Dalefield 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 inspected Dalefield Surgery on the 11th December 2014 as part of our comprehensive inspection programme.

From all the evidence gathered during the inspection process we have rated the practice as good.

During our inspection the comments from patients were positive about the care and treatment they received. Feedback included individual praise of staff for their care and kindness and going the extra mile.

Our key findings were as follows:

- Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions.
- The practice was clean and equipment was maintained.
- Patients reported good access to the practice and a named GP which provided continuity of care, with urgent appointments available the same day.
- Staff understand their responsibilities to raise concerns, and report incidents.
- There are a range of qualified staff to meet patients' needs and keep them safe.
- People's needs are assessed and care is planned and delivered in line with current legislation.
- The practice works with other health and social care providers to achieve the best outcomes for patients.

We saw several areas of outstanding practice including:

- Funding has been secured by a group of practices, including Dalefield to support the needs of Non English Speaking Patients (NESP) who make up approximately 9% of the practice population, by employing NESP workers to support patients at the practice and other practices in the Bolton area. For all NESP patients 20 minute appointments were booked and interpreters were available via a telephone service, to ensure full medical histories were taken and patients' needs were assessed. For new NESP patients a referral would be made to a NESP worker who provided comprehensive interventions for patients and their families.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence (NICE) guidance is referenced and used routinely. Patients needs are assessed and care is planned and delivered in line with current legislation. This includes assessment of capacity and the promotion of good health. Staff have received training appropriate to their roles. The practice can has completed appraisals and the personal development plans for staff. Multidisciplinary working was evidenced.

Are services caring?

Good

The practice is rated as good for caring. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them, with access to interpretation services and specialist worker for none English speaking patients. We saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice reviewed the needs of their local population and secured funding to provide specialist services where required. The practice engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice and a named GP for continuity of care with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

The practice is rated as good for well-led. The practice had clear aims to deliver good outcomes for patients. Staff were clear about the aims and their responsibilities in relation to the practice. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and regular governance meetings had taken place. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the population group of older people. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in dementia, shingles vaccinations and end of life care. The care for patients at the end of life was in line with the Gold Standard Framework. This means they work, as part of a multidisciplinary team and with out of hours providers to ensure consistency of care and a shared understanding of the patient's wishes.

The practice was responsive to the needs of older people, GPs, nurses and health care assistants provided home visits and rapid access appointments for those with enhanced needs.

We saw care plans were in place for patients at risk of unplanned hospital admissions, and those aged 75 and over who were vulnerable had care plans in place.

People with long term conditions

Good

The practice is rated as good for the population group of people with long term conditions. Emergency processes were in place and referrals made for patients in this group that had a sudden deterioration in health.

The practice provided multimorbidity clinics for patients with the presence of two or more long term conditions. These clinics were well attended and patients were given extended appointments and sufficient time to have their issues addressed.

All patients with long term health conditions had structured annual reviews to check their health and medication needs were being met. For those people with the most complex needs GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. Systems were in place for identifying and following-up vulnerable families and who were at risk.

Immunisation rates were high for all standard childhood immunisations.

Summary of findings

Appointments were available outside of school hours and the premises were suitable for children and babies. All of the staff were very responsive to parents' concerns and ensured parents could have same day appointments for children who were unwell.

Staff were knowledgeable about child protection and a GP took the lead with the local authority and other professionals to safeguard children and families. Where patients were suspected to be victims of domestic violence, this was recorded within patient records and staff were vigilant and made appropriate referrals where necessary with consent.

Working age people (including those recently retired and students)

Good 

The practice is rated as good for the population group of the working-age people (including those recently retired and students). The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group. Patients were provided with a range of healthy lifestyle support including smoking cessation with referrals available to external agencies to support people in leading healthier lifestyles. The practice had extended opening hour enabling people to make appointments outside normal working hours. Appointments could be booked online in advance and a text message reminder system was in place to remind patients of pre booked appointments.

The practice had a system in place to identify carers, to enable them to provide appropriate support and referrals.

NHS health checks, a service which provides opportunistic or planned health check for patients aged 40-74 years were in place, and consisted of height, weight and blood pressure checks and blood tests.

People whose circumstances may make them vulnerable

Outstanding

The practice is rated as outstanding for the population group of people whose circumstances may make them vulnerable. The practice had carried out annual health checks for people with learning disabilities and offered longer appointments for people where required.

For patients where English is their second language, funding has been secured to work with other local practices to employ support workers to meet their needs.The support workers, worked with families within their homes to help them understand the services available and access NHS and social care. Extended appointments were provided for all patients who required an interpretation service.

Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

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

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients who experienced mental health problems. The register supported clinical staff to offer patients an annual appointment for a health check and a medicine review. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice had in place advance care planning for patients with dementia.

The practice had sign-posted patients experiencing poor mental health to various support groups and voluntary organisations, including referrals to counselling services.

For patients who experienced difficulties attending appointments at busy periods they would be offered appointments at the beginning or end of the day to reduce anxiety.

Summary of findings

What people who use the service say

During our inspection we spoke with eight patients. We reviewed 36 CQC comment cards which patients had completed leading up to the inspection.

The comments were positive about the care and treatment people received. Patients told us they were treated with dignity and respect and involved in making decisions about their treatment options.

Feedback included individual praise of staff for their care and kindness and going the extra mile. We reviewed the results of the GP national survey carried out in 2013/14 and noted 96% describe their overall experience of this surgery as good and 84% would recommend this surgery to someone new to the area

We saw the patient participation group conducted a surveys among patients, we saw from the last survey carried out in October 2014, 93% of respondents would recommend the surgery/services to friends and family and 97% said the last time they visited the surgery the nurse treated them with respect and dignity.

Outstanding practice

Funding has been secured by a group of practices, including Dalefield to support the needs of Non English Speaking Patients (NESP) who make up approximately 9% of the practice population, by employing NESP workers to support patients at the practice and other practices in the Bolton area. For all NESP patients 20 minute appointments were booked and interpreters were available via a telephone service, to ensure full medical histories were taken and patients' needs were assessed. For new NESP patients a referral would be made to a NESP worker who provided comprehensive interventions for patients and their families.

Dalefield 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 an expert by experience. Experts by Experience are members of the public who have direct experience of using services.

Background to Dalefield Surgery

Dalefield Surgery provides primary medical services in Bolton from Monday to Friday. The practice is open between 8:00am and 8:00pm Mondays, 7:30am and 6:30pmTuesdays and 8:00am and 6:30pm Wednesday to Friday.

The practice provides home visits for people who were not well enough to attend the centre.

The practice has three GPs one male and two female, a nurse practitioner supported by a nurse and two health care assistants.

Dalefield Surgery is situated within the geographical area of NHS Bolton Clinical Commissioning Group (CCG).

Dalefield Surgery is responsible for providing care to 6109 patients of whom, 50.5 % were male and 49.5 % were female. Patients are from the second most deprived decile with 7% black and minority ethnic (BME) patients. For approximately 9% of patients English is not their first language, whom the surgery have termed Non English Speaking patients (NESP). These patients are predominantly eastern European in origin.

When the practice is closed patients were directed to the out of hours service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 11th December 2014. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with eight patients and ten members of staff. We spoke with a range of staff, including receptionists, the practice manager, GPs, a nurse practitioner, the practice nurse and health care assistants.

We reviewed 36 Care Quality Commission comment cards where patients and members of the public had shared their views and experiences of the service.

Detailed findings

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Good

Are services safe?

Our findings

Safe Track Record

We found that the practice had systems in place to monitor patient safety utilising all the data and information available to them. Reports from NHS England indicated that the practice had a good track record for maintaining patient safety. Information from the General Practice Outcome Standards showed it was rated as an achieving practice. Information from the quality and outcomes framework (QOF), which is a national performance measurement tool, showed that in 2013-2014 the provider was appropriately identifying and reporting significant events.

A system to report, investigate and act on incidents of patient safety was in place, this included identifying potential risk. All staff we spoke with were aware of the procedure for reporting concerns and incidents. We reviewed significant event reports and saw that appropriate action had been taken and where changes to practice were required, this had been cascaded to staff during team meetings or sooner face to face communication where required.

The practice was proactive in monitoring data collected on a regular basis to maintain patient safety, this included medicine, patient experience, referrals or patients reviews, with any areas of concern or changes highlighted. These were then discussed at governance meeting and passed onto either clinicians or administration team for action.

We saw staff had access to multiple sources of information to enable them to maintain patient safety and keep up to date with best practice.

The practice had systems in place to respond to safety alerts.

The practice investigated complaints, carried out audits and responded to patient feedback in order to maintain safe patient care.

The practice had systems in place to maintain safe patient care of those patients over 75 years of age, with long term health conditions, learning disabilities and those with poor mental health. The practice maintained a register of patients with additional needs and or were vulnerable and closely monitored the needs of these patients, through multi-disciplinary meetings with other health and social care professionals.

