

The Leys Health Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Requires improvement	
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 The Leys Health Centre on 24 February 2016. Overall the practice is rated as good, improvements are required in providing responsive services.

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.
- Medicines were managed safely.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- National data suggested patients received their care in line with national guidance.

- 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.
- Patients said they found it difficult to make an appointment with a GP.
- 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.
- Governance arrangements were in place for non-clinical aspects of the service.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We found one area of outstanding practice:

Summary of findings

- The practice considered and went beyond its contractual obligations in providing support to some of its most vulnerable patients. For example:
 - The practice had led on a scheme to provide mentoring to young patients (16-24) who were encountering social or personal problems, potentially at risk of developing mental health issues. The practice referred patients onto the project during the initial pilot in 2015 and this has been extended due to the feedback from those involved. Patients provided feedback and we were shown case studies where patients reflected positively on the scheme. Outcomes included better social contact, long term planning to meet needs and greater independence in tackling problems.
 - Staff worked with patients who they were aware had problems associated with poor housing conditions, including working with external organisations to try and improve these patients' physical and mental wellbeing.

- Staff identified that some patients did not find leaflets on their care and treatment easy to use. Therefore nurses developed pictorial guides along with written guidance on the practice leaflets for diabetes and asthma care.

The areas the provider must make improvements are:

- Ensure the appointment system and appointment availability enable patients to book appointments in a reasonable timeframe.

Areas the provider should make improvements:

- Ensure nurses are aware of the principles and requirements of the Mental Capacity Act 2005
- Review means to increase in the uptake of learning disability health checks.
- Identify how to promote better awareness of the bowel cancer screening to help increase uptake on the screening programme.

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 safety incidents occurred, investigations took place and any action to improve processes was undertaken 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.
- Medicines were managed in a way that kept patients safe.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services.

- The practice had a register of 59 patients with a learning disability and only 16 had a health check to date.
- There was training and guidance on consent including the Mental Capacity Act 2005 and obtaining consent from children. However, nurses were not all aware of the principles of the Act.
- National data showed patient outcomes were mostly similar to the average for the locality and higher than the national average.
- Staff assessed patients' 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 multidisciplinary teams 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 similarly or slightly below average in several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Patients said they found it difficult to make an appointment. The national GP survey showed very poor feedback regarding patient access to appointments. A new appointment system had been implemented in February 2015 but no comprehensive review of the system had taken place since, although this was planned.
- Practice staff reviewed the needs of its local population which experienced high deprivation and planned its services accordingly.
- The practice led on a local pilot to provide mentoring to young patients who were risk of developing mental health problems or had difficult social situations.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



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 this.
- There was a 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



Summary of findings

openness and honesty. The practice had systems in place for acting on notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice had not sought all the feedback from patients it could have in relation to the appointment system.

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 patients in its population.
- Care plans were available for patients deemed at high risk of unplanned admissions.
- Access for patients with limited mobility was good including for those with mobility scooters.
- There were named GPs for this group of patients.
- Screening for conditions which patients in this population group may be at risk of was provided, such as dementia

People with long term conditions

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

Good



- The practice followed guidance in the management of chronic diseases.
- Patients at risk of hospital admission were identified and had care plans written where appropriate.
- The practice achieved 97% on its quality outcomes framework scores (QOF) in 2015. QOF is a quality system to measure the performance and quality of patient care and treatment.
- The care of long term conditions was audited to identify where improvements in the management of a specific condition could be made.
- Longer appointments and home visits were available when needed.
- There was a process to offer a periodic structured review to check patients' health.
- There was monitoring of patients on long term medicines.
- 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.

Families, children and young people

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

Good



- The practice had led on a scheme to provide mentoring to young patients (16-24) who were encountering social or

Summary of findings

personal problems, potentially at risk of developing mental health issues. The practice referred patients onto the project during the initial pilot in 2015 and this has been extended due to the feedback from those involved.

- Local schemes which the practice participated in had reduced teenage pregnancy rates in the local area.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. Vaccinations given to under two year olds were 90% (regional average 90%) and for five year olds they were 85% (regional average 95%).
- Staff were aware of the circumstances and rights when gaining consent from patients under 16.
- Baby changing facilities were available.
- GPs worked with midwives and health visitors in the provision of care.

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).

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- The needs of the working age population, those recently retired and students had been identified.
- Extended hours appointments were available including on Saturday mornings. 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.
- Patient feedback on the availability of appointments from the national survey and on the day of inspection was poor.
- Phone consultations were offered to patients.
- Online appointment booking was available.

