

Oakenhurst Medical Practice

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

We carried out an announced comprehensive inspection at Oakenhurst Medical Practice on 18 October 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. There was evidence of shared learning from events and actions put in place although there was no formal documentation of actions taken and review of those actions. The practice sent us evidence following inspection to show that a comprehensive system had been put in place for future reporting and review.
- 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.
- The practice had developed a decision aid for consent for influenza vaccinations for patients where decisions needed to take account of the requirements of the Mental Capacity Act and Deprivation of Liberty Standards.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had run a "Boo to Flu!" event for children to encourage uptake of the nasal 'flu vaccination.
- 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.

Summary of findings

- Patients said they found it easy to make an appointment with a 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 provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- One of the practice GPs had won a Professionals Macmillan Excellence Award in November 2015 for a “Think Cancer” project. As a result of the project, all GP practices in the CCG had appointed Cancer Champions which had improved the diagnosis, care and treatment

for patients suffering from cancer. The GP was also the lead GP for the CCG which won a National Patient Safety Award in 2016 that aimed to improve services, treatment and care at all stages of the cancer journey for patients.

The areas where the provider should make improvement are:

- Follow the procedure defined by the practice significant event analysis tool to allow for all actions taken as a result of analysis to be recorded and reviewed.
- Improve the identification of carers within the practice population.

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.

Good



- There was a system in place for reporting and recording significant events although the system did not allow for the recording of actions taken and their subsequent review. The practice sent us evidence following the inspection that a new comprehensive system had been put in place which included recording actions and review.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice nurses, aided by one of the GPs, carried out research in the practice. Learning points from this research were used to improve patient care in the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. One of the practice GPs was the clinical commissioning group (CCG) lead for cancer care and one was the CCG diabetic lead GP.
- The practice had developed its own protocols for the use and monitoring of some medications for GPs to use, for example for the use of lithium.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff at the practice engaged with charitable services every other year to raise funds for them and supported vulnerable patient groups such as the homeless by donating gifts to local charitable organisations.
- The practice identified patients as carers anecdotally but had no formal identification system for identifying patients who were carers. Following the inspection, the practice appointed a staff member as a carers' champion and told us that they would put systems in place to better identify carers.

Good



Are services responsive to people's needs?

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 (CCG) to secure improvements to services where these were identified. They were working with other local practices and the CCG to review the way that services were delivered and look to improve sustainability and access in the area. One of the GPs was a member of the CCG executive board and this ensured close liaison between the practice and the CCG.
- Patients said they found it easy to make an appointment with a 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.
- 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.

Good



Summary of findings

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice considered its patient population as its patient participation group and consulted with them regularly in all areas of service development. The practice had also gathered feedback from staff through a staff survey every two years
- There was a strong focus on continuous learning and improvement at all levels. The practice was to be the link practice for a new consultant-led ultrasound service for patients in the building. A member of the practice administration team was going to act as a chaperone for patients using this service.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had taken part in a project with a national charitable organisation to identify patients with significant frailty in order to provide support and exercise to maintain and improve mobility.
- The practice had 22 residential nursing and care homes in the practice area with approximately 70 patients in them and had appointed a named GP for each home. The GP was then responsible for providing care for those patients whenever possible and this provided continuity of care.
- The practice had changed the way that patients were encouraged to participate in the bowel screening programme and they had increased uptake from 59% in 2013 to 69% in 2016.
- Patients at risk of unplanned admission to hospital had an agreed recorded care plan in place to support them and their carers to take appropriate action when the patient's health needs deteriorated.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's performance was above the average of the clinical commissioning group (CCG) and the England average for the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2014/15.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- All patients with asthma who had an emergency admission to hospital were telephoned after discharge and offered a face-to-face review at the practice.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were 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 82%, which was comparable to the clinical commissioning group average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day appointments were available for children.
- We saw positive examples of joint working with midwives, health visitors and school nurses and a midwife visited the practice weekly.
- The practice had run a "Boo to Flu!" event recently. They had invited children eligible to receive nasal vaccinations against influenza into the practice on one evening and given out balloons. In this way they hoped to increase the uptake of vaccinations for children.

Good



Working age people (including those recently retired and students)

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

- 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.

Good



Summary of findings

- The practice offered a 'Commuter's Clinic' on a Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours. There were also appointments available on a Saturday and Sunday morning at the practice federation hub practice.
- There were telephone appointments available for patients.
- 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.
- Patients could order their repeat prescriptions in person at the practice, through local pharmacies, online and also by telephoning the practice.
- The practice offered a 'flu vaccination clinic on a Saturday.