We saw patients who required annual reviews as part of their care; a system was in place to ensure reviews took place in a timely manner. We heard from these patients that staff invited them for routine checks and to remind them of appointments at the clinics.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. The practice had in place arrangements for reporting significant incidents that occurred at the practice. We saw from the practice significant events log, minutes of meetings and speaking with staff, they had carried out detailed investigations and provided detailed records of outcomes and actions taken in light of the significant events. Monthly staff meetings were in place, where significant events formed part of the agenda to discuss findings and plan action to be taken in light of significant events. All staff told us the practice was open and willing to learn when things went wrong. Staff told us learning from incidents was shared via team meetings and email.

Reliable safety systems and processes including safeguarding

All staff we spoke with were able to tell us how they would respond if they believed a patient or member of the public were at risk. Staff explained to us where they had concerns they would seek guidance from the safeguarding lead or seek support from a colleague as soon as possible.

We saw the practice had in place a detailed child protection and vulnerable adult's policy and procedure, which incorporated information on the Mental Capacity Act 2005.

We saw procedures and child protection/adult protection flow charts were in place for staff to follow should they have concerns about a patient. Where concerns already existed about a family, child or vulnerable adult, alerts were placed on patient records to ensure information was shared between staff to ensure continuity of care.

We spoke with the nurse practitioner who had the lead for safeguarding; they had completed training to level three and were knowledgeable about the contribution the practice could make to safeguarding patients, this included

issues associated with domestic violence. We saw the practice was proactive in reflecting on safeguarding issues and carrying out significant event analysis to look at learning from cases.

A chaperone policy was in place; however we saw no notices alerting patients to the availability of a chaperone. Speaking with staff who acted as chaperones, they were clear of the role and responsibility. All staff were chaperone trained and medical staff offered and record chaperone invitations within patient's records.

Medicines Management

The practice held medicines on site for use in an emergency or for administration during consultations such as administration of vaccinations. The practice had in place Standard Operating Procedures for controlled drugs in line with good practice issues by the National Prescribing Centre.

Medicines administered by the nurses at the practice were given under a patient group direction (PGD), a directive agreed by doctors and pharmacists which allows nurses to supply and/or administer prescription-only medicines. This had also been agreed with the local Clinical Commissioning Group.

Disease-modifying antirheumatic drugs (DMARDs) that are normally prescribed for rheumatoid arthritis were jointly planned and prescribed with the hospital consultants.

GPs reviewed their prescribing practices as and when medication alerts were received. Staff told us information and changes to prescribing were communicated during meetings, or via email alerts. Staff told us they regularly discussed and shared latest guidance on changes to medicines and prescribing practice.

We saw emergency medicines were checked to ensure they were in date and safe to use. We checked a sample of medicines and found these were in date, stored safely and where required, were refrigerated. Medicine fridge temperatures were checked and recorded daily to ensure the medicines were being kept at the correct temperature. Records (An audit of medicines used) were kept whenever any medicines were used.

We were shown the safety checks carried out in relation to prescriptions being issued. The practice maintained a register to track prescriptions received and distributed. This was kept separate from the prescription pads which were securely locked away. Prescription pads held by GPs were locked away. A nominated member of staff was responsible for prescription ordering and management of prescriptions.

We saw prescriptions for collection were stored behind the reception desk, out of reach of a patient. At the end of the day we were told these are locked away in a secure cabinet. Reception staff we spoke with were aware of the necessary checks required when giving out prescriptions to patients who attended the practice to collect them, i.e. date of birth, address of patient. A receptionist told us they monitored the repeat prescription box for prescriptions which had not been collected on a monthly basis and notes placed within patients records.

Cleanliness & Infection Control

The practice was found to be clean and tidy. The toilet facilities had posters promoting good hand hygiene displayed. All the patients we spoke with were happy with the level of cleanliness within the practice.

We saw up to date policies and procedures were in place. The policy included protocols for the safe storage and handling of specimens and for the safe storage of vaccines. These provided staff with clear guidance for sharps, needle stick and splashing incidents which were in line with current best practice.

We saw staff had received infection control training; all staff we spoke with were clear about their roles and responsibilities for maintaining a clean and safe environment. We saw rooms were well stocked with gloves, aprons, alcohol gel, and hand washing facilities. Reception staff had access to gloves and alcohol gel if required when receiving samples from patients. We noted spillage kits were readily available behind reception.

The practice only used single use instruments, we saw these were stored correctly and stock rotation was in place.

Cleaning and maintenance was managed by the building management as was clinical waste. The practice manager told us they met with the building management routinely and were able to raise any concerns as and when required.

We looked in three consulting rooms. All the rooms had hand wash facilities and work surfaces which were free of damage, enabling them to be cleaned thoroughly. We saw the dignity curtains in each room were disposable and were clearly labelled as to when they required replacing.

Good

Are services safe?

