

Jubilee Medical 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

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Overall summary

Letter from the Chief Inspector of General Practice

This is the report from our inspection of Jubilee Medical Centre. Jubilee Medical Centre is registered with the Care Quality Commission to provide primary care services.

We undertook a planned, comprehensive inspection on the 28 October 2014 at Jubilee Medical Centre. We reviewed information we held about the service and spoke with patients, GPs, and staff.

The practice was rated as Good overall.

Our key findings were as follows:

- There were systems in place to mitigate safety risks. The premises were clean and tidy. Systems were in place to ensure medication including vaccines were appropriately stored and in date.

- Patients had their needs assessed in line with current guidance and the practice promoted health education to empower patients to live healthier lives.
- Feedback from patients and observations throughout our inspection highlighted the staff were kind, caring and helpful.
- The practice was responsive and acted on patient complaints and feedback.
- The practice was well led. The staff worked well together as a team and had regular staff meetings and training.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. The practice had systems in place for monitoring safety and learning from incidents and safety alerts to prevent reoccurrences. For example the practice had a system in place to ensure learning from incidents was shared across all staff groups through practice meetings, clinical meetings and protected learning time.

The majority of staff had received safeguarding training and staff we spoke with were aware of the safeguarding vulnerable adults and children policies and procedures in place. The practice had a GP lead for safeguarding who liaised with other agencies when necessary.

There were systems in place to ensure medication including vaccines, were safely stored and in date.

The practice was clean and tidy. All equipment was regularly maintained to ensure it was safe to use.

The practice had emergency medication available including oxygen and a defibrillator suitable for children and adults.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs was being identified and planned from their appraisals. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patients also said that the staff were compassionate and thoughtful when they had experienced a bereavement. There was accessible information to ensure patients understood the services available. We observed that patients were treated with kindness and respect.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. We found that the practice had sought ways to improve their service for their local population and had acted on suggestions made by patients both individually and through the Patient Participation Group (PPG) .

There was an appointment system in place whereby patients who contacted the practice before 3pm were offered a same day appointment. Those patients who required an urgent appointment were contacted by a GP within an hour and if appropriate offered an appointment.

Children were always offered same day appointments for urgent care. The practice carried out telephone consultations and home visits when necessary.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. The practice staff worked well together as a team and strove to always improve their systems of care by having a wide range of staff meetings.

Good



Summary of findings

The six population groups and what we found

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

Older people

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. The practice kept a register of those patients 75 and over which was regularly updated and the practice offered a named GP for these patients in line with the new GP regulations. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The practice held Gold Standard Framework meetings to discuss patients who required palliative care with other health care professionals to ensure patients received 'joined up' care appropriate to their needs.

Immunisations such as the flu and shingles vaccinations were offered to older patients and the Quality and Outcomes Framework (QOF) information indicated the percentage of patients aged 65 and older who had received such vaccination was higher than the national average.

Good



People with long term conditions

There were registers of patients with long term conditions which enabled the practice to monitor and arrange appropriate medication reviews. The practice nurses looked after patients with long term conditions such as diabetes and liaised with the GPs to ensure where necessary appropriate reviews of care and risk were carried out.

The practice used the Quality and Outcomes Framework to monitor patient outcomes and worked on local initiatives.

The practice sent the out of hours service a weekly report of priority patients, for example, those that had a serious long term condition or terminal illness that may require help over a weekend or bank holiday.

Good



Families, children and young people

The practice had a community midwife who attended the practice once a week. The practice had a system in place for flagging up those children who had not received their vaccinations and the practice encouraged follow up visits.

Good



Summary of findings

The practice had child safeguarding policies and procedures in place and the majority of the staff had received updated training. There were systems in place to ensure that those children at greater risk were monitored appropriately.

Comments from patients demonstrated that the practice had systems in place to ensure that children requiring urgent consultations were seen when necessary. There were appointments made available for children and young people outside of school and college core hours.

Working age people (including those recently retired and students)

All patients were offered referrals to hospitals through the choose and book system.

The practice had a variety of extended opening hour times for pre-bookable evening appointments with the GP or practice nurse to accommodate those patients who could not attend the practice during normal working hours.

