Branch Surgery

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 Branch Surgery (Wick Health Centre) on 19 January 2017. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.

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 good for providing safe services.

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

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 mostly at or above average when compared to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the last 12 months was 150/90mm Hg or less was 90% compared to the CCG average of 88% and the national average of 84%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for consultations with GPs and nurses but lower than others for aspects of planning and making decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- Text message appointment reminders were sent to patients and arrangements were also in place to send reminders to carers or next-of-kin where patients had been assessed at being of high risk of missing an appointment because of memory loss.

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. For instance, longer appointments were offered to patients newly diagnosed with long term conditions and patients with mental health conditions.
- The practice was located in an area of particular deprivation and the practice had arranged fortnightly clinics with a Welfare Advisor who could provide confidential advice on matters such as benefits, tax credits,money and debt, education opportunities, housing and healthy leaving and Exercise programmes.
- 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 vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.
- Housebound patients were provided with a quarterly home visits as a matter of routine.
- The practice worked closely with other community health services to help patients at risk of unplanned or avoidable hospital admissions to be treated in their own homes.

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.
- Performance against indicators for diabetes care was in line with local and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 72% compared to the
- The practice provided a weekly clinic led by a diabetic nurse specialist and fortnightly clinics with a dietician with a special interest in diabetes.
- Longer appointments and home visits were available when needed.
- Patients had a structured annual review to check their health and medicines needs were being met. The practice held multi disease management clinics for those patients with the most complex needs, and 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 good for the care of families, children and young people.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were 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.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice was an active participant in a programme to promote better sexual health amongst young people and provided confidential contraceptive advice and access to chlamydia testing kits for all young people aged under 25 including those who were not registered at the practice.

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 reflects the needs for this age group.
- The practice offered telephone consultations should they be required as well as follow up.
- NHS health checks offered for patients aged 40 to 74.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

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

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).

- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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. A total of 362 survey forms were distributed and 100 were returned. This represented 2% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 74% 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 75% and the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 74% 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 80% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards all of which included positive comments about the standard of care received. Comments reflected that patients trusted staff at the practice, felt the service was easily accessible and were provided with continuity of care.

Areas for improvement

Action the service SHOULD take to improve

- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.

Branch Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Branch Surgery

The Branch Surgery (Wick Health Centre) is located in the East London Borough of Hackney within the NHS City and Hackney Clinical Commissioning Group (CCG). The practice is also a member of One Network, a CCG sub-group of eight GP practices in the local area. Services are provided under a General Medical Services (GMS) contract with NHS England. A GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice has a main surgery which is located approximately 10 minutes' drive or a 20 minute walk away. The patient list of 5,800 is managed between the main surgery (Wick Health Centre) and the branch site (Branch Surgery).

Information published by Public Health England indicates the practice is located in the most deprived areas in England. This information also shows that Income Deprivation Affecting Older People (IDAOPI) is 45% and is higher than the CCG average of 41% and the national average of 16%. Income Deprivation Affecting Children (IDACI) is 42% (CCG average 32%, national average 20%). At 77 years, male life expectancy is lower than the England average of 79 years; and at 81 years, female life expectancy is lower than the England average of 83 years.

There are currently two male GP partners, one of whom works full time and one part time. There are two female part time salaried GPs and one long term part time male locum GP. The practice provides a total of 30 GP sessions per week. The clinical team is completed by a part-time practice nurse, a part-time trainee practice nurse and a one health care assistant who is also trained as a phlebotomist (phlebotomists are specialist healthcare assistants who take blood samples from patients for testing in laboratories). There is also a practice manager and five administrative and reception staff.

The practice is registered with the Care Quality Commission to provide the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, diagnostic and screening procedures.

The opening hours for the surgery are:

Monday 9:30am to 11.45am and 6pm to 7:30pm

Tuesday 9:30am to 11.45am and 6pm to 7:30pm

Wednesday 9:30am to 11.45am and 6pm to 7:30pm

Thursday 9:30am to 11.45am

Friday 9:30am to 12:00pm and 6pm to 7:30pm

Saturday Closed

Sunday Closed

Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to four weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

Detailed findings

The practice provided out of hours services (OOH) services by a nominated provider. The details of how to access the OOH service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

The practice provides a wide range of services including clinics for diabetes, weight control, asthma, contraception and child health care and also provides a travel vaccination clinic. The practice also provides health promotion services including a flu vaccination programme and cervical screening. The practice teaches medical students from a local university hospital.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This was the first inspection for the practice.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 January 2017.