Equipment

The practice manager had a plan in place to ensure all equipment was effectively maintained in line with manufacture guidance and calibrated where required. We saw maintenance contracts were in place for all equipment.

All staff we spoke with told us they had access to the necessary equipment and were skilled in its use.

Checks were carried out on portable electrical equipment in line with legal requirements.

The computers in the reception and consulting rooms had a panic alert system for staff to call for assistance.

Staffing & Recruitment

There were formal processes in place for the recruitment of staff to check their suitability and character for employment. The practice had a recruitment policy in place which was up-to-date. We looked at the recruitment and personnel records for three staff. We saw recruitment checks had been undertaken. This included a check of the person's skills and experience through their application form, personal references, identification, criminal record and general health.

Where relevant, the practice also made checks that members of staff were registered with their professional body, on the GP performer's list and had suitable liability insurance in place. This helped to evidence that staff met the requirements of their professional bodies and had the right to practice.

We were satisfied that checks had been carried out with the disclosure and barring service (DBS) for all staff to ensure patients were protected from the risk of unsuitable staff.

Monitoring Safety & Responding to Risk

The practice had developed clear lines of accountability for all aspects of care and treatment. The GPs, nurse practitioner and nurse had been allocated lead roles to make sure best practice guidance was followed in connection with patient care and treatment for example diabetes. One GP and the nurse practitioner took the lead for safeguarding. Speaking with GPs, practice manager and reviewing minutes of meetings we noted safety was being monitored and discussed routinely. Appropriate action was taken to respond to and minimise risks associated with patient care and premises. We saw evidence that clinical staff received regular cardiopulmonary resuscitation (CPR) training.

Arrangements to deal with emergencies and major incidents

There were plans in place to deal with emergencies that might interrupt the smooth running of the service. Within the business continuity plan there was clear guidance, with staff roles and responsibilities being clearly defined. A neighbouring practice had been identified as back up should it be required and emergency supplies had been prepared with equipment and papers such as prescriptions that may be required should the practice be unable to open.

We saw fire safety checks were carried out and full fire drills had been carried out. This ensured that in the event of an emergency staff were able to evacuate the building safely.

Staff told us they had training in dealing with medical emergencies including CPR.

We saw emergency procedures for staff to follow if a patient informed staff face to face or over the telephone if they were experiencing chest pains, this included calling 999 for patients where required. Staff were able to clearly describe to us how they would respond in an emergency situation.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff completed assessments of patients' needs and these were reviewed when appropriate. We saw within the six anonymous patient records reviewed by our GP and seven referrals comprehensive assessments had taken place, test had been requested and referrals made within time frames recommended by the National Institute for Health and Care Excellence (NICE). We were provided with examples of where the practice had made changes to the care and treatment of patient in line with update guidance from NICE, these included management of patients with chronic kidney disease (CKD) and Atrial fibrillation.

Speaking with the practice nurse they explained to us how they reviewed patients with chronic diseases such as asthma and chronic obstructive pulmonary disease (COPD) on an annual basis. We saw from The National Quality Outcome Framework (QOF) patients with diabetes had received appropriate tests and treatment and those patients with atrial fibrillation currently treated with anti-coagulation drug therapy or an antiplatelet therapy. We saw 100% of patients newly diagnosed with diabetes, had a record of being referred to an education programme to support them in managing their condition.

The practice provided multimorbidity clinics for patients with the presence of two or more long term conditions. These clinics were well attended and patients were given extended appointments and sufficient time to have their issues addressed.

The practice provided NHS health checks for patients aged 40-74 which aims to keep people well for longer. It is a risk assessment and management programme to prevent or delay the onset of diabetes, heart and kidney disease and stroke.

The practice maintained a register of patients with learning disability to help ensure they received the required health checks. We noted all patients' with learning disabilities had access to annual reviews using the nationally recognised template.

The QOF provided evidence the practice were responding to the needs of people with dementia, including those newly diagnosed with dementia. For those patients with dementia 87.9% had their care reviewed in a face-to-face review in the preceding 12 months. For patients with poor mental health data showed 100% of those diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the records.

We saw from QOF 100% of child development checks were offered at intervals that were consistent with national guidelines and policy.

We saw information available to staff, minutes of meetings and by speaking with staff, that care and treatment was delivered in line with recognised best practice standards and guidelines. Staff told us they received updates relating to best practice or safety alerts they needed to be aware of via emails and nursing staff told us they received regular updates as part of their ongoing training, and self-directed learning.

Staff referred to Gillick competency when assessing young people's ability to understand or consent to treatment. Ensuring where necessary young people were able to give informed consent without parents' consent if they are under 16 years of age.

