

Dr Irlam and Partners

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 Dr Irlam and Partners on 13 January 2016. Overall the practice is rated as good.

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

- The practice ensured that when things went wrong that these were investigated and learning was shared with staff. Risks to patients and staff were assessed and well managed. There were systems for assessing risks including those associated with medicines, premises, equipment and infection control.
- There was a detailed business continuity plan to deal with untoward incidents that may affect the day to day running of the practice.
- Staff were recruited robustly with all of the appropriate checks carried out to determine each person's suitability and fitness to work at the practice. This included locum nurses and GPs.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Clinical audits and reviews were carried out to make improvements to patient care and treatment.
- Staff were supported and received role specific training to meet the needs of patients and there was a system for staff appraisal.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients who required extra support and those who were carers were identified and monitored.
- Information about services and how to complain was available and easy to understand. Complaints were investigated and responded to appropriately and apologies given to patients when things went wrong or they experienced poor care or services.
- The majority of patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent and same appointments available. Late evening appointments, home visits and telephone consultations were available.

Summary of findings

- 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 to make improvements to the services provided.

However there one area of practice where the provider should consider making improvements.

Importantly the provider should:

- Consider providing an automated external defibrillator as part of its emergency equipment in line with best practice guidance.

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. Risks to patients and staff were identified and managed. The practice staff were proactive in relation to reporting concerns and incidents where things went wrong. Where this happened a full investigation was carried out and learning was shared with staff. The practice referred to and used published guidance around safety to improve safety outcomes for patients.

There were policies, procedures and risk assessments to identify risks to patients and staff. These included safeguarding vulnerable adults and children, infection prevention and control and health and safety. Staff were recruited with all of the appropriate checks carried out including proof of identity, employment references and Disclosure and Barring Services (DBS) checks. Staff were trained and had access to appropriate policies and guidance for their roles.

Medicines were managed safely and there were suitable checks in place for reviewing and issuing prescriptions. The practice had appropriate premises and equipment and these were well maintained to help keep patients and staff safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or comparable to other GP practices locally and nationally for assessing patients and treating and managing long term conditions such as heart disease, dementia and diabetes. Where areas for improvements were identified the practice acted promptly to address these. Staff referred to guidance from the National Institute for Health and Care Excellence local and national initiatives and used it routinely.

Patients' needs were assessed and care was planned and delivered in line with current legislation and guidance. Staff regularly reviewed current guidance to ensure that patients were receiving treatments in line with any changes for improvement. A system of audits and reviews were in place to monitor and improve outcomes for patients. Information about the needs and treatment of patients including those who were at end of life and patients at risk of avoidable hospital admissions was shared with other health and social care providers to ensure a joined up and consistent delivery of care and treatment.

Staff including GP registrars (qualified doctors who are undergoing GP training) were supported and received training relevant to their roles and the needs of patients.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services. The results from the 2015 national GP survey which was published on 07 January 2016 showed that patients were satisfied with how staff at the practice treated them. The practice performance was similar to other GP practices both locally and nationally for several aspects of care. Where areas for improvement were identified the practice had acted on these to improve patients' experience.

Patients who completed comment cards and those we spoke with during the inspection also told us that staff at the practice were respectful and caring. Patients said they were treated kindly and with dignity and respect. Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially.

Patients told us that they received information about their treatment in a way which they could understand and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. The practice participated in local enhanced services such as extended opening hours at Easter and Christmas to improve access for patients during these times.

The results of the national GP patient survey 2015 which was published on 07 January 2016 showed that patients were satisfied with the practice opening times and availability of appointments.

Appointment times and availability were flexible to meet the needs of patients. Pre-booked, same and next day appointments were available. Emergency appointments, home visits and telephone consultations were provided each day.

The practice had suitable facilities and was well equipped to treat patients and meet their needs. Accessible toilets and step free access to the practice premises was available.

Information about how to complain was available and easy to understand and evidence showed that the practice responded

Good



Summary of findings

quickly to issues raised. The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to provide a personalised high quality care for all its patients. Patients had access to GPs throughout the day via face to face appointments or for advice and telephone consultations. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were regularly reviewed and updated so that they reflected current legislation and guidance. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and met every four to eight weeks with practice staff to discuss any issues and how these could be improved upon. The patient participation group was working proactively to attract new members. Staff told us that they felt supported and that they could raise comments and suggestions, which were acted upon.