Good



People whose circumstances may make them vulnerable

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

- Learning disability health check figures were low.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for vulnerable patients.
- GPs regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Good



Summary of findings

- A mentoring scheme offered young people with social, emotional or potential mental health problems with support.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Staff worked with patients who they were aware had problems associated with poor housing conditions, including working with external organisations to try and improve these patients physical and mental wellbeing.
- Staff identified that some patients did not find leaflets on their care and treatment easy to use. Therefore nurses developed pictorial guides along with written guidance on the practice leaflets for diabetes and asthma care.

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).

- Performance for mental health related indicators was 96% compared to the CCG average of 95% and national average of 93%.
- 93% of patients eligible for a care plan had one in place and reviewed in 2015/16.
- During 2014/2015, there were 231 patients assessed for dementia with 14 diagnoses.
- 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 led on a scheme to provide mentoring to young patients (16-24) who were encountering social or personal problems, potentially at risk of developing mental health issues. The practice referred patients onto the project during the initial pilot in 2015 and this has been extended due to the feedback from those involved.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing poorly in terms of access but closer to average in terms of care. 401 survey forms were distributed and 116 were returned. This represented 1.1% of the practice's patient list.

- 85% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 78% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 88% said the nurse gave them enough time compared to the local average of 94% and national average of 92%.
- 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.
- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%
- 90% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 81% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 54% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 53% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 48% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%
- 55% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Only three Care Quality Commission comment cards were received from patients and they were positive about the service experienced. Most of the patients we spoke with told us the practice offered a quality service but they found it very difficult to use the appointment system and to book appointments. Patients told us staff were helpful, caring and treated them with dignity and respect.

The friends and family test was used at the practice and but only two responses had been received in the previous two months to the inspection. One patient said they would recommend the practice and one said they would not.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure the appointment system and appointment availability enable patients to book appointments in a reasonable timeframe.

Action the service **SHOULD** take to improve

- Ensure nurses are aware of the principles and requirements of the Mental Capacity Act 2005

- Review means to increase in the uptake of learning disability health checks.
- Identify how to promote better awareness of the bowel cancer screening to help increase uptake on the screening programme.

Outstanding practice

- The practice considered worked beyond its contractual obligations and clinical care in providing support to some its most vulnerable patients. For example:
 - The practice had led on a scheme to provide mentoring to young patients (16-24) who were encountering social or personal problems, potentially at risk of developing mental health issues. The practice referred patients onto the project during the initial pilot in 2015 and this has been extended due to the feedback from those involved. Patients provided feedback and we were shown case studies where patients reflected

positively on the scheme. Outcomes included better social contact, long term planning to meet needs and greater independence in tackling problems.

- Staff worked with patients who they were aware had problems associated with poor housing conditions, including working with external organisations to try and improve these patients physical and mental wellbeing.
- Staff identified that some patients did not find leaflets on their care and treatment easy to use. Therefore nurses developed pictorial guides along with written guidance on the practice leaflets for diabetes and asthma care.

The Leys Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a nurse specialist adviser and an Expert by Experience.

Background to The Leys Health Centre

The Leys Health Centre has a patient list of approximately 10700 patients. It is located in Blackbird Leys, Oxford. The patient list had a much higher proportion of young children than average and lower numbers of older patients. The local area was socially and economically deprived, ranked as in the third most deprived according national deprivation rankings (10 least deprived 1 most deprived). The practice is registered to provide services from: The Leys Health Centre, Dunnock Way, Oxford, Oxfordshire OX4 7EX.

There are seven GP partners at the practice and one salaried GP. There are seven female and 1 male GP. There are five female practice nurses and two healthcare assistants, plus phlebotomists. A number of administrative staff and a practice manager support the clinical team.

There are 6.1 whole time equivalent (WTE) GPs and three WTE nurses.

The practice was open between 8.30am and 6.00pm Monday to Friday and appointments were available during these times. During 8am to 8.30am and 6pm to 6.30pm an external provider covered the phones to provide patients with access to a clinician if required. Extended surgery hours were provided from 6.30pm to 8pm on Mondays and

8.30 to 10.30pm on Saturday mornings. When the practice was closed patients could access out of hours GP services by calling 111. This was clearly displayed on the practice's website.

The practice is registered for the correct regulated activities in relation to the services it provides and there is a registered manager in post.

This is a training practice and there was one GP in training working at the practice.

The Leys Health Centre was inspected in July 2014. We did not rate the practice and took no regulatory action.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 24 February 2016.

