

Queensway Medical Centre

Quality Report

Queensway, Poulton-Le-Fylde,
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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?

Outstanding



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 Queensway Medical Centre on 20 June 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice lead on a local initiative and was the pilot project to co-ordinate primary care for care home patients. This pilot was rolled out across the local Clinical Commissioning Group (CCG) in November 2015. According to figures supplied by the

Summary of findings

pilot the total number of non elective hospital admissions in the same six month period had reduced by 30%. The practice was now involved in the second stage of the project which aimed to provide a similar service to house-bound patients.

- The practice employed a practice matron to improve the identification of and holistic anticipatory care and care planning for vulnerable housebound patients in an effort to continue to reduce avoidable hospital admissions.
- A new practice staffing structure had been developed by the practice to offer more appointments to patients, when GP recruitment had been problematic . The practice had reviewed and developed existing staff skills and employed new staff to provide a clinical team that could provide best patient care. This included a clinical practitioner

from a paramedic background who saw patients with acute health problems. This increased the availability of appointments for patients with all clinicians

The areas where the provider should make improvement are:

- Implement processes for the checking of single use medical consumables to ensure they are in date.
- Implement systems to update policies which also reflect current guidance
- Implement more comprehensive risk management procedures

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. They had initiated, piloted and developed a project to provide coordinated care and reduce hospital admissions for patients living in care homes. We saw figures that showed that non elective hospital admissions had recently fallen by 30%.
- Dementia care was highlighted as a key area on the practice quality improvement plan. A dementia champion was appointed and the practice were members of the Dementia Action Alliance. Computerised cognitive assessment tests were conducted in the practice to predict dementia or depression in older adults with mild cognitive impairment. The practice had designed a template to capture all the necessary information from the test and shared this with the CCG. The template was used as part of the ongoing care home project.
- QOF results regarding the percentage of patients with a new diagnosis of dementia with a record of appropriate tests had risen from 63% in 2013/2014 to 82% in 2014/2015.
- The practice had found that GP recruitment had been problematical and was aware of the need to provide additional appointments in response to patient demand. A new practice staffing structure had been developed by the practice to offer more appointments to patients. The practice had reviewed and developed existing staff skills and employed new staff to provide a clinical team that could provide best patient care. This included a clinical practitioner (from a paramedic background) who saw patients with acute health problems and a practice matron. This increased the availability of appointments for patients with all clinicians.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice was well equipped to treat patients and meet their needs. The practice recognised that a new building could improve the environment for their patient group. For example some consultation rooms were on the second floor. However

Summary of findings

staff identified those patients who could not access the stairs and offered consultations on the ground floor. The practice were open with the PPG and patients about plans to relocate to a new building.

- 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.

Are services well-led?

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

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

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- 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.
- The practice maintained a palliative care register and held monthly meetings attended by a wide multidisciplinary team to enable sharing of information relating to patients to improve Palliative and End of Life care.
- The practice were Gold Standard Framework accredited from 2012-2015
- Based on this accreditation the practice lead on a local initiative to co-ordinate primary care for care home patients. This pilot was rolled out across the CCG in November 2015. According to figures supplied by the pilot the total number of non elective hospital admissions in the same six month period had reduced by 30%. The practice was now involved in the second stage of the project which aimed to provide a similar service to house-bound patients.
- Older patients at risk of hospital admission and in vulnerable circumstances had care plans. The practice employed a practice matron to improve the identification of and holistic anticipatory care and care planning for vulnerable housebound patients in an effort to continue to reduce inappropriate hospital admissions.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to the national average. For example, blood measurements for diabetic patients showed that 79% of patients had well controlled blood sugar levels compared with the CCG average of 83% and national average of 78%. The percentage of diabetic patients who had received an influenza immunisation was 99%

Good



Summary of findings

compared to the CCG average of 96% and national average of 94%. The percentage of diabetic patients with a record of a foot examination was 84% compared to the CCG average of 88% and national average of 91%.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice reviewed their appointments recall system year on year to ensure it was effective to manage those patients with long term conditions.
- Clinical staff actively referred appropriate patients and worked collaboratively with the local extensive service, run by the CCG. This offered patients, over sixty with two or more long term conditions, coordinated health and social care support.

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 comparable for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85% which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours surgeries were offered until 8pm every Monday for working patients who could not attend during normal opening hours. Telephone consultations were also available.
- The practice encouraged online Patient Access for booking appointments, ordering prescriptions, viewing medical records.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice were members of the Dementia Action Alliance (DAA). A member of the practice team attended DAA meetings and actions were agreed to improve care of practice patients with dementia.

