Shortstown 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shortstown Surgery on 26 January 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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 learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support, and 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 higher than others for several aspects of care.
- 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.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified
- Patients said they found it easy to make an appointment with a 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 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 management team 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.
- 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 had a very low population range aged between 55 and 85 years.

- 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 held multi-disciplinary meetings monthly to discuss palliative care and unplanned admissions to establish what level of monitoring and support was required.
- A register was held to identify and support patients at risk of an unplanned admission.

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 better than the CCG and national average. The practice achieved 94% of available points compared to the CCG average of 89% and the national average of 89%.
- There was a system in place to recall patients in this group.
- Lifestyle advice was given to patients where necessary to help their long term conditions.
- 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.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were identified at potential risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively low for all standard childhood immunisations. The practice worked with the local children's centre to improve parents understanding and fears concerning immunisation.
- 84% of patients diagnosed with asthma and on the Asthma register, who had an asthma review in the last 12 months which was above the CCG average of 77% and the national average of 76%
- 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.
- The practice's uptake for the cervical screening programme was 84%, which was similar to the CCG average of 83% and the national average of 82%
- 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 and health visitors.

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 on line services as well as a full range of health promotion and screening that reflects the needs for this age group.
- A telephone call back is offered by the nurse practitioner based on the Wootton site, who had remote access the practice clinical systems, when a face to face consultation is not essential.

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, and those with a learning disability.

Summary of findings

- All patients with learning disabilities were offered an annual health check. Carers were contacted to attend and help to organise appointments for blood tests.
- Easy to read information was available to patients who confirmed they would prefer this way of communication.
- The practice offered longer appointments and additional support for patients in care homes and those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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).

- 100% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 latest National GP Patient Survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 343 survey forms were distributed and 107 were returned. This represented approximately 5% of the practice's patient list.

- 79% found it easy to get through to this surgery by phone compared to the national average of 73%.
- 63% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 68% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 54% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Two cards mentioned the challenges with the premises but all talked about the excellent level of care and consideration in difficult circumstances. We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring, but again told us that the premises was too small, this is reflected in the low percentage of patients who said they would recommend the surgery to someone who had moved into the area. Appointment availability is restricted due to the lack of consulting rooms; only one on the ground floor for use by patients with limited mobility. The practice opening hours were restricted by the lease agreement in place. The practice had installed an updated telephone system to address access to the surgery by telephone and was able to offer appointments at the caretaking practice and emergency appointments were available at Shortstown Surgery, on the day. We saw that the caretaking practice had made every attempt to improve the current building and access to services for patients.

The practice continued to try to improve the patient experience by coordinating services to offer the best care and by engaging with patients and providing information and updates via the practice newsletter. The practice management continued to work with the clinical commissioning group to work towards a long term solution for Shortstown.

Shortstown 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 advisor and a practice manager specialist advisor.

Background to Shortstown Surgery

Shortstown Surgery has been a singlehanded practice since opening in 2007 and NHS England (NHSE) has arranged caretaker providers on two occasions since it opened. The staff from Wootton Vale Healthy Living Centre have been caretaking since June 2013. The current arrangement has been renewed three times since originally put in place and the future of the practice in terms of viability as a standalone facility has yet to be decided by NHSE. The current registered list size is 2382.

The caretaking providers have worked hard to remedy some previous issues but still face challenges mainly with the premises. The service is provided from a converted house with steep stairs, restricted opening hours (the premises cannot be used after 7pm or at weekends), lack of consulting space, along with poor staff facilities. The staff have made the best of the situation and have been innovative and adapted where they can to minimise the effects on patients and staff and provide the best service possible.

The practice has a large population from birth to four years of age and those aged 25 to 35 and a lower population aged between 55 and 85.

The reception is open between 8.15am and 6.30pm. Morning appointments are available Monday to Friday between 8.30am and 12.00pm. Afternoon appointments are available Mondays, Tuesdays and Thursdays between 2pm and 6.00pm. Afternoon and evening appointments are available Wednesdays and Fridays between 2pm and 7pm.

Appointments can also be booked on line. There is only one ground floor consulting room that the doctors and nurses use for patients with limited mobility and there is one nurse consulting room on the first floor. Issues in relation to consultation space and accessibility limit the number of appointments that can be booked; the practice has however set up remote access between the sites meaning there is constant access across the two sites. This enables reserving of limited room availability for face to face appointments.

The management have tried a number of different appointment patterns and staff mix to accommodate patients. The practice has now adopted a staff rotation process with Wootton which allows both clinical and administrative staff to feel part of a team to share experiences and for learning and support. This also increases patient choice and patients benefit from the speciality skills mix these doctors have, as well as continuity and gender of doctor.