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 homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. They held meetings with health and social care services representatives to agree the best way to care for 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.
- The practice offered a weekly clinic for patients suffering from substance misuse. One of the GPs ran this clinic with a key worker from the community substance misuse team.
- Other services visiting the practice as needed included members of the local patient eating disorders team and a specialist counsellor for patients experiencing post-traumatic stress disorder.

Good



Summary of findings

- The practice had identified approximately 10% of the patient population as non-English speaking and had added alerts to the electronic health record for these patients. Longer appointments could then be offered.

People experiencing poor mental health (including people with dementia)

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

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the local average of 88% and the national average of 84%.
- 94% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the local average of 92% and national average of 88%.
- 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. The practice had a high number of older patients with dementia and had appointed two staff members as dementia champions to aid communication with these patients.
- The practice had developed a decision aid for consent for 'flu vaccinations for patients where decisions needed to take account of the requirements of the Mental Capacity Act and Deprivation of Liberty Standards.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. There were 266 survey forms distributed and 118 (44%) were returned. This represented 1.2% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the local average of 75% and national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried, the same as the local and national average.
- 68% of patients described the overall experience of this GP practice as good compared to the local average of 75% and national average of 73%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local and 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 eight comment cards which were all positive about the standard of care received. Patients said that staff were kind, helpful and professional and said that they received an excellent service from the practice. Patients also praised the caring nature of all staff. One patient also commented that seeing a doctor of choice could be difficult.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients mentioned that getting a routine appointment could be hard.

We saw results from the Friends and Family Test (FFT) for the months of June to September 2016. Of the total patient responses for this period, 82% indicated that they were extremely likely or likely to recommend the practice to others.

Areas for improvement

Action the service **SHOULD** take to improve

- Follow the procedure defined by the practice significant event analysis tool to allow for all actions taken as a result of analysis to be recorded and reviewed.
- Improve the identification of carers within the practice population.

Outstanding practice

We saw one area of outstanding practice:

- One of the practice GPs had won a Professionals Macmillan Excellence Award in November 2015 for a "Think Cancer" project. As a result of the project, all GP practices in the CCG had appointed Cancer Champions which had improved the diagnosis, care

and treatment for patients suffering from cancer. The GP was also the lead GP for the CCG which won a National Patient Safety Award in 2016 that aimed to improve services, treatment and care at all stages of the cancer journey for patients.

Oakenhurst Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Oakenhurst Medical Practice

Oakenhurst Medical Practice is situated in the Barbara Castle Way Health Centre on Simmons Street in Blackburn at BB2 1AX. The practice serves a mainly urban population. The building is a large purpose-built health centre with several floors. The practice is situated on the third level accessed by a lift or stairs and provides level access for patients to the building with disabled facilities available. A minor surgery service for patients is also offered on a lower level within the same building. The practice shares the building with two other doctors' practices and many other patient health services. The practice also has a branch surgery in the more rural area of Mellor at St Mary's Gardens in Mellor at BB2 7JW. We did not visit the branch site as part of this inspection.

There is parking provided for patients in the underground car park of the building at a charge of 50 pence and the practice is close to public transport.

The practice is part of the Blackburn with Darwen Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS) with NHS England.

There are four male and two female GP partners and one male and one female salaried GPs assisted by three

practice nurses and two healthcare assistants. A practice manager, reception manager and 10 additional administrative and reception staff also support the practice. The practice is a teaching practice for GPs in training and medical students and also conducts research.

The main practice site is open from Monday to Friday 8am to 6.30pm and extended hours are offered on Wednesday until 8.30pm. The practice also offers early morning appointments from 7.30am to 8.30am about once a month. The practice branch site is open on Monday and Wednesday from 8am to 5.30pm and on Thursday and Friday from 8am to 4.30pm. The practice is part of a federation of GP practices and patients are also able to attend appointments at a local GP hub practice on Saturday and Sunday from 9am to 12noon. Appointments are offered at the Health Centre from 8.30am to 11.25am, from 12.30pm to 1.30pm and from 3pm to 6pm every weekday except Wednesday, when appointments are from 9.30am to 12.15pm, from 12.30pm to 1.30pm and from 3pm to 8.30pm. When the practice is closed, patients are able to access out of hours services offered locally by the provider East Lancashire Medical Services by telephoning 111.

The practice provides services to 9,761 patients. There are higher numbers of patients aged over 65 years of age (20%) than the national average (17%) and fewer numbers of patients aged under 18 years of age (21%) than the local average (25%).

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy is lower than the national average, 82 years for females compared to 83 years nationally and 77 years for males compared to 79 years nationally.