During our visit we:

- Spoke with a range of staff including the lead GP, practice manager and members of the administration team. We also spoke with representatives of a range of community health providers including the Well Consortium and One Network and with patients who used the service.
- Observed how patients were being cared for 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.

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 recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had recorded 11 significant events in the previous twelve months. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a record of an incident when an urgent patient referral to a specialist clinic was rejected because the referring clinician had used an incorrect online referral form. As a result of the rejection, there was a delay in arranging the appointment. The practice had reviewed the incident and identified that the referral proforma pack used by the practice was out of date and did not include the referrals required by the specialist clinic. The practice had updated its range of online forms and had ensured that GPs were informed of the new forms and an entry had been made in the locum GP pack to reflect the change. The practice had also put in place a process to ensure that all referrals made by GPs had been received and actioned.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. The practice nurse and trainee practice nurse had been trained to level 2. Administration staff had been trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. One member of the practice management team had received external chaperone training and had subsequently trained other staff who acted as chaperones although the practice had not kept records of when this training had taken place. Staff we spoke with were able to recall the training and could describe how to carry out the role properly. All staff who carried out this role had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSDs) or direction from a prescriber. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed five 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.

Monitoring risks to patients

We looked at how risks to patients were assessed and 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. 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.

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 medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held off-site by several members of the practice management team.

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. We saw a schedule of all alerts received in the previous twelve months which included details of how these had been distributed by the practice management and any actions taken as a result.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 97% of the total number of points available

This practice was not an outlier for any QOF (or other national) clinical targets and practice exception reporting rates were in line with 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. Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the national average. For instance, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 72% compared to the CCG average of 79% and national average of 78% (exception reporting rate 4%).
- Performance for mental health related indicators was comparable to the national average. For example, 87% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record compared to the CCG average of 85% and national average of 88% (exception reporting rate 12%).
- Performance for hypertension related indicators was comparable the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 90% compared to the CCG average of 88% and the national average of 84% (exception reporting rate 2%).
- Outcomes for patients with asthma were above CCG and national averages. For instance, 89% had had an asthma review in the preceding 12 months using a nationally recognised assessment tool compared to the CCG average of 82% and the national average of 75% (exception reporting rate 1%).

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits undertaken in the last two years. Two of these were completed two cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Findings were used by the practice to improve services. For example, in October 2015, the practice had recognised that although its antibiotic prescribing was within national guidelines, it was higher than the local CCG average and had undertaken an audit of antibiotic prescribing. During the first cycle of the audit, GPs reviewed consultation notes where antibiotics had been prescribed. This review had found that for 38% of the sample, a prescription was inappropriate based on symptoms or could have been delayed to see if the condition was self-limiting. Following this audit, the practice had sought the advice of the local prescribing advisor who had given a presentation describing current guidelines around antibiotic prescribing. The practice had undertaken a second audit cycle in October 2016 and had identified that the level of inappropriate prescribing had been reduced by 8%.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering 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 and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs although some annual staff appraisals were now overdue. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice was also a member of the One Network, one of six CCG locality groups. The consortium consisted of eight GP practices in the local area and was responsible for commissioning and coordinating services at a local level. We spoke with a representative of the consortium who told us that they found the practice to be highly effective communicators who were quick to refer patients when they needed extra support. For instance, we were told that the practice had been closely involved in establishing referral pathways with other practices so that services such as minor surgery or ear, nose and throat could be provided locally.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation.
- Smoking cessation advice was available from a local support group.

Good

Are services effective?

(for example, treatment is effective)

- A specialist diabetes dietician held fortnightly clinics at the surgery and a specialist diabetes nurse visited weekly.
- Information about sexual health was available at the practice along with Chlamydia screening packs. When a patient was diagnosed with a sexually transmitted infection (STI) the practice would offer to undertake contact tracing so that existing or previous sexual partners were made aware they should be tested for STI.

