

Grove Medical Practice

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 Grove Medical Practice on 1 November 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. Monthly meetings took place which included discussions about significant events and shared learning.
- Risks to patients were assessed and well managed. A legionella risk assessment had been completed in March 2016 and we saw evidence that regular checks took place. Portable appliance testing had been completed in January 2016 and was planned for completion annually.
- The practice held quarterly safeguarding meetings and invited all clinical staff, team leaders, health visitors and school nurses to attend.
- 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.
- The practice did not have systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant. The practice introduced a military veteran's policy and protocol to address this immediately after the inspection.
- 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.

Summary of findings

- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The practice was undergoing a merger with a neighbouring practice planned for completion in 2017 to help provide greater flexibility of services provided.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make improvements;

The practice should ensure that all nursing staff and any staff whose role involves chaperone duties should receive a disclosure barring service check (DBS). The practice manager told us that during the forthcoming merger with a nearby practice, all staff would receive a DBS check, including chaperones and nursing staff.

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, which were discussed at monthly meetings.
- 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.
- The practice held quarterly safeguarding meetings and invited all clinical staff, team leaders, health visitors and school nurses to attend.

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 were at or above average compared to the national average. The practice had achieved 94.6% of its QOF target 2015-16 which was 2% higher than the clinical commissioning group (CCG) average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with 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.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We received 35 written comment cards from patients who described their satisfaction with the service.

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 to secure improvements to services where these were identified.
- In response to feedback regarding telephone phone lines, the practice had invested in and altered staff rotas to manage a new telephony system. This new system allowed the practice to vary the number of incoming lines at times of peak demand to assist in meeting patient needs more effectively.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice access system allowed flexibility including, telephone advice and assessment by GPs and flagging up patients who were on the unplanned hospital admissions avoidance register for longer appointments. These systems had reduced the number of unplanned admissions to hospital amongst patients aged over 75 years from 129 to 50 during the 2015-2016 financial year.
- On the day of our inspection the practice did not have systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant. However, the practice introduced a military veteran's policy and protocol to address this immediately after the inspection.

Good



Summary of findings

Are services well-led?

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

- The practice had a clear vision, values 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
- 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.

Good



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

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

- Patients aged over 70 years made up 10% of the practice population. The practice had responded to this by offering 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 where appropriate.
- The practice had improved rates of osteoporosis treatment in patients aged over 75 through audit and education.
- The practice held regular structured meetings with the multidisciplinary team to discuss clinical cases and had effective links with to community colleagues.
- The practice access system allowed flexibility, telephone advice and assessment by GPs and flagged up patients who were on the unplanned hospital admissions avoidance register for longer appointments. These systems had reduced the number of unplanned admissions to hospital amongst patients aged over 75 years from 129 to 50 during the 2015-2016 financial year.
- The practice engaged closely with third sector organisations with whom the practice had run a person centred care planning pilot. The practice set up, funded and co-ordinated with the third sector to run a nurse led walking group which currently had approximately 20 members. The aim of the group was to enhance patient's health and fitness and reduce social isolation.
- The practice was innovative in its approach to promoting healthy lifestyles. For example, the practice provided in house chair based exercise classes through a contractor every Monday night. The practice also ran coffee and cake sale mornings for charities which were well-attended and were often a great recruitment opportunity for the elderly and lonely to the walking group.
- The practice had developed its own bereavement leaflet to support families of those who had died through that difficult time.

Outstanding



People with long term conditions

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

Good



Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood sugar recording was within normal limits was 77% which was in line with the national average of 77%.
- 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.
- All patients had a named GP to allow continuity of care. The practice nursing staff team knew their patients very well and ensured timely monitoring of all patients with long term conditions.
- Diabetes education courses were held at the practice.
- The practice provided near patient testing of INR using INR star algorithms with GP review of every decision. (INR stands for International Normalised Ratio and is used to monitor the effects of blood thinning medicines used to reduce the risk of stroke, heart attack, or other serious conditions. The blood test checks how long it takes for blood to clot.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 80% and the national average of 82%. 10% of the practice patient list originated from Eastern Europe. These patients often elected to have their cervical smear undertaken by gynaecologist in their country of origin. Despite this, cervical smear rates at the practice rates were close to the national average.

