

# Colton Mill 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8
Areas for improvement	8
Outstanding practice	8

### Detailed findings from this inspection

Our inspection team	9
Background to Colton Mill Medical Centre	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

## Overall summary

### Letter from the Chief Inspector of General Practice

Dear Andrea Mann

Please find enclosed a copy of our report following our recent announced inspection on Tuesday 7 October 2014 of Colton Mill and The Grange Medical Centres. Please make this report readily available for people who use the service.

Our key findings were as follows:

- Information from NHS England and the clinical commissioning group (CCG) indicated that the practice had a good track record for maintaining patient safety.
- The staff made effective use of clinical audit tools, clinical supervision and staff meetings to ensure the practice worked collaboratively with other agencies to improve the service of people in the community.

- All the patients who completed CQC comment cards, and those we spoke with during our inspection, were complimentary about the care they received.
- The practice had an effective complaints policy and responded appropriately to complaints about the practice.
- The leadership team were effective and had a clear vision and purpose. There were systems in place to drive continuous improvement.

We found that people who worked had good access to the practice. There were good infection control processes. Patients were treated with kindness and respect and patients' needs and effective communication with patients appeared to be the priority for the practice.

Sincerely,

**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 safe. Information from NHS England and the clinical commissioning group (CCG) indicated that the practice had a good track record for maintaining patient safety. Effective systems were in place to oversee the safety of the building and patients. Staff took action to learn from incidents that occurred within the practice. Staff were aware of the relevant procedures and how to make safeguarding and child protection referrals.

Good



### Are services effective?

The practice is effective. Care and treatment was being delivered in accordance with current published best practice guidelines. Patient needs were consistently met and referrals to secondary care were made in a timely manner. Healthcare professionals ensured that patients' consent to treatment was obtained appropriately at all times. The staff made effective use of clinical audit tools, clinical supervision and staff meetings to ensure that the practice worked collaboratively with other agencies to improve the service of people in the community.

Good



### Are services caring?

The practice is caring. All the patients who completed CQC comment cards, and those we spoke with during our inspection, were complimentary about the service. They found the staff to be kind and compassionate and felt they were treated with respect. The practice had a patient reference group (PRG) and people from this group told us they were actively involved in ensuring patient centred approaches to care services and these were at the forefront of the practice.

Good



### Are services responsive to people's needs?

The practice is responsive to people's needs. The practice had an effective complaints policy and responded appropriately to complaints about the service. The practice was proactive in seeking the views of patients and had responded to suggestions that improved the service and improved access to the service. The provider conducted regular patient surveys and had taken action to make suggested improvements e.g. access to the surgery outside normal working hours for people who were working.

Good



# Summary of findings

## Are services well-led?

The practice is well-led. The leadership team were effective and had a clear vision and purpose. There were systems in place to drive continuous improvement. Governance structures were in place and there was a robust system in place for managing risks.

The PRG engaged with patients during immunisation days and actively supported its membership to include people from all backgrounds. This level of engagement was outstanding.

**Outstanding**



# 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 actively reviewed the care and treatment needs of older people and ensured each person over the age of 75 with complex care needs had a named GP. There were systems in place to ensure that older people had regular health checks and timely referrals were made to secondary care.

The practice has good communication with six care homes including one care home for neurological conditions which also has rehabilitation and psychotherapy requirements. The GPs visited all these care homes on a weekly basis with two visits per week. This allowed the practice to work closely with the care homes in delivering an effective service to this population group.

Good



### People with long term conditions

The practice actively reviewed the care and treatment of people with long-term conditions. The practice showed us that it was embracing a patient self-management model of provision for people with long-term conditions. We found staff had a programme in place to make sure no patient missed their regular reviews for their condition. The practice closely monitored the needs of this patient group.

The management of long-term conditions was led by the practice nurse. The nurses were supported by the GPs and the clinical services manager. Reviews were synchronised to enable combined appointments. The practice took a holistic approach involving effective patient engagement and shared decision making about individual care and priorities. For example in diabetes care the practice was taking part in 'Year of Care' which encouraged patients to take ownership of their conditions. Basic information was shared with the patient to aid their understanding of their own condition. This was a shared approach with an agreed care plan. All the GPs and nurses had completed the training for diabetic care. The practice has a dedicated self-check monitoring room which encouraged patient self-management.