The practice offered an online booking system for appointments and ordering of repeat prescriptions. The practice had recently introduced on line access to medical records.

The practice also operated NHS health checks for patients between 40-74 years of age.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including housebound patients and those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability to enable more time to discuss treatment options.

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

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice maintained a register of patients who experienced mental health problems. The register was used by clinical staff to offer patients an annual health check and medication review.

The practice kept a separate registers for long term conditions including patients with dementia and depression. The practice liaised with other health and social care services to ensure patients received appropriate care and support.

Good



Summary of findings

What people who use the service say

As part of our inspection process, we asked for CQC comment cards for patients to be completed prior to our inspection.

We received 19 comment cards and spoke with 10 patients. All comments received indicated that patients found the reception staff helpful, caring, polite and the majority described their care as excellent.

For the practice, our findings were in line with results received from the national GP patient survey. For example, the latest national GP patient survey results showed that in July 2014, 94% of patients described their overall experience of this surgery as good (from 123 responses) and 94% found the receptionists helpful

which is higher than the national average. 94% of patients found it easy to get through to the practice by phone and only 64% felt they don't normally have to wait too long to be seen which is lower than the national average.

Results from the national GP patient survey also showed that 91% of patients said the last GP they saw or spoke to was good at treating them with care and concern and 92% said the last GP they saw or spoke to was good at listening to them which is much higher than the national averages. 94% say the last nurse they saw or spoke to was good at treating them with care and concern.

Jubilee Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector and the team included a GP specialist advisor and a practice manager specialist advisor.

Background to Jubilee Medical Centre

Jubilee Medical Centre is located in the Croxteth area of Liverpool which is one of the most deprived areas of the country. There were approximately 7766 patients registered at the practice at the time of our inspection. The practice treated all age groups but there was a larger than average proportion of patients 18 years and under.

The practice has five GP partners (two male and three female), two salaried GPs, one advanced nurse practitioner and three practice nurses, a health care assistant, Practice Manager, Assistant Practice Manager, reception and administration staff. The practice is open 8.00am to 6.30pm Monday to Friday and offers extended evening opening hours two days per week for GP and nurse appointments. There was an appointment system in place whereby patients who contacted the practice before 3pm were offered a same day appointment. Those patients who required an urgent appointment were contacted by a GP within an hour and if appropriate offered an appointment. Patients requiring a GP outside of normal working hours were automatically transferred to the external out of hours service provider (Urgent Care 24)

The practice has a GMS contract and also offers enhanced services for example; various immunisation and learning disabilities health check schemes.

The CQC intelligent monitoring placed the practice in band six. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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?

Detailed findings

- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders

to share what they knew about the practice. We also reviewed policies, procedures and other information the Practice Manager for Jubilee Medical Centre provided before the inspection day. There were no areas of risk identified across the five key question areas. We carried out an announced visit on 28 October 2014.

We spoke with a range of staff including three of GPs, two practice nurses, reception staff, administration staff and the Practice Manager on the day. We sought views from patients and representatives of the patient participation group and looked at comment cards and reviewed survey information.

Are services safe?

Our findings

Safe Track Record

The Practice had a system in place for reporting, recording and monitoring significant events and information from complaints. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via the practice's computers. The practice carried out an analysis of these significant events and this also formed part of GPs' individual revalidation process.

Learning and improvement from safety incidents

We viewed written reports of incidents and significant events analysis, which detailed the investigations (root cause analysis) undertaken and the learning outcomes identified. Minutes from weekly and monthly staff meetings clearly demonstrated that discussions about any incidents took place. We looked at three incidents that had occurred and found appropriate actions had been taken and new procedures had been implemented to reduce the risk of incidents happening again. For example an adult safeguarding referral was discussed to ensure learning across the whole practice.

Any information with regards to national patient safety alerts or from the Medicines and Healthcare products Regulatory Agency (MHRA) was collected. Information was then cascaded to the appropriate staff members. For example we could see the alert regarding the Ebola outbreak in Africa had been actioned.