Good



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses. Midwives ran clinics within the same building and discussed concerns or additional needs with patients, GPs and nurses as necessary.
- The practice held quarterly safeguarding meetings and invited all clinical staff, team leaders, health visitors and school nurses to attend.
- The practice used online social media website such as Facebook and Twitter to engage with young adult patients.
- Free condoms, chlamydia packs, family planning and sexual health advice were discreetly available from the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

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Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice maintained a register of all patients with learning disabilities and invited them for annual reviews through personal telephone calls as this improved attendance. Patients who had additional needs were highlighted as needing longer routine appointments.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Staff had received nationally recognised domestic violence training and made use of local domestic violence support services. Notices about domestic violence were on display throughout the practice.

Good



People experiencing poor mental health (including people with dementia)

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

- 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 92% which was better than the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice maintained a register of patients with severe mental health issues and offered them yearly health checks and mental health reviews. GPs actively planned and documented crisis management plans and where necessary completed hospital admission avoidance care plans. This demonstrated proactive management of people with severe enduring mental illness. GPs also arranged meetings with the Community Mental Health Team to facilitate appropriate active management for certain patients who were deteriorating.
- The practice had explored expanding the skills mix of their team through involvement in their local GP Federation piloting the employment of a mental health worker.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. 287 survey forms were distributed and 121 were returned. This represented about 2.9% of the practice's patient list. Results from the survey showed;

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 73%.

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

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Patients had written about the friendly reception staff, the caring and professional GPs and nurses and the clean, well-organised environment.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The results from the September 2016 Friends and family survey showed that of the 39 respondents, 64% were likely or extremely likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

The practice should ensure that all nursing staff and any staff whose role involves chaperone duties should receive

a disclosure barring service check (DBS). The practice manager told us that during the forthcoming merger with a nearby practice, all staff would receive a DBS check, including chaperones and nursing staff.

Grove Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Grove Medical Practice

Grove Medical Practice was inspected on Tuesday 1 November 2016. This was a comprehensive inspection.

The main practice is situated in the Shirley district of Southampton. The deprivation decile rating for this area is five (with one being the most deprived and 10 being the least deprived). This meant that this area was slightly more deprived than the national average. The practice told us that 10% of their patients did not speak English as a first language. The practice provides a primary medical service to 10,000 patients of a diverse age group. The practice is a teaching practice for medical students and a training practice for trainee GPs.

There is a team of three GPs partners and three salaried GPs. Two are female and four are male. Some work part time and some full time. The whole time equivalent is five GPs. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, a medicines manager, a nurse practitioner, four practice nurses, one health care assistant and additional administration staff.

Patients using the practice also have access to community district nurses, podiatrist and a dentist who are based at the practice. Other health care professionals such as mental health teams visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours of 8am and 6.30pm Monday to Friday. Appointments can be offered anytime within these hours. Extended hours surgeries are offered at the following times; Monday 6.30pm to 8pm, Tuesdays 7.30am to 8am and Saturday mornings 7.30am to 10.30am.

Outside of these times patients are directed to contact the out of hour's service by using the NHS 111 number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice has a General Medical Services (GMS) contract with NHS England.

Grove Medical Practice provides regulated activities from a single location at Shirley Health Centre, Grove Road, Shirley, Southampton, Hampshire. SO15 3UA. We visited this location during our inspection.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with four patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 35 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 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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident had occurred where a patient had requested a GP appointment as they reported bleeding during pregnancy. The practice provided a call back from a GP within two hours. However, the process had not identified the urgency required. When the GP called the patient back, they had already gone to the local accident and emergency department. The patient complained to the practice and the practice had treated the issue as a significant event and investigated the incident and reviewed their procedures. The incident was discussed at the monthly practice significant event meeting and shared learning took place. The practice made improvements to prevent a similar reoccurrence in future. These improvements included introducing an emergency patient presentation protocol which highlighted any calls requiring a more urgent response.