Detailed findings

During our visit we:

- Spoke with a range of staff including six GPs, three members of the nursing team, administrative staff and the practice manager.
- We spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Looked at records related to the management of the service.
- We spoke with the patient participation group.

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 incidents referred to as 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.
- Significant events were discussed at meetings and any action required disseminated to the relevant staff.
- The practice carried out a thorough analysis of the significant events.
- We found examples where significant events had led to changes in practice. For example, a medical emergency involving a baby, which was successfully dealt with, investigated and additional equipment was purchased to ensure the situation could be handled with greater efficiency if it occurred again.

National patient safety alerts were shared with relevant staff and action taken to ensure any risks identified were acted on. These were emailed to the appropriate GPs who decided on the necessary action.

When there were incidents which affected patient care patients received acknowledgement and an apology where necessary. They were also informed about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 safeguarding vulnerable adults and child safeguarding training relevant to their role. GPs were trained to child safeguarding level three and nurses to

safeguarding level two. Children at risk of abuse or harm were entered onto the computer record system and flagged to alert staff as well as family members of the at risk child.

- 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 check (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. A practice nurse was the infection control clinical lead who followed appropriate guidance. 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.
- The arrangements for managing medicines in the practice, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicine checks to ensure medicines were safely stored and within their expiry dates. Fridges used to store medicines were monitored appropriately. Prescription pads were securely stored and 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. Patient specific directives (PSDs) had been drafted to ensure vaccines and other medicines were administered in line with legislation and to replace any out of date PGDs.
- We reviewed four personnel files and found appropriate checks had been undertaken to ensure staff were safe to work with patients. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Equipment was calibrated in line with manufacturers' instructions. There was a programme of portable appliance testing in place.

Monitoring risks to patients

Are services safe?

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There were health and safety policies available for staff. There were a variety of other risk assessments in place to monitor safety of the premises such as fire and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that regular checks on the water system were undertaken in line with the risk assessment.
- The practice had up to date fire risk assessments and carried out regular fire drills. There were appropriate procedures for evacuation including signage and assembly points.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- There were panic alarms and an instant messaging system on the computers in consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There were medicines for the treatment of several medical emergencies including cardiac arrests and hypoglycaemia. All the medicines we checked were in date and fit for use. There was no emergency medicine stored which may be required by the practice due to procedures undertaken by staff. The practice had risk assessed which emergency medicines to store and had protocols in place to mitigate the risk of not having these medicines.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as loss of premises. The plan included emergency contact numbers for staff and external agencies. These contact details were available offsite also.

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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Nurses led on managing long term conditions. Patients with long term conditions were offered periodic reviews of their health based on national guidelines.

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% of the total number of points available compared to the CCG average of 97% and the national average of 94%. Exception reporting was 9.5% compared to the local average of 10% and the national average of 9%. (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). Meeting the local average (which is consistently higher in Oxfordshire than the national average) for patient outcomes indicated by QOF data was a challenge for the practice due to the demographic of its population; namely high levels of economic deprivation. This indicated the practice worked hard to ensure patients received quality care in line with national guidelines.

- Performance for diabetes related indicators was varied. The percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recommended levels was 80% the same as the national average. The percentage of patients with diabetes who had a blood pressure reading within recommended levels was 89% compared to the national average of 88%. Control of blood sugars in diabetics was 71% for the practice's patients compared to the national average of 78%.

- Performance for hypertension (high blood pressure) related indicators were 100% compared to the CCG average of 99% and national average of 98%.
- Performance for mental health related indicators was 96% compared to the CCG average of 95% and national average of 93%. 93% of patients eligible for a care plan had one in place and reviewed in 2015/16.

Clinical audits demonstrated quality improvement.

- There was a comprehensive programme of clinical audits undertaken. They were undertaken for a variety of reasons such as medicine alerts or where improvements to clinical care were identified as necessary.
- Staff told us audits were discussed at clinical team meetings to share learning and identify what action was needed to improve patient care. We saw examples of these discussions.
- Audits were repeated to identify if actions were being completed.
- There was an audit planner to determine when audits needed to be repeated and completed.
- We saw an audit on the care of patients with pre-diabetes (those who are beginning to show symptoms but not yet diagnosed with the condition) to determine if monitoring of their health was meeting national guidance. We saw that improvements had been identified since the first audit in June 2015 when repeated in February 2016. The audit was planned for a repeat in 2017.