Staff were able to describe how they assessed patient's capacity to consent in line with the Mental Capacity Act 2005, with guidance available in the consent policy and vulnerable adults safeguarding policy and guidance. We noted all clinical staff had completed training in relation to mental capacity.

The practice worked within the Gold Standard Framework for end of life care, where they held a register of patients requiring palliative care. A pathway was in place to enable appropriate referrals and support packages for patients at the end stages of life. Multi-disciplinary care review meetings were held with other health and social care providers. Individual cases were discussed regularly between clinical staff to ensure patients and relatives needs were reviewed on a regular basis to meet patient's physical and emotional needs.

Funding had been secured by a group of practices, including Dalefield to support the needs of Non English Speaking Patients (NESP) who make up approximately 9% of the practice population, by employing NESP workers to support patients at the practice and other practices in the Bolton area. For all NESP patients 20 minute appointments were booked and interpreters were available via a telephone service, to ensure full medical histories were

Good

Are services effective?

(for example, treatment is effective)

taken and patients' needs were assessed. For new NESP patients a referral would be made to a NESP worker who provided comprehensive interventions for patients and their families.

Management, monitoring and improving outcomes for people

Speaking with clinical staff, we were told assessments of care and treatment were in place and support provided to enable people to self-manage their condition, such as diabetes or COPD. A range of patient information was available for staff to give out to patients which helped them understand their conditions and treatments.

Staff said they could openly raise and share concerns about patients with colleagues to enable them to improve patient's outcomes.

Speaking with staff they told us they benefited from regular clinical meetings, to share knowledge and discuss patient care.

The practice actively used the information they collected for the Quality and Outcomes framework QOF and their performance against national screening programmes to monitor outcomes for patients. QOF was used to monitor the quality of services provided. The QOF report from 2013-2014 showed the practice was supporting patients well with long term health conditions such as, asthma, diabetes and heart failure. They were also ensuring childhood immunisations were being taken up by parents. NHS England figures showed in 2013, 100% of children at 24 months had received the measles, mumps and rubella (MMR) vaccination.

Information from the QOF 2013-2014 indicated the practice had maintained this high level of achievement with 100% of outcomes achieved.

The practice had systems in place to monitor and improve the outcomes for patients by providing annual reviews to check the health of patients with learning disabilities, patients with chronic diseases and patients on long term medicine.

Patients told us they were happy the doctors and nurses at the practice managed their conditions well and if changes were needed they were fully discussed with them before being made.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw evidence staff had attended mandatory courses such as annual basic life support and safeguarding.

A good skill mix was noted amongst the GPs, nurse practitioner, nurse and health care assistants. Patients had an option of seeing male or female GPs.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

Speaking with staff and reviewing training records we saw all staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice. We noted staff including clinical and non clinical staff had undertaken dementia awareness and learning disabilities awareness training to support the needs of vulnerable patients.

The practice had a system for supervision and appraisal in place for all staff. We saw appraisals were up to date for all staff.

All staff we spoke with told us they were happy with the support they received from the practice. Staff told us they were able to access training and received updates.

Working with colleagues and other services

We found the GPs, nurse practitioner, nurse and health care assistants at the practice worked closely as a team. The practice worked with other agencies and professionals to support continuity of care for patients and ensure care plans were in place for the most vulnerable patients. GPs and nurses attended multi-disciplinary team meeting to ensure information was shared effectively.

The practice worked with associated health professionals' including midwifes, district nurses and the community mental health team to support the needs of patients. Patients were able to access health trainers (Health trainers support people to engage in healthier lifestyle choices, such as diet and exercise, to help them improve their general health and wellbeing)

Good

Are services effective?

(for example, treatment is effective)

For patients at the end of life the practice worked closely with the palliative care team to ensure co-ordinated care was in place.

For patients who were most vulnerable the practice worked alongside the urban outreach team from the local authority who allocated a key worker to the practice to provide additional support to patients in need.

Information Sharing

The GPs described how the practice provided the 'out of hours' service with information, to support, for example 'end of life care.' Information received from other agencies, for example accident and emergency or hospital outpatient departments were read and actioned by the GPs on the same day. Information was scanned onto electronic patient records in a timely manner.

The practice worked within the Gold Standard Framework for end of life care (EoLC), where they provided a summary care record and EoLC information to be shared with local care services and out of hour providers.

For the most vulnerable 2% of patients over 75 years of age, and patients with long term health conditions, information was shared routinely with other health and social care providers through multi-disciplinary meetings to monitor patient welfare and provide the best outcomes for patients and their family.

