

Castle Mead Medical Centre

Quality Report

Hill Street
Hinckley
Leicestershire
LE10 1DS

Tel: 01455637659

Website: www.castlemeadmedicalcentre.co.uk

Date of inspection visit: 19 October 2016

Date of publication: 28/04/2017

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to Castle Mead Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Castle Mead Medical Centre on 19 October 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Urgent appointments and telephone consultations were available especially for unwell children.
- The practice had adequate facilities and equipment.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had a dispensary at its branch surgery in Stoke Golding which was managed according to the Dispensing Services Quality Scheme (DSQS)

The practice should consider whether a risk assessment is necessary regarding the use of volunteer members of the PPG delivering medicines to patients in rural areas and whether they need to be DBS checked as some of the patients may be vulnerable.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- 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 with 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 views were comparable to or higher than local and national figures.
- 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.

Good



Summary of findings

- We saw staff treated patients with kindness and respect and that they maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team, the Clinical Commissioning Group and the local Federation to secure improvements to services where these were identified.
- The practice offered same day and pre-bookable appointments and telephone consultations. Patients said they appreciated being able to talk with a GP or emergency care practitioner and if needed being offered an appointment on the same day.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a 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 alerts and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a 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 good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. It had a register of those patients who were housebound and provided vaccinations at home when necessary.
- The practice's approach was to undertake frailty assessments, dementia screening and an integrated approach to include, where needed, end of life planning and a multi-agency approach.
- The practice had identified those older patients at risk of hospital admission and had developed care planning which identified key health problems and their ongoing management including medicines monitoring. Special notes were included on records for out of hour's services to avoid unnecessary or inappropriate hospital admissions.
- The practice provided care for approximately 65 patients living in local care homes some of whom were receiving end of life care. A named GP attended the three care homes for which the practice had responsibility on a weekly basis to perform a ward round helping to ensure continuity of care for the patients.
- The practice arranged for the delivery of medicines to patients who found it difficult to collect them from the dispensary at the branch in Stoke Golding.

Where necessary to help patients take medicines correctly medicines were put into blister packs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management with support from GPs. The practice had identified 2% of its patients who were at risk from unplanned hospital admissions and shared information with out of hours and district nurse services to help keep people out of hospital where appropriate.
- The practice's performance for diabetes management was similar to or slightly higher than national averages, for example,

Summary of findings

the practice achieved 86% for the QOF indicator relating to blood sugar control management for diabetic patients compared to the local average of 83% and national average of 78%.

- Longer appointments and home visits were available when needed. The practice kept a register of patients who were housebound.
- Where possible patients with several conditions were invited for one appointment to review all their conditions.
- All 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.
- The practice kept a list of those patients such as those receiving end of life care, patients with mental health problems and patients with multiple conditions to ensure that they received same-day call-backs from their regular GP wherever possible.

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 above local and national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice took advantage when young people attended for booster immunisations to offer health and lifestyle advice.
- Data showed 82% of eligible women had received a cervical screening test compared with the local average of 83% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Young children who were ill were always seen and the practice used a sepsis screening tool to help identify this condition.
- The practice offered 24 hour and 6 week baby checks.
- We saw examples of joint working with midwives, health visitors and school nurses. The practice informed the health visitor of new child registrations.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Bookable telephone consultations were available.
- Patients who needed to be seen urgently were offered telephone consultations or appointments on the day.

The practice offered a travel vaccination service.

People whose circumstances may make them vulnerable

Good



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

- The practice held registers of patients living in vulnerable circumstances including carers, people with a learning disability (LD), people who were housebound and those with alcohol or substance misuse problems.
- Patients without a permanent address were encouraged to register at the practice and offered a new patient health check so that their health needs could be identified and where appropriate they were offered advice about where they could access help with their social needs.
- The practice offered longer appointments for patients including those with serious mental health issues and those with a learning disability.
- The practice offered annual health checks to the 38 patients on the learning disability register. Most recent figures showed that 35 of the 38 patients on the register had received a check with the others declining. A practice nurse took the lead role and working with the local learning disability team had developed easy read invitation letters and health action plans.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had identified 209 or 2% of its patients who had caring responsibilities. They were offered a referral to a local support service for a carer assessment, and given information

Summary of findings

about local authority services such as First Contact, which could offer practical assistance with a variety of housing and other matters. There was also information available in the waiting area and on the website.