The practice provided figures to us for patients on repeat prescriptions who had an up to date medicine review. This showed most patients were receiving medicines safely and receiving regular checks of their prescriptions.

- 89% on four or more repeat medicines had an up to date review.
- 88% had an up to date medicine review if they were on less than four repeat 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.

Are services effective?

(for example, treatment is effective)

- There was training provided to all staff including topics such 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.
- Clinical staff had protected time for learning and training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.

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 plans, medical records and test results. Information such as NHS patient information leaflets was also available. The practice used IT systems to share information effectively. For example, patients at risk of unplanned admissions to hospital who had care plans, benefitted from their plans being available to other services.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together with other health and social care services 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, such as when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- There were policies for obtaining consent. Staff understood relevant consent and decision-making requirements.

- There was training and guidance available to staff on the Mental Capacity Act 2005 (MCA). However, not all nursing staff had a clear understanding of the process they would follow when a patient may lack capacity to make a decision about their care.
- Staff understood the rights of children and young patients when obtaining consent to treatment.

Supporting patients to live healthier lives

The practice identified a wide range of patients who may be in need of extra support. This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example:

- Patients at risk of hospital admissions were offered care plans and the practice had supported 169 care plans.
- The practice provided support to smokers. The practice was able to identify that 164 patients had seen a clinician for smoking cessation advice and 40 had quit. There were likely to be more patients who received advice and were not recorded on the records system.
- There were 37 patients were on a palliative care register and most had care plans in place.

The practice undertook a programme of screening for health conditions:

- The practice's uptake for the cervical screening programme was 82%, which was the same as the national average of 82%.
- 41% of eligible patients were screened for bowel cancer compared to the CCG average of 59%.
- 64% of eligible patients had been screened for breast cancer compared to the CCG average of 75%.
- During 2014/2015, there were 231 patients assessed for dementia with 14 diagnoses.
- To encourage clinical staff to promote chlamydia testing the practice displayed the practice performance on testing among its patient population. 8% of patients eligible for chlamydia tests had received one.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. Vaccinations given to under two year olds were 90% (regional average 90%) and for five year olds they were 85% (regional average for under 24 months 90% and for under 5 year olds the regional average was 95%).

Are services effective?

(for example, treatment is effective)

Flu vaccination rates for at risk groups in 2015/16 to date were as follows:

- For over 65s was 75% compared to national average of 73%.

The practice had a register of 54 adult patients with a learning disability and 17 had a health check to date. The practice was aware this figure was low. They informed us that letters had been sent to remind patients and their carers to attend for a health check. Phone calls were also used to encourage uptake of the checks.

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 took phone calls away from the main reception desk to maintain privacy.

All of the three Care Quality Commission comment cards we received from patients were positive about the attitude of staff. All of the patients we spoke with told us the practice offered a caring service and that staff were helpful and treated them with dignity and respect.

Results from the national GP patient survey showed patients generally felt they were treated with compassion, dignity and respect. The practice was lower or similar to average for satisfaction scores on many aspects of care and consultations:

- 85% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 78% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 88% said the nurse gave them enough time compared to the local average of 94% and national average of 92%.

- 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed lower than average satisfaction compared local and national averages on questions regarding involvement in care. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 90% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 81% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 129 carers which was 1.2% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice contacted them. There was a counselling service available for patients.

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 planned delivery of its services based on the needs of this population. The patient list had a much higher proportion of young children than average and lower numbers of older patients. The local area was socially and economically deprived, ranked as in the third most deprived according national deprivation rankings (10 least deprived 1 most deprived).

- The practice had led on a scheme to provide mentoring to young patients (16-24) who were encountering social or personal problems, potentially at risk of developing mental health issues. The practice referred patients onto the project during the initial pilot in 2015 and this has been extended due to the feedback from those involved. Patients provided feedback and we were shown case studies where patients reflected positively on the scheme. Outcomes included better social contact, long term planning to meet needs and greater independence in tackling problems.
- Staff worked with patients who they were aware had problems associated with poor housing conditions, including working with external organisations to try and improve these patients physical and mental wellbeing.
- Staff identified that some patients did not find leaflets on their care and treatment easy to use. Therefore nurses developed pictorial guides along with written guidance on the practice leaflets for diabetes and asthma care.
- The practice encouraged patients to see their named GP where possible to encourage continuity of care.
- There were longer appointments available for patients with a learning disability or complex health problems.
- Home visits were available for any patients who would benefit from these.
- The premises were accessible for patients with limited mobility.
- There was a hearing aid loop available.
- There were same day appointment slots protected to enable any emergency appointments to take place.
- A phone translation service was available for any patients who had difficulty in using English.