Housebound patients with long term conditions were visited each week by the lead practice nurse who was trained in managing patients with long term conditions.

Patients were encouraged to attend local pulmonary rehabilitation sessions held at the practice and the diabetes expert patient programme (EPP). The EPP is a self-management programme for people who are living with a chronic (long-term) condition.

Outstanding



# Summary of findings

## Families, children and young people

The practice actively reviewed the care and treatment needs of this patient group, including children with long-term conditions. Staff were very responsive to parents' concerns and ensured parents could readily bring unwell children to the practice to be seen.

The practice offered a flexible approach to see the GP and nurse for immunisations rather than a set time for baby clinics. This change followed general feedback from mothers at both locations. Mothers could visit either site but generally they chose The Grange Medical Centre. This showed us that the practice was responsive to families' needs.

Good



## Working age people (including those recently retired and students)

The practice had intelligence from their IT system that covered the needs of their entire patient group. Staff had a programme in place to make sure no patient missed their regular reviews for their condition. Appointment systems were accessible for patients in this group.

The practice was open 8am to 8:30pm on Monday and Wednesday, 8am to 6pm on Tuesday, Thursday and Friday; and closed on a weekend. The branch practice at The Grange was open 7am to 6pm on Monday, Tuesday to Friday from 8am to 6pm and closed on a weekend.

Good



## People whose circumstances may make them vulnerable

The practice was aware of patients, who may fall into this group and actively ensured these patients received regular reviews, including annual health checks. Staff offered support to patients to assist them to access their services, such as access to translation services and extended appointments. For example travellers who may visit the practice and want to address a few concerns in the same appointment.

People from sectors of the community who are not usually represented were encouraged to be part of the patient reference group. These included people who would not normally be confident in such situations. The practice had been successful in positively engaging some of these patients and in turn these patients had made a valued contribution to the practice. The practice supported them in the meetings. The patient reference group (PRG) felt very supported as they were involved in supporting the practice on cultural awareness.

Good



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice recognised when people had mental health needs. Staff appropriately referred patients to counselling and talking therapy services, as well as psychiatric provision. Staff had a good understanding of patients' social background, conditions and personal attitude towards their health.

Good



# Summary of findings

## What people who use the service say

We received 83 CQC comment cards and spoke with seven patients on the day of our visit. We spoke with people from different age groups and with people who had different physical needs and those who had varying levels of contact with the practice.

The patients were complimentary about the care provided by the staff, their overall friendliness and behaviour of all staff. They felt the doctors and nurses were very competent and knowledgeable about their treatment needs and that they were given a very professional and efficient service. They told us that their long term health conditions were monitored and they felt well supported.

Patients reported that they felt that all the staff treated them with dignity and respect and told us that the staff listened to them and were very well informed.

Patients said the service was very good and felt that their views were valued by the staff. On the whole they were complimentary about the appointments system and its ease of access and the flexibility provided. But they commented that the phone booking system was sometimes difficult.

Patients told us that the practice was always clean and tidy.

Comment cards recorded that they would recommend this practice to their friends and family. A recent 'Family and Friends' test scored 98.5% for the practice which was better than other practices in the area.

## Areas for improvement

### Action the service **SHOULD** take to improve

The practice could use the information and analysis from the telephone system focusing on usage to improve telephone access.

## Outstanding practice

The practice took a holistic approach involving effective patient engagement and shared decision making about individual care and priorities. The practice has a dedicated self-check monitoring room which encouraged patient self-management.

Practice seeks and acts on feedback from users, public and staff. The PRG very much felt part of the practice. The PRG engaged with patients during immunisation days and actively supported it membership to include people from all backgrounds. This level of engagement was outstanding.



# Colton Mill Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector and the team included a second CQC inspector manager and a GP.

