Castlefields 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?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Castlefields Health Centre on 22 September 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 managed.
- Some areas of safety required review, including access to blank prescription pads left in printers overnight, and processing information in relation to planned safeguarding meetings. GPs did not always provide safeguarding reports for use at safeguarding meetings.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Work with diabetic patients was proactive and nurses were seen to be delivering improved results in the care and management of diabetic patients.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice worked with a number of community providers to deliver services to patients that met their needs, for example, Admiral Nurses who supported dementia patients and their carers.
- 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 there was continuity of care, with urgent appointments available the same day.
- The practice was responsive and had developed triaging systems to ensure that those patients needing to be seen by a GP on the day, were seen.
- 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.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The were areas where the provider should make improvements. The provider should:

- Improve access to the practice by telephone.
- Review the current arrangements for security of blank prescription pads;
- Ensure relevant staff understand procedures for production of safeguarding reports for safeguarding boards.
- Review all significant events annually to check for any trends or re-occurence of events and to promote learning.
- Minute practice clinical meetings to circulate content to those unable to attend.
- Share the findings of audits with the full clinical team and more widely to promote learning.
- Review patient specific directions to ensure these are up to date.
- Collate staff training records to ensure staff are up to date with training required for their role.

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?

Good

The practice is rated as requires improvement 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.
- We saw the practice reviewed systems following significant events, to increase patient safety; lessons learned were shared internally and externally.
- 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 processes and practices in place to keep patients safe and safeguarded from abuse. However, when we tracked notifications of safeguarding meetings, we found the practice had not always submitted reports for safeguarding review meetings when GPs were unable to attend. New processes for the management of requests for safeguarding reports from GPs had recently been put in place.
- Risks to patients were assessed and managed.
- The security of prescription pads needed reviewing. We saw that these were left in printers overnight and that cleaners had access to these rooms.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. We saw that all clinicians used audit effectively to drive improvements in the treatment of patients.
- Nurses were proactive in the management of patients with long term conditions and used the most up to date guidance to drive improvements in patient care.
- The practice had an Advanced Nurse Prescriber who lead on care of patients over 75. This had contributed to a reduction in unplanned admissions from this patient group.

Summary of findings

- 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.
- We saw evidence of strong joint working with community partners such as Social Care in Practice (SCIP) workers, and Admiral Nurses. This brought positive benefits to patients, particularly vulnerable patients, carers, young parents and infants.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients satisfaction with standards of care from the practice, was in line with scores for practices locally and nationally.
- The practice worked well with partner organisations that could make a difference to the lives of patients, for example, for those patients who were carers and for those parents raising children alone or with limited finances.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice organised and funded taxis for those patients who found it difficult to use public transport at peak travel times, for example, elderly patients who have no carer to accompany them.
- 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.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- In response to complaints from patients about not being able to secure same day appointments, GPs had manned phones before 11am and triaged these requests. This resulted in a system whereby those patients who needed to be seen on the day, were seen.
- 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.

Are services well-led?

Good

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.

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

Good

The practice is rated as good 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 was a member of the Dementia Action Alliance, which promoted initiatives aimed at ensuring that those who had contact with dementia patients had a good understanding of the challenges faced by people with dementia, and their carers.
- The practice arranged for and paid for taxis for those patients that would struggle to use public transport at peak times of the day, for example, more frail, older patients attending the practice without a carer.
- The practice had an Advance Nurse Prescriber whose primary role was the care of patients over 75 years of age. This nurse visited patients in their home setting including on discharge from hospital. We received positive feedback on the work of this nurse from patients and carers.

People with long term conditions

Good

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.
- Key performance indicators for the management and monitoring of treatment for patients with diabetes, were in line with or above local and national averages. Nurses demonstrated that they were pro-active in managing long term conditions and testing of patients early to spot potential onset of diabetes.
- 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.