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday and appointments were available during these times. During 8am to 8.30am and 6pm to 6.30pm an external provider covered the phones to provide patients with access to a clinician if required. Extended surgery hours were provided from 6.30pm to 8pm on Mondays and 8.30 to 10.30pm Saturday mornings.

All same day appointments were booked through a phone consultation service where patients would request an appointment and be called back by a duty GP. This system was introduced in February 2015 following an extensive communication campaign using local media. This was successful in making patients aware the system had changed, as there were very few patients trying to use the old system for same day appointments. This system followed an open book system where patients could previously attend and wait for an appointment.

Within the year after February 2015 there was a period of two months when there were technical difficulties with the phone lines making it difficult for patients to call the practice. This took time to identify and fix. However, on the day of the inspection patients we spoke with reported it was still very difficult to book appointments. Out of 19 patients we spoke with 14 said they could not make an appointment when they needed one and 13 told us they thought the appointment system was poor. They did report that they could see a GP of choice if they waited two to six weeks for appointments and that the practice was reasonably flexible in the times offered for appointments.

The GP national survey results returned poor results for the practice in January 2016 regarding access to appointments: 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 54% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 53% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 55% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

Are services responsive to people's needs?

(for example, to feedback?)

- 48% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

The partners and manager recognised there were problems for patients in booking appointments and had considered options to try and relieve pressure on GP appointments by training nurses to deal with minor illnesses, recruiting a prescriber (but this had not been possible to date) and had attempted but not been able to recruit another GP. To further improve phone access another receptionist had been employed. The partners regularly met over the last 18 months to identify improvements and increase the capacity of appointments, such as reducing individual learning times during working hours and amending the duty doctor system. The options were limited without being able to increase the number of clinicians who could see patients or without employing supporting roles such as a pharmacist. However, the recruitment of staff such as a pharmacist and other staff was still an option for the practice and would potentially improve the availability of appointments for patients. The practice had tried to gain feedback from patients to identify the specific issues with the appointment system. There was some positive feedback on practice's own comment cards initially after

the new system was introduced in 2015 but current feedback we received on the appointment system and from the national GP survey was very poor. The practice had not done all that was possible to communicate with patients about how changes to the appointment system could be made.

Online appointment booking was available and 1966 patients had registered for the service, but only 548 appointments were booked online in 2015.

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.
- We looked at complaints received in the last 12 months and complaints were acknowledged and responses were sent once investigations were completed. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.
- We saw that information was available to help patients understand the complaints system

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 vision to deliver high quality care and promote good outcomes for patients. The aims of the practice were displayed on its website. Staff were aware of the vision and involved in delivering it.

Governance arrangements

The practice had governance arrangements which supported the delivery of good quality care.

- There was an understanding of the performance of the practice through monitoring such as clinical audit. When concerns were identified they were acted on.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff and these were kept up to date.
- There were arrangements for identifying, recording and managing risks.

Leadership and culture

The partners in the practice supported staff. They included the practice managers in the running of the service. This enabled the practice managers to be proactive in implementing changes to non-clinical processes where required. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 acting on notifiable safety incidents

When safety incidents occurred:

- The practice gave information, investigation outcomes and an apology when required.
- Where investigations found concerns this led to changes in practice or learning outcomes for staff.

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

- Staff told us the practice held regular team meetings for all staff groups including nurses and reception staff.

- Daily meetings took place where any GPs discuss issues each other.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and focussed inspections. The PPG met regularly and we spoke with two members of the group. They told us they felt involved in the running of the practice, but could not suggest any areas they had made a direct influence to changes in the service.
- The practice had not undertaken a survey to review the appointment system since considerable changes were made in February 2015, but the practice manager told us they had this scheduled for early 2016..
- The friends and family test was used at the practice and but only two responses had been received in the previous two months to the inspection. One patient said they would recommend the practice and one said they would not.
- The practice had gathered feedback from staff through appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

Continuous improvement

There was ongoing review and consideration of the local population's needs and consideration of how to meet those needs. The practice worked towards holistic care

Are services well-led?

Good 

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

with patients who required additional support. This included working with patients who benefitted from mentoring, those who lived in poor housing conditions and patients who had poor literacy or could not read English.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality of the service. There was not sufficient action on feedback from service users in order to evaluate and improve services. This was specifically in relation to the appointment system and patient access to appointments.</p> <p>This was in breach of regulation 17(1)(2)(a)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	