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 good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people, and offered home visits and rapid access to telephone advice and appointments for those with enhanced needs.

Regular GP visits were carried out to a local care homes as required to review patients and monitor changes to their healthcare needs.

GPs worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for at risk patients including those with dementia and those receiving end of life palliative care.

The practice also provided accommodation for the local Alzheimer's Society to hold a stand and provide advice and guidance to patients and their carers.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD). Nationally reported data showed that the practice performance for the management of these long term conditions was similar to other GP practices nationally.

Patients were offered advice to help them manage their conditions and to live well. A range of health promotion and screening services were available to help in the prevention and early identification of long term conditions.

The practice demonstrated a proactive approach to health promotion. They had with their patient participation group held a health event for patients and carers to promote awareness of prostate cancer. This event was well attended and received positive feedback from patients. On the back of the success of the event further health promotion events were planned.

The practice identified those patients who were at risk of unplanned hospital admissions and the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care to support these patients to be treated at home.

Good



Summary of findings

A number of clinical audits were carried out in relation to the assessment and treatment of patients with long term health conditions and these were used to ensure that care and treatment was safe, effective and in line with current best practice.

Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice offered same day appointments for children. Appointments were available outside of school hours. Post-natal and baby checks were available to monitor the development of babies and the health of new mothers. The practice contacted all new mothers to congratulate them and to remind them to register their babies to help promote continuity of care.

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. The practice shared information and reported concerns with the appropriate services to ensure that risks identified were managed and minimised.

Immunisation rates were similar to other GP practices 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.

Information and a range of sexual health and family planning clinics were available.

Good



Working age people (including those recently retired and students)

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.

A range of appointment and consultation options were available including pre-booked routine appointments, emergency and same day appointments and telephone consultations. Home visits were available daily as required. Patients could access appointments and test results online. Electronic prescribing was available (where patients could arrange for their repeat prescriptions to be collected at a pharmacy of their choice).

The practice offered a full range of health promotion and screening that reflected the needs for this age group including NHS health checks.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Staff undertook safeguarding training and the practice had a dedicated safeguarding lead.

The practice held a register of patients living in vulnerable circumstances including patients with a terminal illness and those with a learning disability. The practice proactively promoted annual health checks for patients with learning disabilities and had conducted an audit to identify where improvements were needed.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. This helped to ensure that patients whose circumstances made them vulnerable were supported holistically and that patients who were at a higher risk of unplanned hospital admissions were supported and treated in their home.

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.

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). The practice reviewed and monitored patients with dementia and carried out face-to-face reviews.

Patients with mental health conditions were reviewed and had an annual assessment of their physical health needs. Longer appointments and home visits were provided as required.

The practice invited the local Alzheimer's society to visit the practice and provide advice, information and support for patients, their families and carers.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 07 January 2016 showed the practice was performing in line with local and national averages. There were 117 responses from 299 surveys sent out which represented 39% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was as follows:

- 84% found the receptionists at this surgery helpful which was the same as the CCG average of 84% and comparable to the national average of 87%.
- 83% found it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average and a national average of 85%.
- 96% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 79% described their experience of making an appointment as good compared with a CCG average of 70% and national average of 73%.

- 90% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 76% and a national average of 65%.
- 69% felt they did not normally have to wait too long to be seen compared with a CCG average of 63% and a national average of 58%.
- 61% of patients would recommend the practice to someone new compared with a CCG average of 72% and a 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 14 comment cards of which all were positive about the standard of care received. Patients commented that they could access appointments that suited them. They also said that staff were helpful and kind. We also spoke with five patients on the day of the inspection. Patients commented positively about the practice saying that they were very satisfied with the treatment that they received. Patients said that the GPs and nurses were professional, listened to them and answered any questions they had in relation to their care and treatment. They told us that staff were professional and knowledgeable.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider providing an automated external defibrillator as part of its emergency equipment in line with best practice guidance.

Dr Irlam and Partners

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 Dr Irlam and Partners

Dr Irlam and partners is located in purpose built facilities in a residential and shopping area of Southend on Sea, Essex. The practice provides services for 7300 patients.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standard.

The practice population is similar to the national average for younger people and children under four years, and for those of working age and those recently retired, and slightly higher for older people aged over 85 years. Economic deprivation levels affecting children and older people are higher than the practice average across England. Average life expectancy for men is slightly lower for men at 77 years compared to the national average of 79 years and the local average of 80 years. Average life expectancy for women is the same as the local and national average at 83 years. The practice patient list compares similarly to the national average for long standing health conditions. The practice population is higher than the national average for working aged people in employment or full time education. There are lower numbers of working age people that are unemployed.