Summary of findings

- 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

Good

The practice is rated as requires improvement 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.
- The practice were not able to demonstrate that they submitted reports for use at safeguarding review meetings, as required, when GPs were unable to attend these meetings. We were shown a system that had recently been introduced to manage this process more effectively in future.
- The practice had a specialist paediatric Advanced Nurse Prescriber, who would see all children under 11 years of age on the day, as required.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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, school nurses, well being officers and SCIP (social care in practice) officers.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Rates of cervical screening for women were in line with those achieved locally and nationally.

Summary of findings

- The practice had ceased to deliver extended hours surgeries in 2015 due to cost implications. Work was on-going to find an alternative way of providing extended hours surgeries for patients, that was more effective and sustainable.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including travellers and 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.
- The practice were unable to evidence that they met requests from local authority safeguarding teams, for reports for use in these meetings, when GPs were unable to attend. A new system to better manage requests for these reports had been introduced recently.

People experiencing poor mental health (including people with dementia)

Good

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

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  Care for patients experiencing poor mental health was good; 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records, within the past 12 months.
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- We saw evidence of the practice utilizing the services of partner organisations to help meet the day to day needs of dementia

patients and their carers, for example, by referring to Admiral Nurses who specialised in the care of dementia patients and who could offer practical advice and support to carers of relatives with dementia.

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. The practice issued 331 survey forms and 108 were returned. This represented the views of less than 1% of the practice's patient list.

- 53% of patients found it easy to get through to this practice by phone compared to the CCG average of 59%, national average 73%.
- 78% 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 82% and national average of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and national average of 85%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. We received a number of highly positive comments about the Older People's nurse, who conducted ward rounds at local care and nursing homes, as well as seeing patients in the surgery and in their own home. One staff member commented that it was their favourite practice to do locum work as the staff were so helpful and supportive.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Improve access to the practice by telephone.
- Review the current arrangements for security of blank prescription pads;
- Ensure relevant staff understand procedures for production of safeguarding reports for safeguarding boards.
- Review all significant events annually to check for any trends or re-occurrence of events and to promote learning.
- Minute practice clinical meetings to circulate content to those unable to attend.
- Share the findings of audits with the full clinical team and more widely to promote learning.
- Review patient specific directions to ensure these are up to date.
- Collate staff training records to ensure staff are up to date with training required for their role.

Castlefields 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 and a practice manager specialist adviser.

Background to Castlefields Health Centre

Castlefields Health Centre is located in a modern, purpose built facility, which was opened in May 2012, in the Castlefields area of Runcorn, Merseyside. The building is shared by other community health professionals such as midwives, health visitors, community matrons and other ancilliary health professionals.

The practice is run by a partnership of GPs. There are five GP partners, two male, three female, supported by four salaried GPs, three female and one male. The practice also has two advanced nurse prescribers, (both female), five practice nurses, (all female), four health care assistants (female) and two practice pharmacists who work as part of the NHS England clinical pharmacists pilot. The practice is a teaching practice, hosting GP registrars, medical students and student nurses. The practice also employs its own counsellor. The combined working hours of the GPs, including the Registrar GP gives 6.33 working time equivalent GPs, delivering 57 clinical sessions each week.

The practice administrative team is overseen by a practice manager who is supported by 12 reception, administrative and secretarial staff. This includes an apprentice administrator.

The practice is open between 8am and 6.30pm each week day. Each week, the practice provided:

- 625 pre-bookable face to face appointmentswith a GP, and 91 with an Advanced Nurse Prescriber (ANP).
- 122 pre-bookable telephone consultations with a GP and 20 with an ANP
- 768 pre-bookable nurse appointments each week
- 238 GP call back (triage) calls each week which helped allocate urgent, on the day GP appointments.

The practice does not offer any extended hours opening for patients. Patients ringing the practice in the out of hours period (when the surgery is closed) are diverted to the NHS 111 service. If patients are found to be in need of a GP, they are directed to the local out of hours service provider, Runcorn Out of Hours

The practice has approximately 12,000 patients and falls within an area of high socio-economic deprivation. Average life expectancy for males is three years lower than the England average, at 77 years, and for females is 80 years of age compared to the England average of 83 years of age.

The practice has not been inspected previously.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 September 2016.

