the practice was clean and they felt listened to and supported.

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

Areas for improvement

Action the service SHOULD take to improve

- Support staff to understand their role in identifying and reporting significant events.
- Prescribers should continue to assess named patients for their suitability to receive medication under a Patient Specific Direction before these are signed.
- Consider other ways of sourcing emergency medication if difficulties with suppliers persist.

Outstanding practice

- The practice worked to improve the care of people with learning difficulties. For example, one of the GPs visited a local home for patients with learning difficulties to help with care planning and to offer vaccinations to patients and staff who worked there.

  The practice nurse had attended workshops with patients with learning difficulties to give talks and let people handle medical equipment such as stethoscopes to help them to feel more at ease when undergoing care.

Risedale Surgery

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 and a practice manager specialist adviser.

Background to Risedale Surgery

Risedale Surgery is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 6,900 patients from one location at 2-6 Gloucester Street, Barrow in Furness, Cumbria, LA13 9RX.

The practice is based in adjoining houses which have been converted into a surgery. It has level-entry access and all patient services are on the ground floor. There is no designated parking area for patients, with parking available on the streets around the practice.

The practice has 25 members of staff, including three (two female, one male) GP partners, one (male) salaried GP, one (female) nurse practitioner, two (female) practice nurses, three (female) healthcare assistants, a phlebotomist, a practice manager, and 13 reception and administration staff, including an assistant practice manager.

The practice is part of Cumbria clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the second most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. Health outcomes for people in Barrow in Furness are generally lower than national averages and vary significantly. The life expectancy in the most deprived areas for men is 13 years lower and for women eight years lower than people in the least deprived areas. The area also has higher-than-average rates of obesity, self-harm and smoking related deaths. The practice population profile broadly matches the national average, with very few age groups over or under represented.

The surgery is open at the following times:

Monday – 7am to 7pm

Tuesday, Wednesday and Thursday – 8am to 8pm

Friday – 7am to 6.30pm

Weekends – closed.

Appoinments with a GP or nurse can be booked during these opening times. The practice operates a telephone triage system, whereby patients receive a telephone call from a GP on the same day as they call the practice. These patients are assessed by the doctor, who then makes them an appointment at the practice or redirects them to a more appropriate service. Telephones at the practice are answered from 8am until 6.30pm, Monday to Friday. Outside of these times a message on the telephone answering system redirects patients to out of hours or emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health On Call (CHOC).

The practice provides services to patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 June 2016. During our visit we:

- Spoke with a range of staff 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 a system in place for reporting and recording significant events.

- Staff we spoke to 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, some staff were not sure what should be considered a significant event or how to raise them.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had improved their system for handling patient test results following a significant event.

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.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The practice had a high number of children who were the subject of child protection plans, and they had good systems in place to ensure all members of staff were aware of these patients and that information relevant to their wellbeing was shared appropriately. Children who did not attend for appointments were contacted to arrange new ones, and a list was kept of children who failed to attend appointments with other providers (such as hospital appointments). 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, however not all members of staff knew who this was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. GPs were trained to child protection level three. On the day of the inspection we found that health care assistants at the practice were only trained to level one. The Intercollegiate Guideline (ICG) "Safeguarding Children and Young People: roles and competences for health care staff" (2014) which sets out the minimum training requirements of staff states that the minimum level required for non-clinical and clinical staff (such as health care assistants) who have some degree of contact with children and young people and/or parents/carers is level two. However, despite this staff demonstrated they understood their responsibilities with regard to safeguarding children and vulnerable adults. Since the inspection the practice have submitted evidence to show healthcare assistants are now trained to safeguarding children level two.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) However, on the day of the inspection we saw that the health care assistants at the practice were administering vaccinations to patients under a Patient Specific Direction (PSD) (a traditional 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). While PSDs were being signed by the prescriber, who was therefore taking legal responsibility for the prescription of the medication, they were doing so without seeing a list of patient names first. Therefore

the prescriber was not able to assess the patients who were receiving the medication, as is required by the Human Medicines Regulations 2012. After we brought this to the attention of the practice they told us they would stop this and ensure all patients were properly assessed by a prescriber before a PSD was signed.

- 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.
- 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We reviewed three 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.