Reliable safety systems and processes including safeguarding

The practice had safeguarding vulnerable adults and children policies in place which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. In addition there were contact numbers displayed in the consultation and treatment rooms and also in the administration office. There was a GP lead for safeguarding. The majority of staff had received training at a level suitable to their role, for example the GP lead had level three training. The Practice Manager told us the safeguarding training was an online course and that he would ensure all staff completed this training as a matter of urgency.

The practice had a computer system for patients' notes and there were alerts on a patient's record if they were at risk (for example from domestic violence) or subject to protection.

A chaperone policy was available on the practice's computer system. Practice nurses and some administration and reception staff acted as chaperones if required. A notice was in the waiting room to advise patients the service was available should they need it. We noted there was no formal risk assessment in place detailing the reason why the practice had not carried out Disclosure and Barring Scheme (DBS) checks on those administration and reception staff who carried out chaperoning duties. The Practice Manager told us he would carry out the risk assessments as a matter of urgency.

Medicines Management

The practice had fridges for the storage of vaccines. The practice nurses took responsibility for the stock controls and fridge temperatures. We looked at a sample of vaccinations and found them to be in date. There was a cold chain policy in place and fridge temperatures were checked daily. Regular stock checks were carried out to ensure that medications were in date and there were enough available for use. One of the practice nurses carried out vaccinations for children and practice nurses had recently received immunisation training updates.

Emergency medicines such as adrenalin for anaphylaxis and benzyl penicillin for meningitis were available. These were stored securely. One of the practice nurses had overall responsibility for ensuring emergency medication was in date and carried out monthly checks. Emergency drugs were also available in GP bags for home visits. All the emergency medication was in date.

The practice had an electronic prescribing system but occasionally also used paper prescriptions; these were securely stored. There was a mechanism in place for checking how many prescription pads were available on the premises and tracking when they were used.

There were clear guidelines available to patients both in the practice information leaflets and the practice web site on how to order and collect prescriptions.

The practice worked with pharmacy support from the local Clinical Commissioning Group and carried out medication audits and medication reviews to ensure patients were

Are services safe?

receiving optimal care in line with best practice guidelines. For example, audits and patient reviews had been carried out for patients with diabetes and receiving medication to control the condition.

Cleanliness & Infection Control

All areas within the practice were found to be clean and tidy. The practice was cleaned every morning and additional deep cleaning of the practice took place at regular intervals. We saw audits to confirm that one of the practice nurses carried out monthly monitoring checks to ensure the practice cleanliness was acceptable. Comments we received from patients indicated that they found the practice to be clean.

Treatment rooms had the necessary hand washing facilities and personal protective equipment (such as gloves) was available. Hand gels for patients were available throughout the building. Clinical waste disposal contracts were in place and spillage kits were available.

There was a designated GP to act as a lead for infection control and an Infection Control Lead Nurse. The practice nurse had undergone training suitable for this role. All staff received annual infection control training and there were policies and procedures in place which were easily accessible for all staff on the practice's computer system. For example, 'Needle sticks Injuries Policy' and a 'Clinical Waste Protocol'.

The infection control lead nurse carried out infection control audits and we saw a Legionella risk assessment for the practice. The Practice Manager told us work was scheduled to take place to extend the building and to enhance the existing facilities.

Equipment

The Practice Manager ensured all electrical equipment had received a portable appliance check to ensure the equipment was safe to use.

Clinical equipment in use was checked to ensure it was working properly. For example blood pressure monitoring equipment was annually calibrated. The defibrillator was checked regularly.

Staffing & Recruitment

The practice had five GP partners, two salaried GPs, three practice nurses, a nurse practitioner and a healthcare assistant. The clinical members of staff were supported by reception and administration staff, Practice Manager and Assistant Practice Manager.

We saw there were 'daily duty sheets' in place and reception staff covered for each other when necessary for example during holidays.

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff which included information about Disclosure and Barring Scheme (DBS). The practice had a low turnover of staff. We looked at recruitment documentation for the most recently appointed receptionist and found all necessary checks had been carried out. There was a system in place to annually check the professional registration status for nurses and GPs.