Detailed findings

The practice has a higher proportion of patients experiencing a long-standing health condition than average practices (60% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is lower (54%) than the local average of 57% and national average of 62% and the proportion of patients with an employment status of unemployed is 2% which is lower than the local average of 7% and the national average of 5%.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 October 2016. During our visit we:

- Spoke with a range of staff including four GPs, one practice nurse, one healthcare assistant and four members of the practice administration team.

- Spoke with four patients who used the service.
- Observed how staff interacted with patients and talked with 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.

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 were recording forms available on the practice's computer system. There was a form for reporting serious incidents to the risk management department of the clinical commissioning group (CCG) and another for recording incidents internally. The incident recording forms supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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.
- We saw that most significant events recorded by the practice were related to clinical issues. These events were shared, analysed and discussed at practice meetings. Administration staff reported problems to the practice manager but these were not always recorded as significant events. We also noted that the internal event recording form did not allow for the practice to record actions taken as a result of events or for formal review of actions taken. One of the GPs had developed a comprehensive significant event analysis tool that allowed for full and thorough recording and analysis of significant events. The practice told us that they would adopt this tool for all staff and sent us evidence of this and training arranged for staff following the inspection.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. All patient safety alerts were a regular agenda item at the end of practice meetings. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident when a patient was not visited by a GP at home, the surgery produced a new home visit protocol and procedure as a safety net to ensure that no visits were missed in the future.

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 safeguarding communication flowchart on the wall of every practice treatment and consulting room wall and in the reception office. 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 and nurses to level 2 or 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The building cleaning company worked to pre-agreed schedules and conducted audits of cleaning; the practice also conducted spot checks. One of the practice nurses was the infection prevention and control (IPC) clinical lead. The IPC lead had been recently appointed in July 2016 and had conducted a baseline IPC audit in the practice to identify any possible areas of improvement. She had also completed the IPC link practitioners' course and planned to conduct a more comprehensive IPC audit in the practice. We were told that actions taken as a result of the baseline audit would be reviewed at that time. There was an infection control protocol in place and all staff had received up to date training.

Are services safe?

- 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines against a patient specific direction from a prescriber.
- 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. The practice used a comprehensive recruitment checklist to ensure that all checks and processes were completed both before and after employment.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had an inclusive risk management policy which identified risks in the practice and had conducted risk assessments for staff working in the practice. 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). All staff received training in health and safety annually.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice used existing staff to cover any staff absence including GPs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 99.5% of the total number of points available. Exception reporting was 15% which was higher than the local clinical commissioning group (CCG) level of 11.1% and national average of 9.2%. (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). The practice had addressed this and had reduced the rate to 11.7% in 2015/16 compared to the CCG level of 10.9% and national level of 9.8%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was higher than the national average. For example, blood measurements for diabetic patients showed that 82% of patients had well controlled blood sugar levels compared with the CCG and national average of 78%. Also, the percentage of patients with blood pressure readings within recommended levels was 88% compared to the CCG average of 81% and national average of 78%.
- Performance for mental health related indicators was higher than the local and national averages. For example, 94% of people experiencing poor mental health had a comprehensive, agreed care plan

documented in the record compared to the CCG average of 92% and national average of 88%. Also, 97% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the CCG average of 88% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years and most of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice nurses, aided by one of the GPs, conducted both academic and commercial research in the practice. Learning points from this research were used to improve patient care in the practice. A recent project involved looking at ways of assessing progress in the treatment of "noisy knees", an osteoarthritic condition of the knee.
- Quality improvement findings were used by the practice to improve services. For example, the practice started to audit patient uptake of the national bowel screening programme. By changing the way that patients were encouraged to participate in the programme, they increased uptake from 59% in 2013 to 69% in 2016. Patients who had failed to attend for screening were identified on the practice computer records system and the GPs encouraged them opportunistically in consultations and ordered replacement screening kits online at the time of the consultation.
- The practice had developed its own protocols for the use and monitoring of some medications for GPs to use, for example for the use of lithium (lithium is used to treat patients suffering from bipolar disorder, a form of mental illness and should be carefully monitored).

Information about patients' outcomes was used to make improvements. The practice telephoned all patients with asthma who had an emergency admission to hospital following their discharge and offered a face-to-face review at the practice to try to prevent further admissions.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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. Clinical staff received training in alcohol awareness and all staff in conflict resolution. Administration staff had been trained in providing excellent customer care.
- 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. 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and both in-house and external training.
- There was a high level of clinical knowledge within the team. One of the practice GPs was the CCG lead for cancer care and one was the CCG diabetic lead GP. This improved clinical skills and ability to detect disease and support patients face to face.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a seven-weekly basis when care plans were routinely reviewed and updated for patients with complex needs. Services attending these meetings included representatives from both health and social care organisations including local social services and representatives from local and national charitable organisations. The practice told us that this led to better communication and relationships with other services.