The staff team work across both sites and include 2 GP's; one male and one female, a practice manager, a female clinical manager, two practice nurses and three administration staff, one who is currently undergoing health care assistant (HCA) training and is also a phlebotomist.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 January 2016. During our visit we:

- Spoke with a range of staff including two GP's, the practice manager, two nurses, the clinical manager and a number of administrative support staff. We also spoke with patients who used the service and community staff who worked with the GP's and nurses.
- Observed how patients were being cared for and talked with carers and 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, these were discussed at monthly meetings, all staff were involved and we saw evidence of actions and changes implemented as a result.
- We saw that safety alerts were received by the clinical manager and the practice manager by email, these were then disseminated to the relevant staff. Where appropriate, the alerts were discussed at fortnightly clinical meetings to ensure that appropriate action was taken and a plan put in place if necessary to ensure patient safety was maintained. We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons learnt 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 and a verbal and written apology and 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. The clinical manager had worked closely with other community teams and carried out an audit to check the data kept on children at risk was accurate and that adjustments were made where necessary. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level to manage safeguarding concerns.

- 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). If a chaperone was used staff recorded this in the patient notes.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The clinical manager 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 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 Clinical Commissioning Group (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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

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, DBS checks. (DBS checks

Good

Are services safe?

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).

- 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 administration 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a buddy system in place for all the different staffing groups to ensure that enough staff were on duty. Staff worked at both Shortstown Surgery and Wootton Vale premises.

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.
- 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. We saw evidence of a flood incident, all staff were aware of the continuity plan, and followed it accordingly, resulting in minor disruption to the service.

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 show 98% achievement out of the total number of points available, with 13% exception reporting. (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). The practice identified that they were higher in exception reporting, they concluded that this was due to low numbers of patients on the long term conditions registers especially for diabetes. To address this, an initial audit that took place in April 2015 identified that all patients did all have a valid code and justification for non-attendance. All exceptions within this category have an action plan to be reviewed on the second cycle audit. This practice was not an outlier for any QOF (or other national) clinical targets. Data from October 2015 showed:

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months was 87% above the national average of 76%.
- The percentage of patients with hypertension having regular blood pressure tests was 85% similar to the CCG and national average of 84%.
- Performance for mental health related indicators was better than the CCG and national average The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% (CCG average 87%, National average 88%) with 6% exception reporting.

Clinical audits demonstrated quality improvement.

- There had been 13 clinical audits completed in the last two years, all 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 of an audit carried out to confirm the accuracy of the register for 'looked after children' had initiated a review for the practice and other organisations. An audit carried out on diabetes control and care over three cycles showed that as a result of support and advice given to patients that there was an improvement in diabetic patients blood sugar levels

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. All staff shadowed colleagues during the first week of employment.
- 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 attended external training to update on their specific clinical areas. 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 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 on-going 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 and in-house training.

Coordinating patient care and information sharing

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

- 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 on-going 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. The staff had built up strong relationships with health visitors and midwives to ensure a coordinated approach to care for children and families from vulnerable groups.

Regular monthly meetings took place to discuss patients who may be at risk or have had an unplanned admission and those with palliative care needs which included the practice community matron, a district nurse representative, a McMillan nurse, a practice long term condition nurse, the practice clinical manager, and GP representation. These meetings gave an opportunity to discuss patient care and support required. The practice also held a register of patients over the age of 80 years to monitor those who may be at risk of an unplanned admission, those who were new on the register and who would receive an evaluation of their needs and those who were fit, well and active.

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.
- 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 the audit of patient records.

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, smoking and alcohol cessation. Patients were then signposted to the relevant service. This information was available in different languages both in leaflets and information of the screen in reception.
- The practice had installed a health hub in the waiting area with weighing scales and a blood pressure monitor to encourage patients to monitor themselves.

The practice's uptake for the cervical screening programme was 84%which was comparable to the 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 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 91% to 100% and five year olds from 88% to 96%.

Flu vaccination rates for the over 65s were 66%, and at risk groups 57%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice offered all patients with learning disabilities an annual health check. Prior to the appointment a nurse or health care assistant contacted carers to organise annual blood tests and follow up health check appointments. Patients were asked if they would like easy read letters which they were sent, if requested, to confirm these appointments.

Although it was not a requirement to carry out health checks on patients with mild learning disability, the practice had found this to be very proactive and useful to do so as these patients could be reluctant to attend the practice for any health checks. The Practice had received some good feedback following this. The aim of the practice was to do the blood test prior to the appointment for the health checks, but for some patients they were only able to attend for one appointment so tests and checks were undertaken at the same time and were followed up with a telephone appointment to inform them of their blood tests results and any necessary actions which could be arranged with carer or next of kin.

These health checks were longer appointments with the patient and carers or next of kin were invited with the patient's permission and considering the patients best interests. Patients were given a copy of the heath check outcomes to take away with them. This enabled clinical staff to have adequate time to discuss the individuals' needs and to arrange any necessary follow-up appointments. If the patients had any long term conditions, blood tests and reviews for these were carried out at the same time.

Carers were also offered an appointment for a health check at an appropriate time that was convenient for them to attend on their own. If patients did not attend their appointment, this was followed up and the same process was repeated again.

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 12 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. There were two comments referring to the premises being too small.