Monitoring Safety & Responding to Risk

There were procedures in place for monitoring and managing risks to patient safety. All new employees working in the building were given induction information for the building which covered health and safety and fire safety. Locum GPs were given this information verbally and it was also documented in the Locum folder.

There was a health and safety policy available for all staff and the Practice Manager carried out routine maintenance checks for the building.

There was a fire risk assessment in place and the practice regularly had fire equipment tested.

Arrangements to deal with 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 basic life support training and there were emergency drugs available in a designated treatment room. The practice had oxygen and a defibrillator available on the premises.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Once patients were registered with the practice, the health care assistant carried out a health assessment. We looked at the information covered in a routine health check and found it to be comprehensive including information about the patient's individual lifestyle as well as their medical conditions. The practice nurse referred the patient to the GP or other clinic within the practice when necessary.

The practice carried out assessments and treatment in line with best practice guidelines. For example, we spoke with one of the practice nurses who was able to demonstrate their knowledge and skills with regard to supporting patients with mental health needs. This included working closely with the local Mental Health NHS Trust and supporting patients to access local services including counselling and support groups. The practice had a GP lead for mental health who undertook regular reviews of the effectiveness of the service they provided.

The practice had a system of registers for patients who had greater needs for example patients with a learning disability, patients with dementia. This helped the practice identify patients who required specific appointments such as annual health checks or medication reviews.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice. The practice held meetings to regularly discuss practice performance and improvements in QOF and to ensure targets were met. The practice results for QOF totals (2013-2014) were higher than the local average and national average. The practice held a register of patients with depression and carried out reviews of patients with depression and according to QOF data 95.5% of patients had been appropriately assessed for further treatment compared with the national average for practices of 90.4%.

Clinical staff met weekly to discuss the management of individual cases and also met on an informal basis throughout the day. The practice also met with the local Clinical Commissioning Group (CCG) to discuss performance.

GPs carried out clinical audits. Examples of audits included looking at minor surgery procedures to ensure that safe practice was followed in relation to suspected cancerous lesions and audits to ensure the effective use of medication for the treatment of diabetes. The practice had also carried out an audit of patients with osteoporosis and as a result the practice had improved patient care by being more effective in the treatment of the condition including a more efficient referral pathway. Learning points from clinical audits were routinely discussed at staff meetings. Comments we received from patients indicated that those with both acute and long term medical conditions felt their conditions were managed appropriately and they felt well supported.

Effective staffing

The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality. The practice provided a staff handbook to facilitate their learning.

The practice had developed a locum GP folder to support them whilst working at the practice. It provided a range of information to support them in their role.

All staff received training that included: - safeguarding vulnerable adults and children, equality and diversity, fire awareness and basic life support on a regular basis to ensure they were up to date with the latest guidance. The practice did not have an up to date training record detailing the training carried out for all employees.

There were appraisal systems in place. The Practice Manager told us the system with regard to the appraisals of non-clinical staff had been reviewed and going forward this would be carried out by him and his deputy. We were also told that not all appraisals were up to date however a plan was in place to ensure these were carried out in a timely manner. Staff we spoke with told us they felt valued and well supported and were encouraged to attend training courses if they so wished.

All GPs were up to date with their yearly continuing professional development requirements and they had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

Are services effective?

(for example, treatment is effective)

The practice had lead GPs for various clinical and medical roles and the practice nurses supported the GPs. For example, there was a GP who was lead for infection control who was supported by one of the nurses. Staff had undergone additional training for their roles.

Working with colleagues and other services

The practice had access to patients' blood tests and X-ray results from local hospitals and had a system in place for recording information on to patients' medical records. Cases which required immediate follow up were flagged up on the practice's computer task system for the GP to action. Each GP could access their patients' follow up requirements. Urgent information was given directly to the GP. Patients were contacted as soon as possible if they required further treatment or tests.

Patients were referred to hospital using the 'Patient Choose and Book' system. Patients who had been referred under the two week rule (i.e. urgent referrals such as cancer) and who failed their hospital appointment were followed up by GPs to ensure they received timely tests.

The practice held multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs. These meetings were attended by district nurses and palliative care nurses and decisions about care planning were recorded. Staff felt this system worked well.