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 (MCA) 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 practice had developed a decision aid for consent for influenza vaccinations for patients where decisions needed to take account of the requirements of the MCA and Deprivation of Liberty Standards (DoLS).
- 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:

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients experiencing memory loss. Patients were signposted to the relevant service.
- The practice had been an early adopter of the national Gold Standards Framework, a set of standards that defined best practice in patient end of life care and used this to provide and co-ordinate care to these patients.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% 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 including information on their website and dedicated invites for those patients with a learning difficulty 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 the national breast cancer screening programme.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to one year olds ranged from 89% to 95% the same as CCG figures, and for under two year olds from 92% to 96% compared to CCG figures of 91% to 95%. Figures for five year olds were a little lower, ranging from 83% to 91% compared to CCG figures of 86% 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.

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. The practice waiting area was separate from the reception counter which afforded patients more privacy.

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

We spoke with four patients who 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 similar to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Staff at the practice engaged with local and national charitable services every other year to raise funds for them and supported vulnerable patient groups such as the homeless by donating gifts to local charitable organisations.

Care planning and involvement in decisions about care and treatment

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

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice was aware of these results and planned to discuss them to try to determine the reasons for lower patient satisfaction in some areas. The practice healthcare assistant had already developed a patient information sheet and advice leaflet for patients having a health review to help them to become more involved in their health care.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. There were also staff in the practice who knew other languages.
- The practice displayed a poster in Urdu in the waiting area regarding chaperoning.
- Information leaflets were available on request in easy read format.
- The practice had developed its own leaflets for some common health conditions such as blepharitis (inflammation of the eyelids) and dry eye syndrome.

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 55 patients as carers (0.6% of the practice list). The practice recorded that patients were carers opportunistically and did not have a formal system to identify patients receiving care or who were carers when they registered with the practice. Following the inspection, the practice told us that they had appointed a member of staff as a carers' champion and that they would put systems in place to better identify carers. Written information was available to direct carers to the various avenues of support available to them and a member of the local carers' support service attended meetings at the practice to discuss vulnerable patients.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice was working with other local practices and the CCG to review the way that services were delivered and look to improve sustainability and access in the area. One of the GPs was a member of the CCG executive board and this position was used to ensure close liaison between the practice and the CCG.

- The practice offered a 'Commuter's Clinic' on a Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours. There were also appointments available on a Saturday and Sunday morning at the practice federation hub practice.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were over 70 practice patients resident in care and nursing homes at the time of the inspection. The practice had 22 homes in the practice area and had appointed a named GP for each home. The GP was then responsible for providing dedicated care for those patients whenever possible and provided continuity of care.
- The practice had taken part in a project with a national charitable organisation to identify patients with significant frailty in order to provide support and exercise to maintain and improve mobility.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients could order their repeat prescriptions in person at the practice, through local pharmacies, online and also by telephoning the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- A midwife visited the practice weekly.
- Other services visiting the practice as needed included members of the local patient eating disorders team and a specialist counsellor for patients experiencing post-traumatic stress disorder.
- There were disabled facilities, a hearing loop and translation services available.
- The building also hosted a number of other patient services including a young persons' centre offering advice, sexual health services and counselling for which no practice referral was necessary. There were also dermatology services, minor surgery, a patient treatment room for treatment of minor ailments, an X-ray service, a physiotherapy drop-in service for patients experiencing back pain, a musculoskeletal service and a diabetic service for which one of the practice GPs was the lead.
- The practice had a high number of older patients with dementia and had appointed two staff members as dementia champions to aid communication with these patients.
- The practice offered a weekly clinic for patients suffering from substance misuse. One of the GPs ran this clinic with a key worker from the community substance misuse team. At the time of inspection there were 20 patients attending the clinic.
- The practice had run a "Boo to Flu!" event recently. They had invited children eligible to receive nasal vaccinations against influenza into the practice on one evening and given out balloons. They had had a very positive response to this event and hoped to increase the uptake of vaccinations for children. They also ran an adult influenza vaccination clinic on a Saturday.
- The practice had identified approximately 10% of the patient population as non-English speaking and had added alerts to the electronic health record for these patients. Longer appointments could then be offered for these patients.