Consent to care and treatment

A policy and procedure was in place for staff in relation to consent. The policy incorporated implied consent, how to obtain consent, consent from under 16's and consent for immunisations. A consent form was in place for staff to complete and included details of where a parent or guardian signed on behalf of a child. The policy also provides guidance in line with the Mental Capacity Act 2005.

We saw from records staff had undertaken consent training. Speaking with staff they all had an understanding of the principles of gaining consent including issues relating to capacity in line with the Mental Capacity Act 2005. Staff told us where they had concerns about a patient's capacity; they would refer patients to the GP.

GPs were able to outline a mental capacity assessment they would use to support them in making assessments of a patient's capacity and outlined the need to keep clear records where decisions were made in the best interest of patients. This showed us that staff were following the principles of the Mental Capacity Act 2005 and making detailed records of decisions to ensure patients or relatives were involved in the decision making process.

All staff we spoke with made reference to Gillick competency when assessing whether young people under sixteen were mature enough to make decisions without parental consent for their care. Gillick competency allows professionals to demonstrate they have checked the persons understanding of the proposed treatment and consequences of agreeing or disagreeing with the treatment. We were told this would be recorded within the patient's record.

We were shown forms for which consent other than implied consent would be recorded. This consent form, once signed would be scanned into patients' notes, this included vaccinations.

We were told for patients where English was their second language, a telephone interpretation service was available and referral to a specialist NESP worker to ensure they were supported to provide voluntary and informed consent to treatment. This is in line with good practice to ensure people are able to understand treatment options available and give informed consent.

Health Promotion & Prevention

New patients looking to register with the practice were able to find details of how to register on the practice website or by asking at reception. New patients were provided with an appointment for a health check. New patient assessments were done by the practice nurse. New none English speaking patients looking to register were seen either in the practice or at home by a NESP worker.

The practice had a range of written information for patients in the waiting area, some of which was translated into a range of languages. Information was available for patients to take away on a range of health related issues, local services and health promotion. A wide range of information was available on the practice website, with links to local and national support groups patients could access.

Health trainers provided sessions within the practice.

We were provided with details of how staff actively promoted healthy lifestyles during consultations. The clinical system had built in prompts for clinicians to alert them when consulting with patients who smoked or had

Good

Are services effective?

(for example, treatment is effective)

weight management needs. We were told health promotion formed a key part of patients' annual reviews and health checks, these included discussions and assessments of a patient's mental health.

The nurse and health care assistants provided lifestyle advice to patients this included, dietary advice for raised cholesterol, alcohol screening and advice, weight management and smoking cessation. Patients who wanted support to stop smoking could be referred to an in-house smoking cessation service.

A children's immunisation and vaccination programme was in place. Data from NHS England showed the practice was achieving high levels of child immunisation including the MMR a combined vaccine that protects against measles, mumps and rubella, Hepatitis C and Pertussis (whooping cough) Primary. We saw from QOF 100% of child development checks were offered at intervals that are consistent with national guidelines and policy.

The practice produced a newsletter for patients which was available in the practice and included healthy lifestyle advice and information to help patient stay well during the winter months.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

During our inspection we observed staff to be kind, caring and compassionate towards patients. We saw reception staff taking time with patients and trying where possible to meet people's needs.

We spoke with eight patients and reviewed six CQC comment cards received the week leading up to our inspection. All were positive about the level of respect they received and dignity offered during consultations.

The practice had information available to patients in reception and on the website that informed patients of confidentiality and how their information and care data was used, who may have access to that information, such as other health and social care professionals. Patients were provided with an opt out if they did not want their data shared.

We saw all phone calls from and to patients were carried out in a private area behind reception whenever possible and not at the reception desk; we were told this helped to maintain patient confidentiality.

We observed staff speaking to patients, with respect. We spent time with reception staff and observed courteous and respectful face to face communication and telephone conversations. Staff told us when patients arriving at reception wanted to speak in private; they would speak with them in one of the consultation rooms at the side of reception. All the patients we spoke with gave positive feedback about the helpfulness and support they received from the reception staff. We were shown the translation prompts used by reception staff to great and welcome non English speaking patients to help establish the nature of their visit and to help patients book appointments.

Looking at the results from the GP Patient Survey 2014, 91% of respondents found the receptionists at this surgery helpful.

Staff were able to clearly explain to us how they would reassure patients who were undergoing examinations, and described the use of modesty sheets to maintain patient's dignity.

We found all rooms had dignity screens in place to maintain patients' dignity and privacy whilst they were undergoing examination or treatment.

Care planning and involvement in decisions about care and treatment

The majority of the patients told us they were happy to see any GP and the nurses as they felt all were competent and knowledgeable. Most patients found that they had been able to see their preferred GP, from the National GP Patient Survey 72% of patients reported they were able to get appointment with a preferred GP.