The practice is managed by two GP partners who hold financial and managerial responsibility. The practice employs two salaried GPs and two locum GPs. In total three male and one female GPs work at the practice. Two practice nurses and two assistant practitioners are employed. In addition the practice employs a management team including a practice manager a reception manager and a team of nine reception / administrative staff.

Dr Irlam and partners is a training practice and employs / supports GP registrars (GP registrars are qualified doctors who are undertaking GP training). One of the GPs working in the practice is a GP trainer. At the time of our inspection there was one trainee registrar at the practice.

The practice is open between 8am and 6.30pm Mondays to Fridays. Late evening appointments are available on Monday and Wednesday evenings up to 8.15pm.

Pre-booked and same day GP and nurse appointments are available between 8.30am and 11.30am each morning. From 11.30am emergency same day appointments are available. Afternoon appointments are available from 1.30pm to 6.30pm and up to 8.15pm on Monday and Wednesday evenings.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 and they can be contacted through the NHS 111 number. Patients who contact the surgery outside of opening hours are provided with information on how to contact the service or how to access urgent medical assistance.

Why we carried out this inspection

We inspected Dr Irlam and Partners as part of our comprehensive inspection programme We carried out a

Detailed findings

comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

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.

How we carried out this inspection

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)

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 13 January 2016. During our visit we spoke with a range of staff including the GPs, assistant practitioners, practice management and reception / administrative staff. We also spoke with five patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice. Following our inspection we spoke with the managers of two care homes where patients lived and we spoke with nine members of the practice patient participation group.

Are services safe?

Our findings

Safe track record and learning

The practice was using published information from a range of sources, including National Institute for Health and Care Excellence (NICE) and local CCG guidance to monitor and improve safety outcomes for patients. There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated. We saw that alerts were reviewed and shared with the staff team and acted upon appropriately. We saw that patients' medicines were reviewed and changed where indicated. Alerts were kept and accessible to staff to refer to as needed.

Learning from good practice and when things went wrong was widely shared with staff. During the inspection we were invited to attend the practice clinical meeting. We saw that issues around do not attempt cardiopulmonary resuscitation (DNACPR) were discussed as were ways in which risks could be minimised and safety improved.

There were procedures for reporting, investigating and analysing incidents when things went wrong. This was achieved through a process of investigating significant events and safety incidents or 'near misses'. All staff we spoke with told us that they were confident and encouraged to report concerns. We saw that such incidents were fully investigated and learning for improvement was shared with staff and reviewed periodically to see that these improvements were imbedded into practice. We were told that following a significant event where a patient who was prescribed Allopurinol (a medicine commonly used to treat gout or kidney stones) was found to have abnormal blood test results, an audit was carried out to ensure that all patients who were prescribed this medicine had regular blood tests to reduce the risk of conditions such as kidney disease.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- There were suitable safeguarding policies and procedures in place for recognising and reporting concerns about the safety and welfare of patients who may be vulnerable including children, older people and those with a learning disability. All staff had undertaken role specific training and this was updated periodically as needed. Staff we spoke with were aware of their responsibilities to report concerns to GPs and where appropriate to the local safeguarding team. The practice had a designated lead GP who oversaw safeguarding procedures. Both GP partners told us that they reported concerns to the local safeguarding team and followed this up as needed to ensure that appropriate action was taken. They also provided reports as requested.
- The practice had procedures in place for providing chaperones during examinations and information was made available to patients and displayed in the waiting area. Chaperone duties were carried out by nursing and in some instances reception staff. All staff who carried out these duties had received appropriate training and records showed that nursing staff had received a disclosure and barring check (DBS). (These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw that a risk assessment had been carried out where reception staff carried out chaperone duties and did not have a DBS check.
- There were procedures in place for monitoring and managing risks to patient and staff safety. All electrical equipment was checked to ensure that it was safe to use. Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly. The practice had a risk assessment in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials. The risks in relation to legionella had been assessed. There was a detailed risk assessment in relation to fire safety within the practice. Fire safety procedures were available to staff and they had all undertaken fire safety awareness training. There was appropriate fire safety equipment including extinguishers located throughout the practice. This equipment was tested and serviced regularly in line with current fire safety regulations. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas.