Monitoring risks to patients

Risks to patients were generally 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 and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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). On the day of inspection we saw that looped blind cords or chains had not been modified or secured out of reach throughout the practice in areas that could be accessed by patients. We have since seen evidence that these have been risk assessed and removed or secured where required.
- 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 enough staff were on duty. The practice made good use of locum GPs and ensured they had induction packs available for them, and ensured checks on their professional registration and qualifications were performed. The practice was also proactive in identifying ways to ensure they could recruit sufficient numbers of staff, such as by training one of the nurses to become a nurse practitioner. (Nurse practitioners are nurses who undergo extra training to be able to perform many of the clinical duties undertaken by GPs).

Arrangements to deal with emergencies and major incidents

On the day of the inspection we saw that the practice had arrangements in place to respond to emergencies and major incidents, but that there were areas for improvement.

- There were emergency medicines available in the treatment room which were easily accessible to staff in a secure area, and all staff knew of their location. Most of the medicines we checked were in date and stored securely, however the medications for treating suspected meningitis had recently passed their use-by dates. The practice were aware of this and told us they had been trying to source more medications from suppliers but had been unable to.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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.

Good

Are services safe?

- 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 patients' 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 90.1% of the total number of points available (clinical commissioning group (CCG) average 96.8%, national average 94.7%). The exception reporting rate was 6.3%, which was lower than local and national averages (10.1% and 9.2% respectively). (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).

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 78% of patients with diabetes, on the register, had a result of 64 mmol/mol or less for their last IFCC HbA1c (a blood test which measures the levels of glucose in the blood) in the preceding 12 months (April 2014 to March 2015), which was the same as the national average.
- Performance for mental health related indicators was below the national average. For example, 83% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (April 2014 to March 2015) compared to the national average of 88%.

CQC intelligent monitoring data highlighted that this practice was an outlier for three QOF clinical targets related to hypertension, asthma and chronic obstructive pulmonary disease (COPD). The practice was aware of this and were able to demonstrate that this had been due to the practice taking over the management of a neighbouring surgery at the time this data was collected. Some patients had not been called for a review as a result of the transfer of patient data between the two practices. We saw evidence of the procedures the practice had put in place to ensure that all patients were now being called for reviews.

There was evidence of quality improvement including clinical audit.

- We saw there had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. We saw the practice had a timetable in place for future audits into areas such as diabetes and drug misuse, which were relevant to the practice population.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.
- Following a course at a local training provider the practice regularly used improving planning sheets as a simple way to plan, document and measure areas that had been identified for improvement. These had been used to plan improvements to areas such as document handling and managing QOF recalls.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the improvement of information sharing between services involved in the palliative care of patients.

We also saw that the practice had responded well when they had identified areas for improvement. For example, in January 2016 the practice had identified areas where QOF performance was below target, and on the day of inspection they were able to show that by March 2016 these targets had been met.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice was also the first in the area to offer placements to student nurses, and a comprehensive induction programme had been developed for students on placement at the practice.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, records of the dates when staff had undertaken training were incomplete, although staff were able to provide certificates to show they had completed relevant training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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. Staff had clinical supervision and facilitation and support for revalidating GPs, and all staff had received an appraisal within the last 12 months.

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.
- 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff we spoke to understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, the practice could not provide evidence that all staff had undertaken recent training in mental capacity awareness.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation and weight management advice was available from one of the practice nurses and two of the healthcare assistants.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national average of 82%. 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 for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged their patients to attend national screening

Good

Are services effective?

(for example, treatment is effective)

programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76.9% to 100% (CCG average 83.3% to 96.7%) and five year olds from 69.6% to 100% (CCG average 72.5% to 97.9%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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 13 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 three members of the patient participation group (PPG). 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 was in line with local and national averages for their satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 85% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 93% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 87% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 91% of patients said the last nurse they spoke to was good at listening to them (CCG average 93%, national average 91%).
- 90% of patients said they found the receptionists at the practice helpful (CCG average 91%, 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 from the comment cards we received was also positive and aligned with these views. We also saw evidence of personalised care plans.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 82%).
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

The practice provided facilities to help patients be involved in decisions about their care:

- 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 patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 61 patients as carers (approximately 1% of the practice list). There were two members of staff who designated "carers champions". They liaised with a local carers' charity to identify carers and direct them to the various avenues of support available to them. There was a variety of information in the waiting area for carers and young carers, as well as posters with photographs of the carers champions, so that people who wanted support knew who to speak to. Workers from the local carers' charity visited the practice every two months to raise awareness and provide support to patients.