Patients we spoke with told us the GP and nurses were patient, listened and took time to explain their condition and treatment options. This was reflective of the results from the National GP Patient Survey in which 85% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care and 85% said the last GP they saw or spoke to was good at listening to them. From the PPG survey of patients in October 2014 92% said, when they last visited the surgery, they were treated with dignity and respect by the nurse.

We saw from The Quality and Outcomes framework (QOF) data for 2013/14, 90% of patients with poor mental health had a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate. We saw care plans were also place for patients at risk of unplanned hospital admissions and those aged 75 and over who were vulnerable.

Staff were knowledgeable about how to ensure patients were involved in making decisions and the requirements of the Mental Capacity Act 2005 and the Children's Act 1989 and 2005.

Staff told us relatives, carers or advocates were involved in helping patients who required support with making decisions.

We noted where required patients were provided with extended appointments for example reviews with patients with learning disabilities and patients who required an interpreter to ensure they had the time to help patients be involved in decisions.

In reception we saw a notice board specifically for carers, where there were notices to guide patients to support and advice.

Patient/carer support to cope emotionally with care and treatment

All staff we spoke to were articulate in expressing the importance of good patient care, and having an

Good

Are services caring?

understanding of the emotional needs as well as physical needs of patients and relatives. We were provided with a number of examples where staff supported patients, these included the Practice manager phoning patients recently bereaved or isolated to check in with them and to see if they needed any additional support.

From the National GP survey 87% of respondents stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern.

Patients who were receiving care at the end of life had been identified and joint arrangements were in place as part of a multi-disciplinary approach with the palliative care team.

The nurse practitioner took the lead on providing bereavement support to patients.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had an understanding of their patient population, and made adjustments to respond to patient's needs.

The practice was proactive in working with patients and families, in a joined up way with other providers in providing palliative care and ensuring patient's wishes were recorded and shared with consent with out of hours providers at the end of life.

The practice were proactive in supporting the needs of non English speaking patients, providing them with direct access to support workers.

The practice was proactive in making reasonable adjustments to meet people's needs. Staff and patients we spoke with provided a range of examples of how this worked, such as accommodating home visits and booking extended appointments. Home visits were provided by GPs.

We saw where patients required referrals to another service these took place in a timely manner. This included referrals to health trainers.

A repeat prescription service was available to patients, via the website, a box at reception or requesting repeat prescriptions with staff at the reception desk. We saw patients accessing repeat prescriptions at reception without any difficulties.

The practice had a proactive and diverse membership of the Patient Participation Group (PPG) we met with eight members of the of the PPG who were overwhelming positive about the practice and told us they felt welcomed and involved in the development of the practice.

The PPG meet on a regular basis to review the findings from surveys and to discuss ways in which patient experience could be improved. Following the survey in October 2014 we saw an action plan to address issues raised, these included, updating members on the refurbishment of the premises and continuation of the text message service.

Tackling inequity and promoting equality

The practice had taken steps to ensure equal access to patients, the website was accessible, and could be translated into different language if required.

The practice was on one level. The practice was accessible for patients with disabilities and had disabled parking spaces available. A disabled toilet was available as were baby changing facilities.

We were shown the translation prompts used by reception staff to greet and welcome non English speaking patients and to establish the nature of their visit and to help patients book appointments.

The practice ensured that for patients where English was their second language they had easy access to an interpretation service. The practice had in place information in different languages, accessed via the website and displayed within the waiting area. Reception staff also had practice leaflets available in a range of different language to give to patients.

The practice provided extended appointments where necessary and appointments were available from 8:00am - 8:00pm on Mondays enabling people to make appointments out of normal working hours.

Access to the service

The practice had proactively reviewed the appointment booking system and reviewed allocations on a daily basis, we were told all children and vulnerable patients would be seen on the same day. Appointment not taken via the online booking system would be reallocated for patients to access on the day appointments.

Patients were able to make appointments in advance by telephone or online via the practice website. For same day or emergency appointment patients were required to telephone the practice at 8:00am to get an appointment, Where all appointments were filled, details were passed onto GPs for a telephone consultation and if required appointments would be offered at the end of surgery. The patients we spoke with were satisfied with the appointment system, however some commented on the difficulties of phoning the practice at 8:00am and by the time they got through all appointments had been taken.

We saw from the National GP survey 95% of respondents said the last appointment they got was convenient and 85% of respondents described their experience of making an appointment as good.

Home visits were available for patients each day by telephoning the practice before 10am.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Patients were guided to out of hours service with information provided on the website and answerphone should patients call the practice out of hours.