Are services safe?

- The risks in relation to infection prevention and control were assessed and managed. We observed the premises to be visibly clean and tidy. All staff had undertaken infection control training and this was updated periodically as needed. The practice had a dedicated infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. There were cleaning schedules in place and regular infection control audits had been carried out. Clinical staff had access to personal protective equipment such as gloves and aprons and had undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.
- The practice had arrangements for the safe management of medicines, including emergency drugs and vaccinations. Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use. Medicines in use were in date and staff told us that they checked these regularly. Records in respect of these checks were recorded.
- Fridge temperatures were not monitored consistently and recorded to ensure that they remained within the acceptable ranges for medicines storage. We saw that while the actual fridge temperatures were monitored and recorded each day, the maximum and minimum temperatures reached were not recorded over each 24 hour period. This meant that the temperature of the fridge could potentially reach temperatures that exceeded the medicines manufacturers recommended temperatures for storage. Following our discussion with the practice manager an improved system for temperature monitoring was implemented.
- The practice had policies and procedures for employing clinical and non-clinical staff. We reviewed seven staff files including those for nurses and locum GPs. We found that the recruitment procedures were followed. Evidence that the appropriate recruitment checks including proof of identification, references, qualifications, registration with the appropriate professional body where appropriate. Disclosure and Barring Service checks had been undertaken prior to employment for all clinical staff. Where non-clinical staff

did not have a DBS check a detailed risk assessment had been carried out that identified why one was not necessary including any steps taken to mitigate any risks.

- New staff undertook a period of induction which was tailored to their roles and responsibilities. This included training and an opportunity for new staff to familiarise themselves with the practice policies and procedures.
- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff we spoke with told us that there were always enough staff available for the safe running of the practice and to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

There were policies in place for dealing with medical emergencies and major incidents. All staff received annual basic life support training and those we spoke with including the receptionists were able to describe how they would act in the event of a medical emergency. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction) and emergency medicines were available and accessible to staff. All the medicines we checked were in date and fit for use. At the time of our inspection the practice did not have oxygen or an automated external defibrillator (AED). The National Resuscitation Council has the following view that resuscitation guidelines emphasise the use of oxygen, and this should be available whenever possible' and current guidance recommend that practices should have a defibrillator. Following discussions with the GP partners and practice manager they assured us that oxygen would be purchased.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff. Copies of the plan were available offsite so that they could be utilised as needed in the event of an incident that prevented access to the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice used a range of published current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines to refer to when assessing and treating patients. The practice had systems in place to ensure all clinical staff were kept up to date with changes in local and national guidelines. We spoke with three GPs and they demonstrated a good knowledge of current guidance and best practice and that they used these routinely. GPs discussed patients' needs during daily informal meetings and scheduled monthly clinical meetings to ensure that there was consistency in the approach to patient care and treatment.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2014/15 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 70% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 60% compared to the national average of 78%.
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 73% compared to the national average of 80%.

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible.

The practice performance for the treatment of patients with hypertension (high blood pressure) was:

81% of patients whose blood pressure was managed within acceptable limits compared to the national average of 83% compared to the national average of 83%.

The practice had also performed well in treating patients with heart conditions who were at risk of strokes. The percentage of patients who were treated with an appropriate anticoagulant was 100% compared to the national average of 98%

The practice performance for monitoring and treating patients with a respiratory illness was:

- The percentage of patients with asthma who had a review within the previous 12 months was 69% compared to the national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was 91% compared with the national average of 90%.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition were similar to GP practices nationally. For example:

- 84% of patients who were diagnosed with dementia had a face to face review within the previous 12 months. This was the same as the national average.
- 89% of patients with a mental health disorder had a record of their alcohol consumption which was the same as the national average.
- 93% of patients with a mental disorder had a comprehensive care plan documented within their patient records. This compared to the national average of 88%.

The practice exception reporting was in line with GP practices nationally and locally. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as patients consistently failing to attend reviews or where treatments may be unsuitable for some patients. This avoids the practice being financially penalised where they have been unable to meet the targets a set by QOF.

The practice demonstrated a proactive approach to health promotion. They had with their patient participation group held a health event for patients and carers to promote

Are services effective?

(for example, treatment is effective)

awareness of prostate cancer. This event was well attended and received positive feedback from patients. On the back of the success of the event further health promotion events were planned.