During our visit we:

- Spoke with a range of staff including two GP partners, a GP Registrar, a practice nurse, the practice manager, two administrative staff and an apprentice and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Interviewed the practice patient participation group (PPG).

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.

Good

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 standard recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice distinguished between significant events and serious untoward incidents; serious untoward incidents were recorded on the National Reporting and Learning System NRLS).
- 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 significant events. We spoke about how this could be improved, to include an annual review of all significant events, to check for any themes or trends, and to support learning from incidents.

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, we saw how the practice had helped to raise awareness of a protocol for referring infants with respiratory problems, straight to a paediatrician at the local hospital. This protocol used NICE guidance alongside local contact details and arrangements to ensure that infants showing signs of respiratory impairment or distress, were seen by the appropriate specialist on arrival at hospital.

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. However GPs had not always submitted reports for use at these meetings. When we made further checks, we saw that for all patients on the safeguarding register, there had been 34 safeguarding meetings held by local authority safeguarding leads. The practice had only submitted 10 reports in response to these requests. The practice had recently implemented a new system to manage and track the production of reports more effectively.
- 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.
- Staff understood how to raise and report any safeguarding concerns.
- Staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, as were nurses and the advanced nurse prescribers.
- We noted that some training in safeguarding for administrative staff needed updating. All staff had previously received this training but refresher courses and updates were overdue.
- 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. One of the practice nurses 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.
- 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 security of blank prescription pads required review. We saw that these were left in printers in the clinicians rooms, overnight. Although doors to these rooms were locked, cleaners had access to the rooms.
- 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.
- The practice had two nurses who were Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. Both received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a Patient Secific Prescription or Direction from a prescriber. Some of these required review to ensure they were updated appropriately.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Although the practice had satisfied itself that locum agencies that were used had conducted all required checks on locum GPs supplied, we asked the practice to review its policy on holding copies of these checks, for future reference and to allow better compliance with regulations on holding records on persons employed by the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. We saw that following updates for staff on fire safety and fire evacuation exercises, action points were set and followed up.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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; the instance of locum use had dropped considerably and the practice was in a position were the majority of planned absences of GPs could be covered by colleagues at the practice.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Good

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 audits and random sample checks of patient records. For example, we saw examples of updated guidance on the treatment of patients with Vitamin B and how this had been discussed and shared amongst all clinicians at the practice.

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 showed the practice achieved 99% of the total number of points available. We noted that the rate of exception reporting for the practice was, in some cases, in line with local and national averages, but mostly significantly below local and national averages. (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).

For the practice, overall exception reporting rates in clinical domains were 6%, compared to the CCG average of 10% and national rate 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).This means that the practice is including almost all of the eligible practice population for relative screenings, testings and treatments.

Data showed the practice was a higher than expected prescriber of hypnotics. (Hypnotics are a group of medicines that can be addictive). Audit by the practice showed that the majority of medicines in this group were prescribed to older patients, and in most cases, were part of a treatment programme, for example, in the case of recovering drug users. Also, audit showed that the practice did not initiate prescription of these medicines.

This practice was not an outlier for any QOF clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was in line with or better than the national average. For example:
- The percentage of patients with diabetes on the register, in whom the last IFCC-HbA1c is 64mmol/mol or less in the preceding 12 months was 74%, compared with the CCG average of 79% and national average of 78%.
- The percentage of patients with diabetes on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 87%, compared to the CCG average of 79% and national average of 78%.
- The percentage of patients with diabetes on the register, who had received an influenza immunisation in the preceding 1 August to 31 March was 99%, compared to the CCG average of 96% and national average of 94%.
- The percentage of patients with diabetes on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 83% compared to the CCG average of 82% and national average of 81%.
- The percentage of patients with diabetes on the register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to the CCG average of 86% and national average of 88%.

  Performance for mental health related indicators was in line with or slightly better than CCG and national averages. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records, in the preceding 12 months was 92% compared to the CCG average of 92% and national average of 88%.

Good

Are services effective?