Listening and learning from concerns & complaints

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

We saw there was a complaints procedure in place. We reviewed complaints made to the practice over the past twelve months and found they were fully investigated with actions and outcomes documented and learning shared with staff through team meetings.

Complaints information was displayed and available on the website and within the practice leaflet. Patients we spoke with told us they knew how to make a complaint if they felt the need to do so.

A comments and suggestion box was available for patients to provide on-going feedback and the 'Friends and Family test' was available for patients to complete via the practice website or questionnaires available in the waiting area.

The practice had a robust system in place to investigate concerns, with meetings held to discuss issues arising from complaints and incidents. We reviewed the log of serious incidents and concerns recorded over the past twelve months and found these were fully investigated with actions and outcomes documented and learning cascaded to staff.

Are services well-led?

Good

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

Our findings

Vision and Strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Their mission statement displayed on the practice website stated: ' We aim to provide a safe and clinically sound environment, where the immediate and urgent needs of individuals using the surgery is recognised, and suitably skilled staff are available to see and treat the users of this service. To ensure that we meet the needs and expectations of the patients we provide a culture of continuing learning and development.' The practice had clear aims and objective in place to achieve the vision.

Observing and speaking with staff and patients we found the practice demonstrated a commitment to compassion, dignity, respect and equality.

We spoke with eight members of staff and they all expressed their understanding of the core values, and provided us with a wide range of examples to demonstrate their commitment to providing high quality care and support to their patients. We saw evidence of the latest guidance and best practice being used to deliver care and treatment.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. We looked at several of the policies and saw where these had been updated they were comprehensive and reflected up to date guidance and legislation.

The practice had management meetings, attended by clinical staff and managers on a monthly basis, these incorporated multi–disciplinary meetings with external health and social care professionals where required for example end of life care and supporting vulnerable patients. Additional to the management meetings, staff meetings were held every four to six weeks. All staff told us of an open culture among colleagues in which they talked daily and sought each other's advice.

The practice worked closely with the CCG, attending practice manager meeting and nurse meetings, the learning was shared with colleagues at team meetings. The CCG medicines management team supported the practice and visited on a monthly basis ensuring they were following the most up to date guidance.

The practice used the range of data available to them and were proactive in using data to improve outcomes for patients and work with the local CCG. The practice also used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it in 2013/14 they had met 100% of the outcomes.

The practice had a clinical audit system in place to continually improve the service and deliver the best possible outcomes for patients. We saw audits to monitor patient experience and quality and to ensure treatment was being delivered in line with best practice. We were provided with a range of audits. These included medication audits and an Intrauterine Contraceptive Device (IUCD) audit. We saw from clinical audits outcomes and actions were recorded and any changes which resulted from the audits were shared with staff during team meetings and email correspondence.

From the summary of significant events we were provided with and speaking with staff we saw learning had taken place and improvements were made.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager provided us with details of the maintenance and equipment checks which had been carried out in the past twelve months. These guaranteed equipment was safe to use and maintained in line with manufacture guidelines. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented. Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. The practice had clearly set out leadership and governance roles among the partners, with GPs, nurse practitioner and nurses taking a lead role in different areas for example, safeguarding, palliative care and quality monitoring..

We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

Are services well-led?

Good

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

We saw from minutes that team meetings were held regularly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings, or with colleagues as and when required. Staff told us there was never a time when there was no one to speak to seek support, advice or guidance.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example, a recruitment policy and a training policy, were in place to support staff. We were shown the staff handbook that was available to all staff, this included sections on health and safety, equality, leave entitlements, sickness, whistleblowing and bullying and harassment Staff we spoke with knew where to find these policies if required.

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

The practice had gathered feedback from patients through the National Patient Survey, PPG surveys, suggestion box, compliments and complaints.

We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area, practice leaflet and on the website. We reviewed complaints made to the practice over the past twelve months and found they were fully investigated with actions and outcomes documented and learning shared with staff through team meetings.

We reviewed the results of the GP national survey carried out in 2013/14 and noted 96% describe their overall experience of the practice as good.

The practice had a Patient Participation Group (PPG) which was made up of a diverse range of patients. The PPG meet on a regular basis to review the findings from surveys and to discuss ways in which patient experience could be improved.

The practice made available to patients newsletter, providing patients with updates such as changes to appointments and how to take part in the Friends and family test.

The PPG met on a regular basis and the results of patient's survey and action plans developed by the PPG were available on the practice website.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning & improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at four staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and development opportunities.

The practice had completed reviews of significant events and other incidents and shared with staff via meetings and summaries emailed to staff on how the practice could improve outcomes for patients.