The practice's uptake for the cervical screening programme was 76%, which was lower 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 using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 96% (national averages 73% to 95%) and five year olds from 82% to 98% (national averages 81% to 95%).

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

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 20 patient Care Quality Commission comment cards we received were positive comments 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 three 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 they needed help and provided support when required.

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

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded less 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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 89%.

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

Good

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. A number of languages were spoken by staff at the practice in addition to English and a Turkish-speaking interpreter regularly attended the practice.
- Information leaflets were available in easy read format.
- We saw information in the waiting area which outlined the practices responsibility to monitor and report concerns around female genital mutilation.
- Information about domestic violence was provided in five locally prevalent languages and this was displayed in toilet cubicles where it could be read in privacy.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers (less than 1% of the practice list). The register of carers was being used to target support to meet their needs, for example carers were offered an annual flu vaccination as a priority. 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, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

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.

- There were longer appointments available for patients with a learning disability.
- Longer appointments were offered to patients newly diagnosed with long term conditions and patients with mental health conditions.
- Thirty minute 'Time To Talk' appointments were offered to patients newly diagnosed with cancer and those with two or more co-morbidities (comorbidityis the presence of additional conditions with the initially diagnosed illness).
- Text message appointment reminders were sent to patients. Following a previous significant event, arrangements had also been put in place to send reminders and make 'on the day reminder telephone calls' to carers or next-of-kin for patients who were likely to forget appointments even though they had been reminded directly.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- All house bound patients received a quarterly visit from a GP as a matter of routine.
- Same day appointments were available for children aged under 5 years, people aged over 75 years and those patients with medical problems that require same day consultation.
- The practice was located in an area of particular deprivation and the practice had arranged fortnightly clinics with a Welfare Advisor who could provide confidential advice on matters such as benefits, tax credits,money and debt, education opportunities, housing and healthy leaving and exercise programmes.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was also a certified yellow fever centre.
- There were disabled facilities and interpreter services available.
- The practice was located in an area with a higher than average occurrence of unplanned pregnancies and participated in a scheme to promote sexual health amongst younger people. The surgery was one of the locations at which people aged under 25 could receive confidential contraceptive advice and have access to a range of contraception including emergency contraception.
- Patients who were homeless could register using the practice address.
- GPs provided daily telephone appointments for patients who were unable to attend in person or who were unsure if their condition required a visit in person.

Access to the service

The practice opening hours were:

Monday 9:30am to 11.45am and 6pm to 7:30pm

Tuesday 9:30am to 11.45am and 6pm to 7:30pm

Wednesday 9:30am to 11.45am and 6pm to 7:30pm

Thursday 9:30am to 11.45am

Friday 9:30am to 12:00pm and 6pm to 7:30pm

Saturday Closed

Sunday Closed

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We looked at the practice diary and saw that urgent appointment slots were still available for the following day and routine appointments with named GPs and the practice nurse were available within one week.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- The practices 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. Complaints which were about clinical issues were handled by the lead GP; non-clinical complaints were managed by the practice manager.
- We saw that information was available to help patients understand the complaints system.

The practice told us they had received seven complaints in the last 12 months. We looked at three of these complaints and found that these were handled in line with the practice complaints policy. Each was properly investigated and a written response provided in a timely manner as well as an apology when this was appropriate. For example, we saw one record where a patient had complained about the manner in which a member of staff had spoken to them over the telephone. The practice had spoken with the member of staff involved and had reminded them of the need to be compassionate when dealing with patients.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a value statement which had been shared with and was understood by staff.
- The practice was aware of the challenges facing the practice and had strategies to manage these challenges in ways that reflected the values of the practice although the plans to support the strategies were not always structured in a formal way.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The practice 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. 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.
- 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, following poor satisfaction results in a previous national GP survey, the PPG had helped the practice to review the quality of the telephone service at the surgery and had helped to deliver an improvement plan. In the subsequent survey, satisfaction with the telephone service rose from 40% to 76%.
- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would

Are services well-led?

Good

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

not hesitate to give feedback and discuss any concerns or issues with colleagues and management told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice was proactive in participating in local initiatives and pilot programmes. For instance, the practice was an enthusiastic participant in the One Network programme to improve the co-ordination of services for patients who were more vulnerable and those at higher risk of unplanned or avoidable hospital admissions.