(for example, treatment is effective)

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the past 12 months was 93% compared to the CCG average of 92% and national average of 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 99%, compared to the CCG average of 82% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been fiveclinical audits completed in the last two years and allof these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, screening patients for signs of impaired glucose regulation (IGR), which can be a pre-cursor to diabetes. By identifying these patients early through testing for IGR, and offering diet and lifestyle advice, 238 patients (38%) of those tested, had reverted back to normal glucose regulation.

Information about patients' outcomes was used to make improvements such as a dedicated nurse prescriber for the care of patients over 75 years of age. One of the practice partners led the CCG initiatives on care of over 75s. This nurse managed the care of patients with multiple health needs in a community setting (i.e. their own home or in a care home). This work had contributed to a CCG wide reduction in unplanned admissions of patients from this group. It also assisted in the effective and safe management of discharge of patients from hospital, who would need a medicines review to take account new medicines prescribed by the hospital.

The practice had been succesfull in reducing the amount of antibiotics it prescribed, both in terms of CCG averages and national averages. Figures from the CCG Quality Premium Scheme (a scheme that rewards CCG's for improvements in the services they commission, for example, in prescribing) showed that overall prescribing of antibiotics by the practice had fallen to levels below other local practices by June 2016, and that prescriptions of other antibiotics such as cephalosporins and quinolones as a percentage of the total number of antibiotics prescribed had also fell to levels below national and local averages.

Effective staffing

Staff had the skills 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 had a locum pack for use by any locum GPs or nurses, which gave succinct information on how to access and order a scan and details of referral pathways for patients.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, the annual vaccination update course for all nurses and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that some training had not been delivered and had not been scheduled for staff. This appeared to be due to the practice manager not having fully collated training folders for all staff, to enable a better view of which staff required refresher training and when. We were given assurances that this would be arranged immediately.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work, for example, through various e-learning modules. We did see that staff such as nurses, GPs and Registrars had ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidation.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: fire safety awareness, basic life support and information governance.
- Safeguarding training required the addition of a set protocol on handling requests for reports for safeguarding meetings, which staff were familiar with and understood. 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.

- < >taff 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 to the relevant service.
- The practice referred patients to a well-being officer who visited the practice on a regular basis.We spoke patients with had experience of these services and commented on how they had utilised them to increase their feeling of health and well-being. For example we saw how one patient had received a session of music lessons and from this had formed a performing group that visited care homes where they entertained residents.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 81% 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 ensuring that a female sample taker was available and by offering appointments for this at any time during the day. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 98%, CCG average range 76% to 97%, national average range 73% to 90%. Immunisation rates for five year olds were comparable with CCG averages but lower than national averages. For example, immunisations for children under five ranged from from 74% to 97%, compared to the CCG average range of 72% to 98%, and national average range of 81% to 95%. .

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Good

Are services effective?

(for example, treatment is effective)

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.

Information from the 'Joint Strategic Needs Assessment – A Comparison of Practice Profiles' (JSNA) showed the practice performed well in identifying patients with possible signs of cancer. For example, the two week referral rate for the practice of 2,197 per 100,000 patients was lower than the CCG rate of 2,776 per 100,000 and similar to the England average of 2,166 per 100,000. However, the percentage of all two week referrals that were subsequently diagnosed with cancer (the conversion rate) was 13.5%. This was higher than the CCG average of 8.1% and the England average of 10%. Added to this, the proportion of new cancer cases treated that were referred through the two week wait route (detection rate) was 64.8%. This was higher than the CCG average of 46.7% and the England average of 47.7%. Effectively, this meant that practice appear to be good at picking up on early signs of cancer in patients and that these patients are referred for further testing without delay.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members 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 patients 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 performance was largely in line with that of CCG and national averages, although there were a small number of areas were satisfaction scores were lower than CCG and national averages. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 86% of patients 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%.
- 96% of patients 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 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% 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. We particularly noted that feedback for care of patients over 75 was highly positive, both from patients and their carers.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 81% 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%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Good

Are services caring?

- A hearing loop facility was available for patients with impaired hearing.