Outstanding



Summary of findings

- Staff had completed dementia awareness training and had enrolled to become dementia friends.
- Dementia care was highlighted as a key area on the practice quality improvement plan. The practice promoted patient screening for memory loss and held regular screening clinics at the practice. A dementia champion was appointed to conduct computerised cognitive assessment tests to predict dementia or depression in older adults with mild cognitive impairment. This enabled one person to oversee from test to referral to diagnosis and eventual registration as necessary on the vulnerable patient register. The practice had designed a template to capture all the necessary information test and shared this with the CCG. This template was used part of the ongoing care home project.
- QOF results regarding the percentage of patients with a new diagnosis of dementia with a record of appropriate tests had risen from 63.% in 2013/2014 to 82% in 2014/2015.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The

national GP patient survey results were published on 7 January 2016. The results showed the practice was performing generally in line with local and national averages. 240 survey forms were distributed and 119 were returned (1.3% of the practice's patient population).

- 74% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 26 CQC comment cards. Most of the comment cards we received were positive about the service experienced. Comments about reception staff were mixed. Two patients said they were unhappy with the manner of some reception staff. However two other patients commented that this had recently improved. Whilst three others said reception staff were 'excellent'.

All comments relating to clinical staff at the practice were extremely positive. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with a further four patients on the day of the inspection. The views given were comparable to those expressed on comment cards.

Areas for improvement

Action the service **SHOULD** take to improve

Ensure robust processes are implemented in the checking of single use medical consumables to ensure they are in date

Outstanding practice

- The practice lead on a local initiative and was the pilot project to co-ordinate primary care for care home patients. This pilot was rolled out across the local Clinical Commissioning Group (CCG) in November 2015. According to figures supplied by the pilot the total number of non elective hospital admissions in the same six month period had reduced by 30%. The practice was now involved in the second stage of the project which aimed to provide a similar service to house-bound patients.
- The practice employed a practice matron to improve the identification of and holistic anticipatory care and care planning for vulnerable housebound patients in an effort to continue to reduce avoidable hospital admissions.
- A new practice staffing structure had been developed by the practice to offer more appointments to patients, when GP recruitment had been problematic . The practice had reviewed and developed existing staff skills and employed new staff to provide a clinical team that could provide best patient care. This included a clinical practitioner

Summary of findings

from a paramedic background who saw patients with acute health problems. This increased the availability of appointments for patients with all clinicians

Queensway Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Queensway Medical Centre

Queensway Medical Centre is based in Poulton-Le-Fylde, Lancashire. The practice is part of Fylde and Wyre Clinical Commissioning Group (CCG) and delivers services under a General Medical Services contract with NHS England

The practice is located in a purpose built building in the centre of the town. There is easy access to the building and disabled facilities are provided. Some consultations rooms are on the first floor however the practice ensured ground floor consultations rooms were available for those patients who could not access the stairs. There is a car park and disabled parking places. There are four GP partners working at the practice. The practice is a training practice for medical students and GP trainees at different stages of their learning. There are three female practice nurses, one part time practice matron and two part time health care assistant. The practice have recently employed a clinical practitioner and practice pharmacist. There is a practice manager and a team of administrative/reception staff.

The practice is open between 8am and 6.30pm, Monday to Friday. Extended hours are available on until 8pm on Monday evenings.

When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111.

There are 9256 patients on the practice list. The majority of patients are white British. The largest population group within the practice are older patients, 27% are over 65 as opposed to the CCG average of 17.1%.

Information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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 such as Fylde and Wyre Clinical Commissioning Group to share what they knew. We carried out an announced visit on 20 June 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, practice nurses, a health care assistant and admin and reception staff.
- Reviewed the practice's policies and procedures.

Detailed findings

- Reviewed comment cards where patients shared their views and experiences of the service.
- Spoke with four patients.

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 that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice dealt appropriately with notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- Staff were aware of the process to follow however a policy was not in place.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident involving a blood sample taken for a d dimer test (a test to rule out the presence of a blood clot) a protocol was developed to ensure clinicians used the computer system effectively and to ensure samples were sent in a timely manner were taken to the reception area for collection. The incident was discussed at a whole practice meeting as it involved all members of the practice team and reviewed at a subsequent meeting to ensure learning had been achieved.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who also was the safeguarding in dementia lead for the CCG. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Following our inspection the practice sent us evidence of improved documentation to record daily and weekly room checks.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Interview notes were not routinely kept by the practice and references for locum doctors were taken verbally but not recorded. On the day of our inspection the practice manager updated the relevant policies and procedures to ensure these processes would now be in place. Non-clinical staff who provided a chaperone service had received a DBS check.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice sent us evidence of a fire risk

assessment following our inspection. Staff told us that regular fire drills took place however these had not been documented. The new risk assessment document supported the recording of these drills.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- 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. Whilst all medicines we looked at were within the expiry date, one single use medical consumable was out of date. The out of date stock was removed when it was highlighted to staff.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.8% of the total number of points available.