Information Sharing

Systems were in place to ensure information regarding patients was shared with the appropriate members of staff. Information about individual clinical cases was shared at staff meetings. For example, the practice in conjunction with community nurses and matrons held monthly multidisciplinary Gold Standard Framework meetings for patients who were receiving palliative care and minutes of these meetings were available to all staff involved.

The practice liaised with the out of hours provider regarding any special needs for patients.

The practice operated a system of alerts on patients' records to ensure staff were aware of any issues for example alerts were in place if a patient was a carer or lived alone.

Consent to care and treatment

We spoke with one of the GPs about their understanding of the Mental Capacity Act 2005. They provided us with an example of their understanding around consent and mental capacity issues. One of the GPs was a designated mental health lead.

The GP was aware of Gillick guidelines for children. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

The practice carried out minor surgery and we found appropriate consent forms for patients were in place.

The administration and reception staff had not received training on mental capacity however there were policies and procedures for them to refer to. An awareness of mental capacity in relation to consent may help staff support patients more effectively.

Health Promotion & Prevention of ill health

The practice placed a strong emphasis on health promotion by having a variety of patient information available to help patients manage and improve their health. There were health promotion and prevention advice leaflets available in the waiting rooms for the practice including information on strokes, memory loss and immunisations. Detailed information was also available on the practice's website and practice leaflet. The website also contained links to self-care forums to help patients manage their medical conditions.

The practice nurses held a number of chronic disease management clinics. These clinics allowed patients with more than one chronic disease to be monitored and supported effectively at one appointment. The practice also operated NHS health checks for patients between 40-74 years of age.

One of the practice nurses had liaised closely with the diabetic specialist nurse at the local hospital and had trialled different review and appointment systems for those patients with diabetes. This had resulted in longer appointments for support and education.

Are services effective?

(for example, treatment is effective)

Well baby clinics were provided twice per week and were carried out by a GP, Practice Nurse and a local Health Visitor. Children's vaccination were carried out by one of the practice nurses. This information was available on the website.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone.

CQC comment cards we received and patients we spoke with all indicated that they found staff to be helpful respectful, compassionate, caring, and polite and that they were treated with dignity. Results from the national GP patient survey also showed that 91% of patients said the last GP they saw or spoke to was good at treating them with care and concern and 92% said the last GP they saw or spoke to was good at listening to them which is much higher than the national averages.

Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice had a confidentiality policy in place that staff signed when they were employed by the practice.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed that 91% said the last GP they saw or spoke to was good at

explaining tests and treatments and 83% said the last GP they saw or spoke to was good at involving them in decisions about their care. 86% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to a CCG (regional) average of 41%.

Comments received from patients highlighted that they felt listened to by GPs, were referred appropriately and were supported in terms of managing either long term or acute illnesses.

Patient/carer support to cope emotionally with care and treatment

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed that they would offer them a private room to discuss their needs. The Practice Manager told us that patients with emotional issues were contacted offered support and signposted to various bereavement counsellors and support organisations to ensure their needs were being met.

There was a variety of supporting information to help patients who were carers which was available on the practice website and on a noticeboard in the waiting room. The practice also kept a list of patients who were carers and alerts were on these patients' records to help identify patients who may require extra support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population including care processes, alcohol screening, support and prescribing trends.

Jubilee Medical Centre had an established patient participation group (PPG). Adverts encouraging patients to join the PPG were available in the waiting room, in the practice information leaflet and on the practice's website. We spoke with a member of the PPG who told us that the practice management had been responsive to any of their concerns and suggestions.

Tackling inequity and promoting equality

The practice had access to interpreter services (language line) and staff told us they felt confident using this service to support patients to receive the most appropriate care and treatment. The practice also had alerts on patients' records who may require extra assistance such as the visually impaired. The practice offered individualised support and treatment to transgender patients. All staff received training about Equality and Diversity.

The building had disabled facilities including level access. All consulting and treatment rooms were on the ground floor. The Practice Manager told us there were plans to increase the size of the building and to enhance the service being provided.