We spoke to members of the local parish council and ex-members of the former patient partition 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. The members told us that there had been a number of issues with the premises and that a request had been made for a new purpose built surgery

Results from the National GP Patient Survey, published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 74% said the GP gave them enough time (CCG average 86%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 98%, national average 97%)
- 74% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 84% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 72% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

The staff told us that they recognise that the indicators are disappointing for the practice although we were informed that these figures were reflective of a period of great disruption from 2013 to present date and the practice was continuing to ensure that it was doing everything possible to increase patient satisfaction in the care provided.

Care planning and involvement in decisions about care and treatment

Patients we spoke to 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.

However, results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care (national average 82%)
- 73% said the last nurse they saw was good at involving them in decisions about their care (national average 85%)

Staff told us that there had been significant changes to the clinical staff during the caretaking arrangements and limited availability to improve IT systems and the premises, this was reflected in the survey results.

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

Good

Are services caring?

saw notices in the reception areas informing patients this service was available. Information both in leaflets and on screen in the waiting area was also available in several languages.

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 30 carers' whose ages range from 23-78 years; this represented 1.3% of the practice total list size. Written information was available to direct carers to the various avenues of support available to them. The practice was working on identification of carers and although there was a low elderly population the numbers are be lower than expected rates but they were going to refresh the data for children who are mentally or physically disabled and are now adult with informal carers

Staff told us that if families had suffered bereavement the family was sent a sympathy card, it was documented in the notes and an email sent to all staff to inform them.

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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS. If the patient requires a private travel vaccination they will be signposted to a choice of appropriate local options.
- Evening appointments and telephone consultations were available and appointments could be booked online.
- The ground floor consulting room was booked for patients with limited mobility, a hearing loop and translation services available.
- The clinical manager had established strong links with the children's community services and the local children's centre to help dispel myths around immunisations.
- The practice had set up regular monthly Safeguarding Multi-Disciplinary Team meetings which included the health visitors and was led by a GP. It was highlighted through these meetings and a subsequent audit on Safeguarding that sharing and alerting of safeguarding status was not being swiftly and seamlessly notified to the practice and the clinical system. New processes were put in place and this also highlighted other deficiencies in the wider health systems that were now being taken up with outside agencies and the CCG.

Access to the service

The practice is open between 8.15am and 6.30pm, Monday to Friday. Morning appointments are available Monday to Friday between 8.30am and 12.00pm. Afternoon appointments are available Monday, Tuesday and Thursday between 2pm and 6.00pm, and Wednesday and Friday between 2pm and 7pm.

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. The next available appointment with a GP was in one weeks' time.

The practice was not able to provide minor surgery or a contraceptive fitting service at the Shortstown Surgery. However, these services were offered at the main caretaking practice site, along with access to a gynaecological specialist nurse, smoking cessation and health check support during evening hours.

Results from the National GP Patient Survey showed that patient's satisfaction in relation to accessing care and treatment were;

- 63% of patients were satisfied with the practice's opening hours compared to the national average of 78%. The practice recognised that this figure was low but appointment availability was restricted due to lack of space in the building.
- 79% patients said they could get through easily to the surgery by phone above the national average of 73%. The practice told us that this higher than average figure was due to the introduction of the new telephone system

Also, people we spoke to on the day of the inspection that they were able to get appointments when they needed them. The new telephone system had improved access.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager and lead GP handled all complaints in the practice
- We saw that information was available to help patients understand the complaints system.
- We looked at eight complaints received in the last 12 months and found that all complaints were satisfactorily handled, dealt with in a timely way, with openness and transparency. All complaints were

Good

Are services responsive to people's needs?

(for example, to feedback?)

discussed at monthly meetings with all staff, lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We saw documentary evidence to support this.

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

Although the practice was in caretaking arrangements there was still a clear vision to deliver high quality care and promote good outcomes for patients. They had a documented statement of purpose which included their aims and objectives. They had identified a good GP patient relationship with continuity and care and to develop team work and peer support in a positive working environment as their priorities.

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 practice was led by the lead GP with support from the clinical manager, other clinical and administrative teams. All patients were encouraged to see their named GP whenever possible, who took overall responsibility for their care including managing correspondence and test results. They prioritised 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 GP's 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 GP's 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, a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence and minutes of meetings where incidents were discussed.

There was a clear leadership structure in place with specific leads identified, staff told us that they felt supported by management.

- Staff told us the practice held monthly 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 GP's and managers 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, whilst in caretaking arrangements.

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.

- In the absence of an active patient participation group, the practice had gathered feedback from patients through ex-PPG members, the local Councillor, the Parish Council and through surveys and complaints received. Based on this information the practice endeavoured to find ways of working with the existing arrangements. Patient Surveys and submitted proposals for improvements to the practice management team. For example, the improved telephone system and triage consultations.

Are services well-led?

Good

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

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The caretaking practice had improved the service provided and the systems and premises as far as possible. One of the practice administrators was undertaking training to become a health care assistant.