The practice also provided accommodation for the local Alzheimer's Society to hold a stand and provide advice and guidance to patients and their carers.

The practice used clinical audits to monitor and make changes to patient care and treatment as part of its quality monitoring and improvement. We looked at a sample of completed audits which had been completed within the previous 12 months. For example:

Following National Institute for Health and Care Excellence (NICE) guidance in 2015 around the management of type 1 diabetes (treated with insulin) one of the GPs had conducted an audit. The NICE guidance recommended that those patients with type 1 diabetes have a blood test to check blood haemoglobin glucose level carried out at 3-6 monthly intervals. This test is an indicator as to how a person's diabetes is managed.

The audit identified all of the patients with a type 1 diabetes diagnosis and those who had a blood test within the previous three months. This showed that of the 28 patients identified, 22 had been tested (79%). Following the audit those patients who had not attended for their blood test were contacted and of the six outstanding five attended (83%). As a result of the audit the practice introduced a system to contact patients and send a reminder to attend for these checks. The practice was due to repeat the audit in six months and to include all diabetic patients including those whose condition was managed with diet and / or medicines. This helped to ensure that patients received timely checks and appropriate treatment.

We also reviewed an audit that had been carried out in relation to patients aged 14 years and older who had a learning disability, which was carried out in October 2015. The practice recognised that these patients were more susceptible to long term health conditions and higher morbidity rates. The audit looked at whether patients with a learning disability had a record of weight, height, body mass index (BMI), blood pressure, smoking and alcohol consumption. The audit identified 28 patients who had a learning disability. The audit showed that 38% of patients had their blood pressure recorded within the previous 12 months, 31% had smoking status recorded and 23% had

their alcohol consumption recorded, 9% had their BMI recorded. None of the patients had received an annual health check. As result of the audit all patients were invited for a health check. 14 of the 28 patients attended and underwent a comprehensive health check. Following the audit systems were introduced to help improve attendance to health checks including follow up calls after invite letters had been sent out.

Effective staffing

Staff were trained and supported so that they had the skills, knowledge and experience to deliver effective care and treatment.

The practice had an induction programme for newly appointed members of staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality and helped new staff to familiarise themselves with the practice policies and procedures. We saw that all new non-clinical members of staff undertook a period of 'shadowing' experienced staff so as to help familiarise themselves with the practice policies and procedures.

- Staff we spoke with told us that they had access to appropriate training to meet the needs of the practice and their individual roles and responsibilities. This included ongoing support, one-to-one meetings, appraisals, face-to-face training and e-learning. Staff training included safeguarding, infection control, basic life support, fire safety, information governance and confidentiality.
- Reception staff were supported to complete National Vocational Qualification (NVQ) level 2 training in customer care. Two administrative staff were also supported through an apprenticeship scheme to undertake NVQ level 2 training in business studies. Staff were supported to have time to carry out these studies.
- Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening. We looked at the staff training record for permanent and locum staff and saw that appropriate role specific training was provided for all staff which included infection control, fire safety, equality and diversity, safeguarding and moving and handling.

Are services effective?

(for example, treatment is effective)

- The practice had supported health care assistant staff to under further training to foundation degree level to work as assistant practitioners and provided extended support in the management of long term conditions such as chronic obstructive pulmonary disease (COPD).
- All staff had protected time for learning through the monthly 'Time to Learn' scheme.
- Nursing and GP staff had ongoing clinical supervision. Nurses working at the practice had effective current Nursing and Midwifery Council (NMC) registration. All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). We saw that the GPs and nurses undertook refresher training courses to keep their continuous professional development up to date and to ensure that their practice was in line with best practice and current guidance.
- There was a system for appraisal and review of staff performance from which learning and development needs were identified and planned for.
- Dr Irlam and partners is a training practice and employs / supports GP registrars (GP registrars are qualified doctors who are undertaking GPs training). Two of the GPs working in the practice are GP trainers. We saw that GP registrars were supported and provided with appropriate clinical supervision.

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 test results. Information such as NHS patient information leaflets was also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between

services, including when they were referred, or after they were discharged from hospital. Hospital discharge summaries were reviewed and any changes in medicines were actioned and recorded within patient's notes.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis. GPs told us that other health and social care professionals such as district nurses, health visitors and palliative care specialists were invited. However not all professionals attended. GPs told us that relevant information was shared through the electronic records system and telephone contact. The practice recognised patients who were at risk and those who required extra support. These included patients who were receiving palliative care, those who were identified as being at risk of unplanned hospital admission and other vulnerable patients. Registers for these patients were maintained and alerts were placed within the patients electronic records so care and treatment was appropriately reviewed.