Access to the service

Jubilee Medical Centre is open 8.00am to 6.30pm Monday to Friday. Patients requiring a GP outside of normal working hours were automatically transferred to the external out of hours service provider (Urgent Care 24). The practice operated a triage system in order to ensure patients who needed to attend the practice were offered an appointment. Pre-bookable appointments for those patients who found it difficult to attend the practice during working hours were available two evening per week.

There were notices in the waiting room to advise patients that if they had more than one medical problem that needed attention, they should book a longer appointment. The practice carried out telephone consultations and home visits when necessary.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

Information about how to make a complaint was available within the practice leaflet, the practice website and in the waiting room. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice had not carried out an annual summary of formal complaints in the last twelve months however we were told by the lead GP a review of complaints would be undertaken to identify any trends or learning points. We looked at a sample of complaints and saw that they had been investigated and responded to appropriately.

Are services well-led?

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

Our findings

Vision and strategy

The practice website provided the following information 'We are a forward looking practice which aims to give our patients the highest standard of service. All the GP partners are active Christians and aim to consider the physical, psychological, social and spiritual needs of every person who comes into our care - whatever their beliefs'. Comments we received were very complimentary of the standard of care received at the practice.

All staff were engaged in producing a high quality service and each member of staff had a clear role within the structure of the practice. For example, there were leads for safeguarding and infection control.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs.

Governance arrangements

The practice had policies and procedures to support governance arrangements which were available to all staff on the practice's computer system. The policies included a 'Health and Safety' policy, safeguarding policy and procedure and 'Infection Control' policy. All policies were in date and regularly reviewed.

Policies and procedures had been discussed at a series of staff training days. Personal development was encouraged and supported by training days and appraisals for all staff.

Leadership, openness and transparency

The practice had a clear leadership structure which had named members of staff in lead roles for oversight of the performance and monitoring of the practices. For example there was one lead GP who was responsible for information governance.

All GPs had specific clinical lead roles such as mental health, palliative care and child health. Staff we spoke with told us they were well supported and knew who to go to in the practice with any concerns.

The practice held a variety of staff meetings to ensure all staff had an opportunity to be involved in the running of the practice. Minutes for all meetings were kept on the

practice's computer systems which all staff could access. Members of staff we spoke with said they all worked well together as a team and there were good communications between them.

Members of staff were supported at the practice for example there was a 'zero tolerance policy' to prevent and cope with any untoward behaviour from patients against the practice staff. Staff we spoke with thought they were well supported and the culture within the practice was supportive, open and honest.

Practice seeks and acts on feedback from its patients, the public and staff

Results of surveys and complaints were discussed at staff meetings. There was a patient participation group in place and minutes from meetings and results of surveys demonstrated actions were taken when necessary. We spoke with a member of the PPG who told us there were no concerns at present and felt that the practice was responsive to any issues raised by the group.

The practice website encourages patient feedback on the services provided and also shares actions carried out to address issues raised.

Staff we spoke with were aware there was a whistleblowing policy in place and were confident that any concerns raised would be acted upon.

Management lead through learning and improvement

GPs were all involved in revalidation, appraisal schemes and continuing professional development. All staff received annual appraisals but in addition the practice carried out more informal 'mentoring' sessions led by the GP partners to ensure all staff were supported to carry out their role. For example the practice had developed a Locum folder to support locums who worked at the practice. The folder provided detailed information about the roles and responsibilities of the partners, systems used by the practice and contact details for other services. We were told by one of the locums who regularly worked at the practice that this folder supported them to provide a safe and consistent service to patients.

The practice had a comprehensive meeting schedule with set agendas. Minutes were available for all meetings and cascaded to staff. The practice held weekly clinicians' meetings. Where gaps or improvements could be identified

Are services well-led?

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

meetings were held with all stakeholders. For example the practice instigated monthly meetings with the local mental health trust to support their patients with mental health needs.

The practice ensured all staff had protected learning time which included a mix of training both in house and by external trainers/facilitators. In addition there were separate nurses and reception staff meetings.

The practice was also involved in meetings with the local CCG, multidisciplinary meetings for the Gold Standard Framework and Neighbourhood meetings.