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- All staff were aware of the signs of abuse in vulnerable adults and children. Staff understood their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 89% of patients living with dementia had a face-to-face care review in the previous 12 months, compared with the local average of 86% and national average of 84%.
- The practice offered dementia screening to patients identified as high risk individuals.
- The practice carried out advance care planning for patients with dementia which included appropriate end of life care plans.
- 100% of patients with severe mental health problems had an agreed care plan documented in their records compared with the local average of 94% and national average of 89%. Alerts on their records meant that they were routinely offered longer appointments and annual reviews with the Mental Health Facilitator. The practice undertook regular medication reviews where needed.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health and where appropriate their carers 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 had recognised that these patients benefited from routine and tried to ensure they saw the same GP or healthcare professional, for example, if they needed regular blood tests.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages. 255 survey forms were distributed and 130 were returned, representing a response rate of 51% compared with a response rate in England of 38%

- 79% of patients found it easy to get through to this practice by phone compared to the local average of 71% and national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 77% and national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the local and national averages of 85%.

- 89% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local average of 78% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 4 comment cards which were very positive about the standard of care received. Staff were described as being helpful, polite, caring and kind. Patients said they felt listened to and that it was very helpful to be able to have a telephone consultation and if urgent a same day appointment. One noted that it was sometimes difficult to see the GP of their choice.

Patients we spoke with were satisfied with the care they received.

Areas for improvement

Action the service MUST take to improve

Action the service SHOULD take to improve

Outstanding practice

Castle Mead Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Castle Mead Medical Centre

Castle Mead Medical Centre is situated in Hinckley which is a market town in North West Leicestershire. It has a small branch with a dispensary in the rural village of Stoke Golding about two miles north of Hinckley which we did not visit. The practice has a contract with West Leicestershire Clinical Commissioning Group to provide General Medical Services (GMS) for its patients.

The practice has occupied purpose built surgeries in Hinckley town centre and in Stoke Golding since 1991/2. It has approximately 9850 patients

There are seven GPs, three of whom are female. There is a male urgent care practitioner and four female practice nurses who together provide minor illness and urgent care, and manage long-term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). There are also two health care assistants. The practice has also recently employed a clinical pharmacist who was training to become an independent prescriber and there were trained dispensers at the branch surgery. The clinical team is supported by a practice manager, and other support staff some of whom take lead responsibilities for areas such as reception and prescriptions. The practice is training and teaching practice which has medical students on placement and trainee GPs.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments can be pre-booked up to 4 weeks in advance. Appointments for both face to face and telephone consultations are available on the day with the duty doctor and advanced nurse practitioner who also see some patients on an urgent basis.

Out of hours services are commissioned by West Leicestershire Clinical Commissioning Group and provided by DHU (Derbyshire Health United).

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 October 2016. During our visit we:

- Spoke with a range of staff including clinical and support staff and spoke with patients who used the service.
- Observed how patients were being cared for.

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at the 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 support, 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 regular and thorough analysis of all significant events. They were discussed at the regular clinical meetings and minutes highlighting any learning or change in practice were shared with all staff.
- All the staff we spoke with said they felt comfortable about identifying any mistakes they had made and discussing them within the staff team to ensure future learning.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed and actions decided on, for example, to search for patients being prescribed hydroxyzine (an anti-histamine medicine) and to review whether this was the best medicine for them. We saw evidence that lessons were shared and action was taken to improve safety in the practice.
- 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 who was in contact with local health visitors to share and discuss any concerns. GPs 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 and nurse practitioners were trained to child protection or child safeguarding level 3.
- Notices in the waiting area and in treatment rooms advised patients that chaperones were available if required. All staff undertaking this role had been trained and had received a Disclosure and Barring Service (DBS) check. (DBS checks 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 with adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A nurse was the infection control lead and they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements needed as a result. There were regular checks of different areas in the practice to ensure acceptable standards of cleaning and infection control were maintained.
- The arrangements for managing medicines, including emergency medicines and vaccines kept patients safe (this included obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of all high risk medicines such as methotrexate and warfarin and ensured a robust and safe approach. 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. Uncollected prescriptions were regularly reviewed and the local pharmacy contacted to see if any medicines