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 had produced a standard letter to give to patients who had been referred to specialists under the 'two week wait' rule. This explained this referral process and encouraged patients to attend their appointment with the specialist. The letter gave some basic reassurances and acknowledged that this would be a worrying time for patients. Details of helplines and websites were also included, for example, the freephone numbers for Macmillan nurses and their website address.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 322 patients as carers which is 2.5% of the practice list. Written information was available to direct carers to the various avenues of support available to them. We saw several positive examples of how carers had been helped by the CCG funded SCIP worker; this included carers being offered respite breaks, occupational therapist assessment for the patient being cared for to better provide for the patient's needs, and in some cases, help with claiming state benefits designed to support unpaid carers of patient's with long term debilitating conditions.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had an Advanced Nurse Prescriber whose area of specialism was in paediatric care. This enabled the practice to see all children that needed to be seen urgently, on the same day.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. All children that needed to be seen on the day, would be seen on the day.
- The practice had a nurse prescriber that lead on care for patients over 75 years of age, seeing these patients in clinics at the practice and visiting them in their home.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. The practice premises were fully accessible for patients with limited mobility.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from as early as 8.10am each morning until 12.20pm and in the afternoon from 2.30pm to 6pm. In addition to pre-bookable appointments that could be booked up to four 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 was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 79%. However,
- 53% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

In the days following the inspection, we rang the practice several times, at different times during the day. On each occasion we found it very difficult to get through to the practice. When we asked about steps to address this, we were told the practice was waiting on a decision from the CCG on an upgrade to the current telephone system. We could see the practice had acted on feedback from their own patient satisfaction survey, conducted in 2015. For example, we were told patients had objected to getting through to the surgery only to be put on hold, which meant they were paying for the cost of being kept on hold. As a result of this feedback, the phone system now rings when a patient calls, until a staff member is available to answer. In 2015, 39% of patients said they found it difficult to get through to the practice by phone; in 2016 this figure was 15% which shows some improvement.

We reviewed the results of the practice Friends and Family Test, from January 2016 to September 2016. In total, 2,641 patients had completed the test; of those 1,856 or 70% said they were either likely or very likely to recommend the practice to their friends and family. Two hundred and seventy four patients or 10% said they were either unlikely or very unlikely to recommend the practice to their friends and family. Although this is not a full year of results, the results are less favourable than in 2015, when 85% of patients said they were either highly likely or likely to recommend the practice to family and friends. The practice had not taken steps to find out why these patient satisfaction results had dropped.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

On the day of inspection we saw how the system of telephone triage by GPs each morning worked in the allocation of 'on the day' appointments. There was a protocol in place to handle requests for home visits.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Requests received for home visits in the morning were reviewed by the duty GP and patients were visited between 12pm and 3pm. Any requests for home visits received later in the day were managed by the duty GP. We saw all requests for home visits were recorded.

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. If any complaint involved this person, a GP partner would handle the complaint.
- We saw that information was available to help patients understand the complaints system for example, in the practice reception and waiting areas and on the practice website.

We looked at six complaints received in the last 12 months and found all were dealt with in line with the complaints policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, we saw how the practice had helped to raise the awareness of the protocol for referring any infant with respiratory difficulties to hospital; by identifying the appropriate clinician the infant should be seen by (or one of their specialist colleagues) the treatment for the infant could be delivered quickly.

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 s high quality personalised service, provided by a caring team.

- The practice vision was communicated to all staff. Staff understood the values and goals of the practice.
- There was a robust strategy and supporting business plans in place which reflected the vision and values and these were regularly reviewed and monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An 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 for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months.
- 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 engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG were involved in providing patient insight on the structure of extended hours surgeries, which the practice was planning to re-introduce but as a service provided through a federation of GPs in the locality.
- 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

Are services well-led?

Good

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

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. The work of the practice GPs in triaging requests for same day appointments had had a positive impact; PPG members told us that patients appreciated being called back by a GP to review their needs and to advise on the urgency of that need. There was also some anecdotal evidence that this had also changed patient behaviour. For example, use of walk in centres in the area had increased, whilst attendance of patients at local accident and emergency units had decreased.