Overall exception reporting rate was 8.1% (1.5% lower than the CCG average). (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. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, blood measurements for diabetic patients showed that 79% of patients had well controlled blood sugar levels compared with the CCG average of 83% and national average of 78%. The percentage of diabetic patients who had received an influenza immunisation was 99% compared to the CCG average of 96% and national average of 94%. The percentage of diabetic patients with a record of a foot examination was 84% compared to the CCG average of 88% and national average of 91%.
- Performance for mental health related indicators was similar to the national average 92% of people experiencing poor mental health had a comprehensive,

agreed care plan documented in the record compared to the CCG average of 85% and the national average of 88%. 80% of patients diagnosed with dementia had their care reviewed in a face to face review, compared to 81% CCG and 84% nationally.

There was evidence of quality improvement including clinical audit.

- We looked at two clinical audits completed in the last two years where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a lasting power of attorney (LPA) audit was conducted to ensure staff were aware of the different type of LPA's and that these were correctly recorded on the practice system. This meant the practice were following patient's wishes.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had been included in an assessment of competence. Staff who administered vaccinations demonstrated 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 and meetings outside the practice with clinical peers.
- 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. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- 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 relevant services.
- Patients could access social care advice clinics in the practice premises during flu clinics.
- Walk in phlebotomy clinic was available between 8am and 9am on Monday, Wednesday and Fridays.

The practice's uptake for the cervical screening programme was 85% which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There was particularly high uptake of bowel screening rates of patients aged 60-69 within the last 6 months; 65.7% opposed to the national average of 55.4%

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 96% (93%-97% CCG) and five year olds from 90% to 99% (86%-97% CCG).

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 abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Comments about reception staff were mixed. Two patients said they were unhappy with the manner of some reception staff. However two other patients commented that this had recently improved. Whilst three others said reception staff were 'excellent'. All comments relating to clinical staff at the practice were extremely positive. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with a further four patients on the day of the inspection. The views expressed were comparable to those expressed on comment cards.

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

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 88% of patients said the GP gave them enough time compared to the CCG average of 93% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%

Care planning and involvement in decisions about care and treatment

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- We noted that survey results indicated lower satisfaction with being involved in decisions about care and treatment by nurses at the practice. Seventy six percent of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%. We specifically asked patients on the day of the inspection about this. All the patients we spoke to said that they had always felt involved in decisions about their care.

Are services caring?

Comment cards which specifically mentioned the practice nurse team praised the care they provided and did not indicate any concerns. When we spoke to staff about this issue, they indicated that they always gave patients a choice wherever possible and we saw evidence of this when patients were referred to other services.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- A media screen played in reception providing visual health promotion information.

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 100 patients as carers (1.1% of the practice list). The practice encouraged carers to make themselves known to the practice. We saw posters which explained what a carer was and asked patients to tell staff so that advice and support could be offered. Written information was available to direct carers to the various avenues of support available to them.

During carers week the practice invited N-compass (a local charity) into the practice to offer practical help and advice.

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



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
 - A walk in phlebotomy clinic was available every Monday Wednesday and Friday morning from 8am until 9am.
 - The practice had increased their routine appointment time from 10 to 15 minutes to ensure patients did not feel rushed. There were longer appointments available for patients with a learning disability, multiple conditions or those patients who staff had identified required additional support.
 - Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
 - Part of the practice matron role was to review the needs of frail elderly and housebound patients. The practice matron produced care plans for those patients and reviewed them when necessary. All patients who had recently been discharged from hospital were contacted to assess whether their needs were being met. The matron also liaised closely with community services.
 - Same day appointments were available for children and those patients with medical problems that required same day consultation.
 - Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
 - There were disabled facilities, a hearing loop and translation services available.
 - Some consultation rooms were on the first floor of the practice. Staff told us that if someone was not able to use the stairs a ground floor consultation room was found. The practice informed us that this arrangement was beginning to become problematic due to the increasing older population registered at the practice.
- There were no plans to install a lift but we saw that plans were in place to move to another more suitable building. Patients were kept updated of any developments on the practice notice board.
- The practice had found that GP recruitment had been problematical and was aware of the need to provide additional appointments in response to patient demand. A new practice staffing structure had been developed by the practice to offer more appointments to patients. The practice had reviewed and developed existing staff skills and employed new staff to provide a clinical team that could provide best patient care. This included a clinical practitioner who saw patients with acute health problems. This increased the availability of appointments for patients with all clinicians.
 - When the practice was giving influenza vaccinations, they arranged clinics on Saturdays to enable working people to attend. The practice invited various support organisations to attend and the PPG invited people to complete patients surveys.
 - The practice pharmacists offered telephone medication review appointments with patients who were unable to attend the practice as well as seeing patients face to face in the surgery.
 - The practice had a higher than the local average percentage of older patients which they recognised and sought to tailor the services they provided. In 2012 the practice achieved accreditation in the Gold standard Framework the total number of non elective hospital admissions for the period November 2014 to April 2015 was 206 compared to the same period (from the start of the pilot) the following year was 144, which meant admissions had reduced by 30%. The practice was now involved in the second stage of the project which aimed to provide a similar service to house-bound patients.
 - Staff had a good understanding of how to support patients with mental health needs and dementia. The practice were members of the Dementia Action Alliance (DAA). A member of the practice team attended meeting and actions were agreed to improve care of patients with dementia.
 - Staff had completed dementia awareness training and had enrolled to become dementia friends.
 - Dementia care was highlighted as a key area on the practice quality improvement plan. The practice