Consent to care and treatment

The practice had procedures for obtaining patient consent to treatment and these were in line with legislation and guidance including the Mental Capacity Act 2005 and Gillick competence (Gillick competence is a term originating in England and is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge). Staff we spoke with could demonstrate that they understood and followed these procedures. We saw that written consent was obtained before GPs carried out treatments such joint injections. Written consent forms were scanned and stored in the patients' electronic records. We saw that patients were provided with detailed information about the procedures including intended benefits and potential side effects. We saw that where verbal consent was obtained for treatments and procedures that this was recorded correctly within the patients' medical record.

Health promotion and prevention

GPs we spoke with told us that the practice was proactive in promoting patients' health and disease prevention. The practice had systems in place for identifying patients who may be in need of extra support including patients in the

Are services effective?

(for example, treatment is effective)

last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice participated in the national screening programme such a breast and bowel cancer screening. The practice's uptake for the cervical screening programme for 2014/15 was 80%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

- The percentage of female patients aged between 50 and 70 years who had been screened for breast cancer was within the previous 3 years was 70% compared to the local CCG average at 63% and the national average of 72%
- The percentage of patients aged between 60 and 69 years who were screened for bowel cancer was 54% compared to the local CCG average of 52% and the national average at 58%

Examples of the childhood immunisation rates and flu vaccinations were as follows:

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was 99% compared to the CCG percentage at 97%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 96% compared to the CCG percentage of 93%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 98% compared to the CCG percentage of 95%.
- Flu vaccination rates for patients over 65 years was 69%, compared to national average of 73%. Seasonal flu vaccination rates for patients under 65 years with a clinical risk factor was 50% compared to the national average of 46%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with demonstrated that they understood and followed the practice policies for treating patients with dignity and respect. Those staff we spoke with demonstrated compassion and empathy for patients and told us that they aimed to provide a caring service that met the needs of all patients. The practice charter told patients that they could expect to be treated courtesy, dignity and confidentiality.

The practice had suitable procedures in place for handling, storing and sharing patient information so as to maintain confidentiality and all staff we spoke with demonstrated that they understood and adhered to these procedures.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 14 patient CQC comment cards we received were positive about the service they received. Patients said they were how they were treated by GPs and nurses.

Results from the national GP patient survey, which was published on 07 January 2016 showed that:

- 82% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 73% said the GP gave them enough time which was the same as the CCG average of 83% and comparable to the national average of 87%.
- 95% said they had confidence and trust in the last GP they saw which was the same as the national average and comparable to the CCG of 93%
- 80% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.

- 84% patients said they found the receptionists at the practice helpful which was the same as the CCG average and comparable to the national average of 87%.

The practice demonstrated that they had considered the views of patients both from the national GP survey and the comments made on the NHS Choices website. Patient's views and comments were discussed with staff during meetings to help improve patient's experiences.

Care planning and involvement in decisions about care and treatment

Each of the five patients we spoke with told us that they were happy with how the GPs and nurses explained their health conditions and treatments. Patients said that they felt listened to and that clinical staff answered any questions they had in relation to their treatment. They also told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the 14 comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, which was published on 07 January 2016, showed that:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.

The practice demonstrated that they had considered these comments and patients' experiences. GPs used daily informal meetings to share learning and support each other in improving patient's experiences.

The majority of the patient population were English speaking. Staff told us that translation services could be accessed for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There were notices in the patient waiting room

Are services caring?

advising how they could access a number of support groups and organisations including counselling services, advice on alcohol and substance dependency, cancer support and bereavement services.

There were procedures in place for identifying patient who were also carers and the practice kept a register of these patients. This information was used on the practice's computer system to alert GPs when the patient attended

appointments. Patients were then offered extra support and advice as needed. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us the practice had a protocol for supporting families who had suffered bereavement. GPs told us that they following bereavement, families were sent a letter of condolence and an appointment or a home visit as was provided needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and the increase in demand for services to help provide ensure flexibility, choice and continuity of care. For example;

- The practice participated in a number of local CCG enhanced services including extended opening hours over holiday periods including Easter and Christmas 2015. The practice had opened on Easter Monday and Boxing Day to meet patients' needs and reduce pressure on local hospital A&E services.
- The practice offered flexibility and choice for patient's appointments. Pre-booked, same day routine and emergency appointments were available as were home visits and telephone consultations.
- Electronic prescribing and online appointment booking were available.
- There were longer appointments available for patients including those with dementia or a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- Flexible appointments were available for health checks and baby immunisations to suit patient's needs.
- The practice reviewed comments, complaints and the results from patient surveys and adapted the appointment system to take these into account.
- Accessible facilities were available including automatic doors, step free access, a hearing loop and adapted toilet facilities.