Another reported significant event had occurred where a patient had complained that the practice telephone

message was confusing. The practice carried out a review of this at a shared learning session. The telephone message was amended accordingly. Patients said they were satisfied with the resulting change.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses had been trained to level two and administration staff to level one.
- 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 practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits had been undertaken in December 2015 and we saw evidence that action was taken to address any improvements identified as a result. For example, cleaning schedules had been amended to include the cleaning of children's toys.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow 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 personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However, the practice had not carried out DBS checks for all nursing staff. A risk assessment had been carried out on all staff roles and guidance had been sought from the local medical committee (LMC). The practice had decided that no DBS check was necessary as nursing staff had been employed for five or more years. Staff with chaperone duties had not received a DBS check. The practice told us that chaperone staff were never left alone with a patient. The practice manager told us that during the forthcoming merger with a nearby practice (Regents Park Surgery) all staff would receive a DBS check, including chaperones and nursing staff.

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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment had been completed in March 2016 and we saw evidence that regular checks took place, managed by the landowner NHS Property Services. Portable appliance testing had been completed in January 2016 and were planned for completion annually.

- 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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 94.6% of the total number of points available. This was 2.4% higher than the local clinical commissioning group average (CCG) and the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood sugar level is 64 mmol/mol or less in the preceding 12 months was 77% which was in line with the national average of 77%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan was 93% which was higher than the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been eight 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 reviews and

research. Recently completed audits included antibiotic prescribing, a polypharmacy audit, patients prescribed aspirin for atrial fibrillation, skin referrals, and a deaths audit.

- Findings were used by the practice to improve services. For example, the deaths audit compared patient deaths in 2005 with deaths in 2015 and had found that patients with complex conditions were now living longer thanks to such medicines as statins. Statins are a group of medicines that can help lower the level of low-density lipoprotein (LDL) cholesterol in the blood. LDL cholesterol is often referred to as "bad cholesterol", and statins reduce the production of it inside the liver.
- A complete cycle audit on dermoscopy (the examination of skin lesions with a dermatoscope to distinguish benign from malignant cancerous lesions, especially in the diagnosis of melanoma) had found that there had been 50 potential skin cancers referred to secondary care in 2014-15. Of those, 24 were found to be significant. Findings of this first audit resulted in further GP training and new equipment being purchased. As a result the second audit in 2015-16 found that the numbers referred to secondary care were reduced to 33. Of those, 17 were found to be significant. This saved many patients the inconvenience of a hospital appointment.

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.

Are services effective?

(for example, treatment is effective)

- 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 GPs. All staff had received an appraisal within the last 12 months.
- 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:

- The practice website had been nominated for an award by the Royal College of General Practitioners (RCGP) for its focus on health and activity on the practice website. Although the nomination had not been successful, the website was notable for its focus on healthy lifestyles, exercise and healthy eating. Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, referral to smoking and alcohol cessation services run on site, and 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 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 97% and five year olds from 89% to 90%. The CCG averages were 95% to 96% and 88% to 89% respectively.

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

We spoke with the chairman of the patient participation group (PPG). They also told us they were very 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 comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 85%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% 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 national average of 85%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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 this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 178 patients as carers (About 1.7% of the practice list). The practice was using their visual display unit to encourage more patients to come forward and identify themselves as carers. Information was available to direct carers to the various avenues of support available to them.

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

The practice did not presently have systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant 2014. The practice introduced a military veteran's policy and protocol to address this immediately after the inspection.

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;

- There were longer appointments available for patients with complex conditions, language or different communication needs or 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 induction loop and translation services available.
- The practice displayed breastfeeding awareness posters in reception.
- The practice was compliant with the NHS Accessible Information System by providing information in large print or in alternative formats if required, including pictures and pictograms.