Are services responsive to people's needs?

(for example, to feedback?)

regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice promoted patient screening for memory loss and held regular screening clinics at the practice. A dementia champion was appointed to conduct computerised cognitive assessment tests to predict dementia or depression in older adults with mild cognitive impairment. This enabled one person to oversee from test to referral to diagnosis and eventual registration as necessary on the vulnerable patient register. The practice had designed a template to capture all the necessary information from this test and shared this with the CCG. This template was used as part of the on going care home project.

- QOF results regarding the percentage of patients with a new diagnosis of dementia with a record of appropriate tests had risen from 63.% in 2013/2014 to 82% in 2014/2015.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered until 8pm on Monday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 74% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

- 41% of patients said they don't normally have to wait too long to be seen compared to national average 58%

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had made recent changes to the appointments system structure and a Clinical practitioner had been employed who saw patients with acute illnesses. The practice were currently auditing the new appointment system to ensure it met the needs of the patients.

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.

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

Listening and learning from concerns and complaints

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

- 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

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint etc. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

There was a clear staffing structure and that staff were aware of their own roles and responsibilities, including clearly defined lead roles. The practice had a succession plan for all staff roles which was regularly reviewed. Staff were supported to access additional training to allow them to upskill to meet the changing needs and demands of the patients they serve. For example a practice nurse had begun training to become a nurse prescriber. The practice employed an inhouse pharmacist in 2015 to deal with medication requests received from secondary care providers, emergency medication requests and reviews and to support the prescribing clerks. This resulted in an increase in patient contact with GP's and nurses in the past two years.

- Practice specific policies were implemented and were available to all staff. Some policies required dating which made it difficult to establish when they were written and when they would be reviewed. Some required updating to reflect current guidance.
- 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 arrangements in place for identifying, recording and managing risks, issues and implementing

mitigating actions. However on the day of our inspection there was no evidence of a comprehensive fire risk assessment or documentation of fire drills. Room check documentation did not specify what tasks had been conducted. Following our inspection the practice forwarded a range of risk assessments and documents to record room checks and expiry dates. These processes will need to be embedded into the practice to continue to ensure patient safety.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. A monthly quality improvement meeting was held to discuss audits, significant events and other issues relating to the running of the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted there was an annual

Are services well-led?

Good 

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

team practice development planning day which all staff were involved with. There was a low staff turnover and high levels of staff morale within those members of staff we spoke to.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- One GP at the practice held a number of lead roles within the local CCG including Safeguarding, Dementia, Mental Health and Learning Disabilities.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met each month, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a new telephone system had been implemented following feedback from the PPG. A GP and the practice manager attended these meetings.
- The PPG had conducted a survey during a Saturday Flu clinic and received 400 responses.
- The Practice produced a quarterly newsletter, informing patients of important news and updates and also feeding back improvements made. Patients were encouraged to join the PPG and contact them or the practice directly with any issues or suggestions. This leaflet was available at the reception and on the practice website.

- The practice manager was a member of the local Patient Public Engagement group to represent local practice managers and provide feedback with other health care providers and members of the public.
- The nursing team had developed a 'smiley face' questionnaire to obtain patient feedback about NHS health check appointments.
- In response to recent survey results reception staff had received customer service training.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a 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.

One GP at the practice worked with the Macmillan service in the local area until 2013 and was the practice lead for end of life care. Following the Gold Standard Framework accreditation in 2012 the practice lead on a local initiative to co-ordinate primary care for patients living in care homes and aimed to reduce the number of inappropriate emergency hospital admissions for these patients. This pilot was rolled out across the CCG in November 2015. The pilot project had been successful and there were plans in place to develop this service for housebound patients.

The practice manager attended the local Practice Manager forum to share ideas and supportive documents. The practice had worked to develop and share a number of templates designed to capture important patient information. These were shared within the local CCG.

The practice was a training practice and provided support and mentorship to medical students and GP trainees at different stages of their learning.