Staff told us that if families had suffered bereavement a GP contacted them. 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. One of the carer's champions liaised with a local charity that provided support to people who had recently suffered a bereavement. They were able to direct patients to the charity for support. Workers from the charity also came to the practice weekly to offer support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was part of the CCG's Quality Improvement Scheme aimed at reducing health inequalities across the county by setting all the practices in the area certain quality targets. They also worked closely with the Integrated Care Community in the locality to refer patients who required additional care services or social support.

- The practice offered extended opening hours from 7am on Mondays and Fridays and on four evenings during the week (until 7pm on Monday and 8pm from Tuesday to Thursday) for working patients who could not attend during normal opening hours.
- The practice worked to improve the care of people with learning difficulties. For example, one of the GPs visited a local home for patients with learning difficulties to help with care planning and to offer vaccinations to patients and staff who worked there. The practice nurse had attended workshops with patients with learning difficulties to help them to feel more at ease when undergoing care by giving talks and by allowing patients to handle medical equipment such as stethoscopes.
- There were longer appointments available for patients who needed them.
- The surgery offered an International Normalised Ratio (INR) test for patients on warfarin. The INR is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose. By offering this service patients no longer needed to attend hospital for blood tests or wait for results.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available. The practice used a local charity to help them to communicate with patients with hearing difficulties. They also liaised with a local charity to receive training on how to help patients with visual impairments.
- The practice held a cervical screening clinic in the evenings to enable people who work to attend.

Access to the service

The practice was open at the following times:

Monday – 7am to 7pm

Tuesday, Wednesday and Thursday – 8am to 8pm

Friday – 7am to 6.30pm

Weekends – closed.

Appointments with a GP or nurse could be booked during these opening times. 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. We checked the practice's appointment system on the afternoon of the inspection and found that urgent appointments with a GP or a nurse were available the same day. The next routine appointment with a GP was available within 48 hours.

The practice had introduced a telephone triage system to deal with demand. Patients received a telephone call from a GP on the same day as they called the practice. These patients were assessed by the doctor, who then made them an appointment at the practice or redirected them to a more appropriate service. Most patients we spoke to were happy with the service, however some expressed concern that the window of time they were given for the call back was quite large, and they did not automatically receive a second call from the GP if they missed the first call. The practice told us the system was relatively new and was being audited to monitor how it was working.

Telephones at the practice were answered from 8am until 6.30pm, Monday to Friday. Outside of these times a message on the telephone answering system redirected patients to out of hours or emergency services as appropriate.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone (CCG average 81%, national average 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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, such as a patient information leaflet and information on the practice website.

We looked at three of the eight complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and demonstrated openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice made changes to ensure only those test results viewed and annotated by a GP could be given to patients.

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 vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement, as well as a 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. The practice had also introduced "at-a-glance" boards in one of the offices in the practice which displayed up-to-date information about the patient population, such as how many patients were currently in hospital or how many were receiving palliative care.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we identified some risks on the day of inspection which had not been identified by the practice, such as blinds with looped cords which had not been secured and which were in areas of the practice where patients had access.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff had the opportunity to be involved in discussions about how to run and develop 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. They 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they requested improvements to the patient toilets and waiting area, and these were carried out.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Are services well-led?

Good

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

- The practice was involved in the Alfred Barrow project to relocate a number of GP practices and other health services in the town to one purpose-built location.
- The practice had decided to manage their workload by dividing the town into zones, each of which was covered by a particular doctor. This led to a more equal distribution of workload among the clinical staff and allowed better management of patients in care homes in each zone.
- Staff from the practice had attended courses in improvement with a local training provider. This had led to the implementation of improving planning sheets as a simple way to plan, document and measure areas that had been identified for improvement. These had been used to plan improvements to areas such as document handling and managing QOF recalls.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.