

Riverside Health Centre

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 Riverside Health Centre on 20 June 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 been trained to provide them with 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.
- Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The registered provider was aware of and complied with the requirements of the duty of candour.

We saw three areas of outstanding practice:

- Three of the GPs had a special interest in substance misuse. The practice held weekly substance misuse clinics, working alongside an outside agency in the management of patients with alcohol or drug dependency.
- The practice employed a Patient Liaison Administrator who supported patients, families and carers with referrals to support services. They were the named contact for these patients and liaised between the support services, the practice, the patient and their families and carers.

Summary of findings

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?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes above average compared to the national average. For example, performance for diabetes related indicators at 99.8% was higher than the CCG average of 97% and significantly higher than the national average of 89.2%
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

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.

Good



Summary of findings

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

Are services responsive to people's needs?

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 (CCG) to secure improvements to services where these were identified. For example they had worked closely with the area screening and immunisation team to improve child immunisation rates.
- Patients told us 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.

Good



Are services well-led?

The practice is rated as good for being well led.

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

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 years had a named GP.
- The practice provided care for patients in 11 care homes. There were named lead clinicians for these patients to provide continuity of care and so the care home staff knew who to speak with if they had any concerns. The lead clinicians conducted regular ward rounds and visited patients in between when requested.

People with long term conditions

Good



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

- Nursing staff all had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- The nursing team included specialist nurses in respiratory care and diabetes.
- Performance for diabetes related indicators at 99.8% was higher than the CCG average of 97% and significantly higher than the national average of 89.2%
- 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.

Summary of findings

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to others locally for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age appropriate way and were recognised as individuals and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% and higher than the national average of 74%.
- Appointments were available outside of school hours and on a Saturday morning and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations for patients who found it difficult to attend during normal working hours and could then be seen if required during extended hours opening.
- The practice offered Saturday morning appointments for patients who found it difficult to attend during the week.

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.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients who were homeless would be triaged on presentation and seen as necessary or signposted to alternative community provision as appropriate.
- There was a named GP lead for patients with a learning disability and the practice offered longer appointments for these patients.
- The practice regularly worked with other health care professionals in the case management of patients whose circumstances could make them vulnerable.
- Patients whose circumstances could make them vulnerable were advised how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in 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.
- The practice managed the local palliative care cover service at the local hospice with two of the GPs who were specialist trained in palliative care.

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).

- Performance in the mental health indicators at 100% was higher than the CCG average of 95% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- Patients experiencing poor mental health had been advised how to access various support groups and voluntary organisations.

Summary of findings

- 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 those living with dementia.
- Three of the GPs had a special interest in substance misuse. The practice held weekly substance misuse clinics, working alongside an outside agency in the management of patients with alcohol or drug dependency.
- The practice employed a Patient Liaison Administrator who supported patients, families and carers with referrals to support services available. They were the named contact for these patients and liaised between the practice, the patient and their families, carers and outside agencies.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above local and national averages. Of the 299 survey forms distributed, 121 were returned. This was a completion rate of 40% and represented 1% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the CCG average of 83% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all very positive about the standard of care received. Comments received included “amazing service” and “I cannot speak highly enough of all the staff”.

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

Riverside Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Riverside Health Centre

Riverside Health Centre is a town centre practice providing care for approximately 11,313 patients in the Bassetlaw Clinical Commissioning Group (CCG) area. It provides services from purpose built premises with disabled access and a large car park.

The practice catchment area has been identified as one of the sixth most deprived areas nationally.

In 2013 Riverside Health Centre took over the management of a single handed GP practice in Harworth with 1800 patients. This site is now a branch surgery of the practice.

Riverside Health Centre has five full time GP partners, four male, one female and one part time female salaried GP.

There is one advanced nurse practitioner, a senior nurse lead, four practice nurses and three healthcare assistants. It is a training practice with three GP trainers and is currently training three GP registrars.

The practice and branch surgery are open from 8am to 6.30pm daily.

Extended hours appointments with GPs and nurses are offered on Monday and Thursday evenings from 6.30 to 8pm and Saturday morning from 9am to 11am.

Appointments are offered throughout the day at the two locations. Patients could also request a same day telephone call back from the doctor if required for advice.

All requests for on the day appointments are triaged and the duty GP will call the patient to advise and to arrange to see if appropriate.

Out of hours services are accessed by calling the practice telephone number or NHS 111.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15 we noted GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners currently at the practice. We were told this would be addressed following the inspection and the appropriate applications and notifications submitted.

Why we carried out this inspection

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

Detailed findings

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 20 June 2016. During our visit we:

- Spoke with a range of staff, including GPs, a GP registrar, nurses, practice manager and branch manager, reception and administration staff and spoke with patients who used the service.
- 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 CQC patient 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 living 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.

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 then complete a recording form which was available on the practice's computer system.

The incident recording form supported the recording of notifiable incidents under the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The practice carried out a thorough analysis of the significant events.

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we observed evidence that following a delivery of vaccines with the incorrect expiry date, the correct procedures were followed.

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 adults from abuse. These arrangements reflected relevant legislation and local requirements and policies were accessible to all staff.

The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

There was a lead member of staff for safeguarding and 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 on safeguarding children and adults relevant to their role. GPs and nurses were trained to level three in safeguarding children.