Access to the service

The practice was open between the NHS contracted opening hours of 8am and 6.30pm Monday to Friday. Appointments could be offered anytime within these hours. Extended hours surgeries were offered at the following times; Monday 6.30pm to 8pm, Tuesdays 7.30am to 8am and Saturday mornings 7.30am to 10.30am.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice access system allowed flexibility including, telephone advice and assessment by GPs and flagging up patients who were on the unplanned hospital admissions avoidance register for longer appointments. These systems had reduced the number of unplanned admissions to hospital amongst patients aged over 75 years from 129 to 50 during the 2015-2016 financial year.

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

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 76%. The practice had changed its extended hours following consultation with the patient participation group (PPG).
- 76% of patients said they could get through easily to the practice by phone compared to 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.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters and leaflets displayed at reception which explained how to make a complaint should they wish to do so.

We looked at the 35 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to improve the quality of care. For example, a complaint had been made about receiving an annual health check in a large shared treatment room. The patient was concerned that confidential or personal information disclosed during the check could be overheard by the other patient being treated. The practice reviewed this at a meeting and reviewed their procedures. As a result, the practice moved the annual health check clinic to a small treatment room on 1 to 1 basis and reviewed what treatment was provided in the large treatment room to prevent any reoccurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

The practice had a mission statement which was displayed in the waiting areas, stating;

“The Grove practises family medicine and is passionate about helping you live well. We want to help you live life to the full, not just pick up the pieces when your body misfires. Life deals us all a different hand but we get to play the cards. Our choices matter. Choose well. Whatever your choice we are here for you in sickness and in health”.

Staff knew and understood the practice's values, which were as follows;

“We Care: we have a deep rooted passion to see our patients get fit and healthy, we listen. We understand that many patients need a conversation rather than medication, we want to help: we have the relevant expertise to help you explore what is best for you, we can be trusted: we are committed to be above reproach full of integrity and professionalism, we are good: we conduct excellent best practice in all that we do, we teach: we have a long standing tradition of learning, work experience, GP and staff training, we have fun: we believe life is for living”.

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 were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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.
- 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. We noted team away days were held every 12 months. These included strategy discussions with all GPs and practice management looking forward over the next five years.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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 patient surveys and submitted proposals for improvements to the practice management team. We spoke with two members of the PPG including the chairman. They shared with us their very positive view of the practice. The PPG was developing a system of volunteers to visit the practice to explain changes due to the forthcoming merger to patients. The PPG met four times a year. Actions taken by the practice as a result of PPG feedback included: updating the telephones to a digital based system to increase the number of lines at times of peak demand, launching a practice newsletter, and changing the appointment system to include GP telephone consultations. The practice was in the process of completing a six monthly audit of the impact of the GP telephone consultations model.
- The practice had gathered feedback from staff through an annual staff survey, through staff away days and generally through staff meetings, appraisals and discussion. Staff participated in bi-monthly sessions called 'target days' where training and discussions on relevant topics took place. Staff told us they would not hesitate to give feedback and discuss any concerns or

issues with colleagues and management. For example, staff had suggested a more formal system to capture staff feedback regarding the impending practice merger was put in place. The practice responded to this by providing blank sheets of paper on a noticeboard in the staff room where staff could write their questions, which would then be answered at the next 'Target' staff training day in November 2016. A GP partner and the practice manager attended the Target days with staff.

- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was part of productive general practice (PGP) which was an NHS England led scheme that focused on continuous improvement in all areas of practice management.

The practice kept up to date with the latest developments in primary medical services as one of the practice GPs was a qualified GP trainer and a board member of the local GP federation. Forward thinking at the practice was evidenced by the impending merger with a neighbouring practice, which involved mutual support, partnership changes, a review of staffing, workloads and an IT system change. This was being project managed effectively by the practice with a view to achieve continuous improvement.