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 keeping registers of vulnerable adults and children and taking appropriate action when identifying a concern.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

Are services safe?

had not been collected. Advice was sought from a GP and where appropriate the patient contacted to ensure they were well especially where they had a long term condition.

- Safety alerts including MHRA alerts were received by the practice manager who circulated them to all clinical and dispensing staff for discussion at the regular clinical meetings. She also put a copy on the staff noticeboard and placed a copy on the practice shared drive. A GP ensured patients' records were searched to ensure appropriate reviews and safe care
- The practice had a dispensary at its branch in Stoke Golding. It had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training. All members of staff involved in the dispensing process were appropriately qualified and their competence was checked regularly by the lead GP for the dispensary. The practice had audited several aspects of the dispensary and could demonstrate that staff followed standard procedures and also undertook careful reviews of repeat medications. The hours dispensing staff worked had also been increased to allow time for medicines to be placed in dosset boxes which helped patients who were prescribed several medicines and had difficulty remembering which ones to take or with opening packs.
- Several members of the PPG had volunteered to deliver dispensed medicines to patient's homes in outlying villages but there had not been a risk assessment about whether a risk assessment about whether DBS checks were needed. When we raised this on the day of the inspection the practice agreed that this should be done and has subsequently supplied evidence that the DBS checked are being undertaken.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice manager kept a record of when these needed to be updated.

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 and a poster was displayed in the staff area 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 it 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 (COSHH) infection control, and a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). It undertook all the checks, for example, water temperatures, recommended in this assessment.
- 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 to ensure enough staff were on duty and staff worked flexibly to cover absences.

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 which they responded to.
- All staff received annual appropriate 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.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies were kept outside of the surgery and the plan included contact numbers for staff and other services and suppliers.

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 which were incorporated into the records system and the practice had devised some of its own templates to ensure best practice. This helped ensure that care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and 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 100% of the total number of points available. The practice had low levels of exception reporting. This was 5.2%, the local average was 5.3% and national average was 5.7%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. It had high prevalence levels for a number of long term conditions. This meant that the practice had worked to identify its patients with long term conditions and provide appropriate care for them

For example, data from 2015-2016 showed performance for diabetes related indicators was comparable with local and national averages.

- The practice scored 86% for the QOF indicator relating to blood sugar control management for diabetic patients compared with the local average of 82% and national average of 78%.

- The practice scored 83% for the QOF indicator relating to cholesterol management in diabetic patients (local average 82%, national average 81%)

Performance for mental health related indicators, for example, related to an agreed care plan documented in the patient record was 100% (local average 94%, national average 89%). Exception reporting was 27% compared with the local average of 30% and national average of 13%.

There was evidence of quality improvement including clinical audit.

- The practice regularly carried out audits of the care provided, for example, related to infections following minor surgery and joint injections. There were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve care, for example, to ensure patients with atrial fibrillation which put them at higher risk of stroke were monitored and prescribed appropriate medicines.

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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence and an annual audit. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included safeguarding, fire safety awareness, and 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. Monthly multi-disciplinary meetings took place with other health care professionals including the diabetic specialist nurse, district nurses, MacMillan and clinical care co-ordinator when care plans were routinely reviewed and updated for patients with complex needs including palliative and end of life care.

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 nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records checks.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 84% compared with the CCG average of 83% 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 66% had been screened for bowel cancer in the previous 30 months compared with the CCG average of 63% and national average of 60%
- 74% had been screened for breast cancer in the previous 30 months compared with the CCG average of 78% and national average of 72%.