A notice in the waiting room advised patients that chaperones were available if required.

All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC team to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The senior practice nurse had conducted a thorough in-house IPC audit and developed a clear, precise action plan for issues raised.

The arrangements for managing medicines, including emergency medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.

The practice carried out regular medicines audits with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as an Independent Prescribers and could therefore prescribe medicines. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow

Are services safe?

nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

We reviewed three recruitment files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.

The practice had up to date fire risk assessments and carried out regular fire drills.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty at both sites.

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.

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED, a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. The practice had medical oxygen with adult and children's masks. All staff knew where these items were kept.

We saw that the practice kept logs which indicated that the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked weekly. This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were stored correctly and all in date.

A first aid kit and accident book were also available.

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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.7% of the total number of points available which was higher than the CCG average of 96.5% and the national average of 98.8%. Exception reporting at 7.1% was lower than the CCG average of 12.6% and lower than the national average of 9.2%. (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).

In 2013 Riverside Health Centre took over the management of a practice in Harworth which was to become the branch surgery. At the time of the merger this practice had achieved 53% of the total number of points available. In two years this was raised to 99.8%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators at 99.8% was higher than the CCG average of 97% and significantly higher than the national average of 89.2%
- Performance for mental health related indicators at 100% was higher than the CCG average of 95.2% and the national average of 92.8%.

There was evidence of quality improvement including clinical audit.

There had been several clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, recent action taken as a result included putting procedures in place to ensure that all patients who had previously had their spleen removed had received the vaccinations recommended because their immune system may be compromised.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.

Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one to one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating nurses and GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

Staff 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 patient records audits.

Supporting patients to live healthier lives

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

Patients receiving end of life care, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. These patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% and higher than the national average of 74%. 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 bowel and breast cancer screening programmes. 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. The nurses audited all cytology results to ensure all abnormal results were followed up.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 99%. Rates for five year olds were from 47% to 91%, although this appeared low, rates were higher than CCG averages of 42% to 95%. The CCG was smaller than average and data appeared lower than expected due to low numbers. The local vaccination and immunisation team supplied data which showed the practice is comparable to others in the area.

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

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 41 CQC patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.

- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

The practice also held their own patient satisfaction surveys which reflected these high levels of patient satisfaction.

Care planning and involvement in decisions about care and treatment

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

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

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

Are services caring?

Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The computer system alerted GPs if a patient was also a carer. The practice had identified 96 patients as carers, which was 8.5% of the practice list. Written information was available to direct carers to the support available to them.

The practice employed a Patient Liaison Administrator who supported patients, families and carers with referrals to support services available. They were the named contact for these patients and liaised between the practice, the patient and their families and carers.

Staff told us that if families experienced bereavement, they were offered support by their usual GP.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified, for example, they had worked closely with the area screening and immunisation team to improve child immunisation rates.

There were longer appointments available for patients with a learning disability.

Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

Same day appointments were available for children and those patients with medical problems that require same day consultation.

Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

There were disabled facilities, a hearing loop and interpreter services available.

Three of the GPs have a special interest in substance misuse. The practice held weekly substance misuse clinics, working alongside an outside agency in the management of patients with alcohol or drug dependency.

The practice managed the local palliative care cover service at the local hospice with two of the GPs who were specialist trained in palliative care.

Access to the service

The practice was open between 8am and 6.30pm daily. Extended hours appointments with GPs and nurses were offered on Monday and Thursday evenings from 6.30 to 8pm and Saturday morning from 9am to 11am. 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.

There were same day telephone consultations available with a GP.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 75%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and the national average of 73%.

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

The practice had a system in place to assess whether a requested home visit was clinically necessary and the urgency of the need for medical attention. All requests for emergency appointments and home visits were triaged by the GPs.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.

There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system; for example, leaflets were available in the waiting rooms.

We looked at 13 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way with openness and transparency. All verbal complaints were logged.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a significant event, the procedure for ordering prescription medication which could only be administered by a clinician was reviewed to ensure tracking of prescriptions.

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 shared vision to deliver high quality care and promote good outcomes for patients.

The practice had a mission statement and staff knew and understood the values.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

Practice specific policies were implemented and were available to all staff.

A comprehensive understanding of the performance of the practice was maintained.

A programme of continuous clinical and internal audit 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

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management team were approachable and always took the time to listen to all members of staff.

The registered provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow

when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment, the practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

Staff told us the practice held regular team meetings.

The GPs met daily at lunch time for peer support and clinical discussion.

Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice had held BBQ's for staff to acknowledge their hard work.

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out several patient surveys and submitted proposals for improvements to the practice management team. For example, the following discussions with patients, the group identified the need for more privacy at the reception desk. This was discussed at a meeting and a new desk was fitted and the queueing area was reorganised to ensure confidentiality. After discussions with patients, the

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members of the PPG offered to show patients in the practice how to get the maximum benefit from on line services. This included how to order repeat prescriptions on line or make appointments.

The PPG had organised community events such as “Pink Days” for breast cancer awareness and to raise money for charity.

All the PPG meetings were minuted and the group represented various age groups.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they

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

Continuous improvement

There was a 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. There were plans to develop further to provide care for a growing practice population which had been increasing by approximately 2.5% a year.