Access to the service

The main practice site was open from Monday to Friday 8am to 6.30pm and extended hours were offered on Wednesday until 8.30pm and occasionally on a Tuesday from 7.30am to 8.30am. The practice branch site was open on Monday and Wednesday from 8am to 5.30pm and on Thursday and Friday from 8am to 4.30pm. The practice was part of a federation of GP practices and patients were also able to attend appointments at a local GP hub practice on Saturday and Sunday from 9am to 12noon. Appointments

Are services responsive to people's needs?

(for example, to feedback?)

were offered at the Health Centre from 8.30am to 11.25am, from 12.30pm to 1.30pm and from 3pm to 6pm every weekday except Wednesday, when appointments were from 9.30am to 12.15pm, from 12.30pm to 1.30pm and from 3pm to 8.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and national average of 73%.

The practice told us that the Sunday surgery had only started in November 2015 and was initially only for patients needing urgent care. It had not been widely advertised to patients at the time. This was then extended to a general surgery for routine appointments and urgent care but had not been promoted to patients as such. The practice told us that they would advertise the Sunday opening more generally to patients to try to address patient lower satisfaction with practice opening hours.

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

Patient requests for home visits were listed on the practice computer system and the duty doctor assessed the urgency of need, contacting the patient first before a visit was arranged. In cases where the urgency of need was so

great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Following a significant event, the practice had introduced a protocol for dealing with home visits and there were systems in place to ensure that no visit request was missed. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and the complaints procedure was advertised in the practice leaflet and on the practice website.

We looked at four complaints received in the last 12 months and found they had been dealt with in a timely way and with openness and honesty. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, the significant event that involved a missed home visit also resulted in a complaint. We saw evidence that the practice complaints policy was followed and the practice sent a letter of apology to the patient. The practice then developed a new home visit policy and wrote to the patient again to inform them. We saw a letter of thanks from the patient recognising the practice response to the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values. The mission statement was “Our aim is to deliver the highest possible quality of primary health care to our patients and be committed to treating our patients with kindness, courtesy and compassion”.
- The practice was forward planning and had developed a staffing strategy for the future.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and other staff had lead roles for all areas of service delivery.
- 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 comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. A comprehensive overview of professional indemnity and clinical registration was maintained.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice funded an event for staff each year and there was a low staff turnover. Some staff had been with the practice for over 20 years.
- 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. For example, one of the staff had identified an opportunity to streamline appointments for patients who were scheduled to have health checks with the practice nurses. This reduced patient appointments at 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 surveys and complaints received. There had been a patient participation group (PPG) that met regularly however, following some difficulties this had ceased and it had become a virtual group. The practice told us that they recognised all of the practice population as the PPG. The practice encouraged patients to complete the friends and family test (FFT)

Are services well-led?

Good 

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

and carried out patient surveys. The practice survey in June 2015 had assessed patient knowledge of practice services. The survey was handed out to 60 patients and 30 responded. As a result of this survey, the practice reviewed and changed some aspects of the appointment system and improved the practice website. A further survey in March 2016 helped to shape the practice policy for patients arriving late for appointments. A total of 50 surveys were handed out and 32 completed.

- The practice published a regular newsletter for patients to aid communication. This was also given to new patients registering at the practice.
- The practice had gathered feedback from staff through a staff survey every two years, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The latest staff survey in March 2016 identified that staff felt that they had a stable, supportive, caring team who worked together to provide good patient care. Improvements to staff working were identified to reduce staff stress in the workplace and methods of communicating better put in place. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They had been part of a local pilot scheme to provide appointments specifically for children in the area and were planning to be

the link practice for a new consultant-led ultrasound service for patients in the building. A member of the practice administration team was going to act as a chaperone for patients using this service. There were regular quality meetings both externally with local practices, the clinical commissioning group (CCG) and relevant patient services to develop and monitor the practice plan to deliver and improve services and also internally to feed back to the practice and inform the external meetings.

The practice was a teaching practice for GPs in training and medical students, with four of the practice GPs having training roles. The practice had successfully recruited five registrars who had been training in the practice to become permanent GPs in the practice.

One of the practice GPs had won a Professionals Macmillan Excellence Award in November 2015 for a “Think Cancer” project. The project worked on connecting the national Macmillan cancer organisation with the CCG, acute hospital trust, GP practices and the local authority and improved integrated working. As a result of the project, all GP practices in the CCG had appointed Cancer Champions – a GP, an administrator and a practice nurse. They received information which they disseminated in their practices and all practice nurses could signpost patients to Macmillan information services. This improved the diagnosis, care and treatment for patients suffering from cancer. The GP was also the lead GP for cancer care in the CCG which had won a National Patient Safety Award in 2016 that aimed to improve services, treatment and care at all stages of the cancer journey for patients.