Access to the service

The practice was open between 8am and 6.30pm on weekdays with extended late evening opening up to 8.15pm on Mondays and Wednesday evenings. Patients could access the practice by telephone during these hours. Pre-booked and same day GP and nurse appointments were available between 8.30am to 11.30am daily. Emergency appointments and home visits were available between 11.30am and 1.30pm. Afternoon appointments

were available between 1.30pm and 6.30pm with late evening appointments available two days each week. The practice offered baby immunisations and vaccinations, cervical smears and health checks by appointments to help suit the needs of patients.

Results from the national GP patient survey, which was published on 07 January 2016 showed that:

- 79% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 90% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and national average of 65%.
- 66% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 80% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and the national average of 75%.

Listening and learning from concerns and complaints

The practice had a 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.

Information advising patients how they could raise complaints or concerns was available within the practice and on their website. A comments and suggestions box was available in the patient waiting area. Patients we spoke with told us that they knew how to complain and who to speak with if they were unhappy.

The practice manager told us that they received on average 14 written complaints each year. They showed us that these were reviewed to help identify trends and areas for learning. We looked at a sample of the complaints received within the previous twelve months and saw that these had been acknowledged, investigated and responded to within the complaints procedure timeline. We saw that a suitable apology was given to patients when things went wrong or their experience fell short of what they expected. The response letter had recently been adapted by the practice manager to reflect and inform patients what action or improvements had been implemented as a result of the

Are services responsive to people's needs? (for example, to feedback?)

investigation into their concerns. They were also advised of how they could escalate their complaint if they remained dissatisfied with the outcome or how their complaint had been handled.

We saw that complaints were discussed at the various meetings that took place at the practice. Staff who we spoke with said that learning from complaints was shared and any improvements arising from these were actioned and embedded into practice.

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 and ethos, which was described in their Statement of Purpose and patient charter. The ethos within the practice was to provide safe and responsive services to patients and to meet their individual needs. All staff we spoke with demonstrated that they proactively adhered to this ethos.

Governance arrangements

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

- The staff team was supported and there was a culture within the practice for integrated working and staff demonstrated that there was effective team working. Staff were supported and trained to fulfil their roles and responsibilities within the practice team.
- All staff fulfilled these roles in monitoring patients and managing long term conditions.
- The policies and procedures were specific to the day to day running of the practice, regularly reviewed and updated. All staff had access to and referred to these as needed.
- All staff undertook roles in monitoring and improving the quality of care provided and outcomes for patients.
- Staff had access to and followed procedures and guideline to help keep people safe. When things went wrong these incidents were reviewed and learning was shared and imbedded within the practice to minimise recurrence.
- Current guidance was regularly referred to and used in the assessment and treatment of patients.
- Risks to staff and patients were identified and well managed.
- The services provided were flexible and tailored to meet the needs of the practice patient population.

Leadership, openness and transparency

The GP and staff we spoke with demonstrated that the practice encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability and staff were aware of these. Staff said that they were well supported and they felt able to speak openly and raise issues as needed.

Regular practice meetings and daily communication supported information sharing. From minutes of meetings, we saw that complaints and safety events were discussed and that all staff had the opportunity to contribute to ideas for improvement.

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

The practice encouraged and pro-actively sought feedback from patients, engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and informal comments and received. There was an active Patient Participation Group (PPG) which was made up of 10 members who met regularly and up to 700 patients who could contribute to the group virtually via email. We spoke with six representatives from the PPG who told us that the practice listened and acted on their suggestions as to how services could be improved.

The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We saw that all patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.

We saw that the practice had an open culture where patients could make comments and suggestions and that these were acted upon to improve their experiences of using the service. We saw that the practice had reviewed and acted on the results of the 2015 national GP survey and shared this with staff to help maintain and improve the service that patients received.

The practice had also gathered feedback from staff through staff meetings and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.