There were 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 between 92% and 98% for under two-year-olds and 93% and 97% for 5-year-olds which were comparable to local and national figures.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were kind, polite 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The 4 comment cards we received were very positive about the service experienced. Patients said they felt the staff were helpful, professional, polite, caring and kind. Patients said they felt listened to. Some found it helpful to be able to book a telephone consultation and if urgent a same day appointment. Clinical staff treated patients with respect, friendliness and professionalism. One card included a comment that it was sometimes difficult to see the GP of their choice.

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

Results from the national GP patient survey published in July 2106 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) and national average of 87%.
- 89% of patients said the GP was good at giving them enough time compared to the CCG average of 86 % and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw (CCG and national average 95%)
- 86% of patients said the last GP they spoke to was good at treating them with care and

- concern (CCG and national average of 85%).
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern (local and national averages of 91 %.)
- 90% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average, 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. The practice told us that they felt it was important to support patients to help them make informed decision about their treatment, for example, related to contraception.

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 comparable with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 85%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%

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

- Staff told us that interpretation 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. We were told this was rarely requested.

Are services caring?

- There were also notices advising on the availability of interpreters using British Sign Language.

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.

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 209 or 2% of its patients who had caring responsibilities. The practice offered them flu vaccinations and regular

health checks. They were also offered a referral to a local support service for a carer assessment and given information about local authority services such as First Contact, which could offer practical assistance with a variety of housing and other matters. There was also information available in the waiting area and on the website.

- The practice tried to ensure that patients receiving end of life care saw the same GP who was then able to offer support to families and carers. The practice sent a sympathy card and ensured all staff were aware when a patient was bereaved. There was also signposting to support services.

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. A GP, nurse and the practice manager were actively involved in the local Federation and CCG.

- Pre-bookable appointments lasted up to ten minutes. Longer appointments were available on request.
- The practice had identified some of its patients whose condition meant they needed longer appointments and had put alerts on their records. This included, for example, patients with learning disabilities or with complex mental health conditions.
- Home visits were available for housebound or frail patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were made available for young children and those patients with medical problems that required urgent consultation.
- Pre-bookable telephone consultations were available.
- Patients were able to receive travel vaccinations available on the NHS. Patients were referred to other services for those vaccines only available privately.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday at the main site. The branch was open from 8.15am to 2.00pm Monday – Friday and from 3.30-6.00 on Mondays. Appointments could be pre-booked up to 4 weeks in advance. Appointments and telephone consultations were available on the day.

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.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 80%.
- 79% 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.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

A GP or urgent care practitioner spoke with the patient or carer to assess whether a visit was appropriate or whether other services such as the paramedic led Acute Visiting Service (AVS) or an ambulance might be more suitable. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- 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 in the practice e leaflet and on the web-site.

We looked at 3 complaints received in the last 12 months and found that these were dealt with in a timely way and handled with openness and transparency. Explanations and apologies were offered and lessons were learnt from individual concerns and complaints. The practice also considered whether any trends could be identified.

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 clear vision for the future based on the practice values of providing safe, effective and compassionate care which staff knew and understood.
- 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 a 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. Staff were supported in their roles.
- Appropriate 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 GPs, manager and staff 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 manager and GPs were approachable, supportive and interested in hearing staff views.

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 and training for all staff on communicating with patients about any notifiable safety incidents. The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment it gave patients information and an apology if appropriate.

- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings and we saw minutes of these. In order to ensure that all staff were involved the practice had sometimes held a meeting on Saturday and paid staff to attend it.
- 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
- Staff said they felt respected, valued and supported, particularly by the GPs and practice manager. All staff were involved in discussions about how to run and develop the practice, and management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- It had asked patients what they thought about the new Urgent Care Practitioner Clinic and found that 71% of patients were satisfied with how they were treated and would use it again.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

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, for example, related to weekend access to a GP for patients identified at being at risk of unplanned hospital admission.