## Background to Colton Mill Medical Centre

Colton Mill Medical Centre is registered with CQC to provide primary care services, which includes access to GPs, family planning, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures. It provides GP services for patients living in the Colton area of Leeds. A branch surgery 'The Grange Medical Centre' also provides the same service (apart from minor surgery) in the Seacroft area of Leeds was also visited as part of this inspection. The two sites had a single patient list, so patients could be seen at either practice depending on what was more convenient for them. The practice had four GP partners, six salaried GPs, a management team of four, three practice nurses, three healthcare assistants, 16 administrative staff, a pharmacy technician and a cleaner.

The practice was open 8am to 8:30pm on Monday and Wednesday, 8am to 6pm on Tuesday, Thursday and Friday; and closed on a weekend. The branch practice at The Grange was open 7am to 6pm on Monday, Tuesday to Friday from 8am to 6pm and closed on a weekend. Patients could book appointments in person, via the phone and online. Appointments could be booked for up to a week in advance for the doctors and a month in advance for the nursing clinics. When the practice was closed patients accessed the out of hours NHS 111 service.

The practice was part of NHS Leeds South and East CCG. It was responsible for providing primary care services to 12,177 patients. The female patient population of the practice makes up 51% of the practice population and 20% of all patients are over 60 years of age. The practice was meeting the needs of an increasingly elderly patient list size that is generally comprised of more women than men.

## Why we carried out this inspection

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

Colton Mill was part of a random sample of practices selected in the Leeds South and East CCG area as part of our national programme to inspect primary care general practitioner services in CCG areas.

## How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- 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 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

## Detailed findings

- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Before our inspection we carried out an analysis of the data from our intelligent monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service.

We reviewed the policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We carried out an announced inspection on 7 October 2014 and spent eight hours at the practice.

We reviewed all areas of the practice including the administrative areas. We sought views from patients through face-to-face interviews and via comment cards completed by patients of the practice in the two weeks prior to the inspection visit. We spoke with the senior partner, clinical services manager, operations manager, premises manager, practice nurse, four GPs, two administrative staff, three receptionists and the clinical lead for infection control.

We observed how staff treated patients visiting and phoning the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

# Are services safe?

## Our findings

### Safe Track Record

The practice had systems in place to monitor patient safety. Reports from NHS England indicated the practice had a good track record for maintaining patient safety. Information from the government's national performance measurement tool the 'Quality and Outcomes Framework' showed that in 2013-2014 there were no reported incidents.

From our discussions we found that GPs were aware of the current best practice guidelines and incorporated these into their day-to-day practices. We found staff were made aware of changes to national guidelines, practitioner's guidance and any medicines alerts and these were also discussed in practice meetings.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. The practice kept records of significant events that had occurred during the last 12 months. We saw minutes of a clinical meeting held on the 30 September 2014 where four significant events were recorded. A slot for significant events was recorded on the monthly practice meeting agenda and a dedicated report summary was compiled once a year to review actions from past significant events and feedback on re-occurring themes was discussed. We saw a copy of the incident report summary for October 2013 to October 2014. There was evidence that appropriate learning had taken place where necessary and that the findings were disseminated to relevant staff. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so. We saw a copy of the policy for significant events which included an annual log of incidents.

### Reliable safety systems and processes including safeguarding

All staff had received relevant training on safeguarding. A senior GP partner was the lead on safeguarding. There was a locality meeting held quarterly in the year with the local authority safeguarding team. The IT system allowed for recording all relevant information including sibling information. Where safeguarding concerns were raised social services did make contact with the practice. The

practice provided written reports to safeguarding meetings. We saw a copy of the policy for safeguarding adults and children. It was a comprehensive policy which included training requirements.

An on-line training matrix containing records was made available to us and we asked members of medical, nursing and administrative staff about their most recent training. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours.

A chaperone policy was in place and visible on the waiting room noticeboard. Chaperone training had been booked for all staff. If staff were not available to act as a chaperone, the clinical services manager understood their responsibilities when acting as chaperones when other staff were unavailable.

### Monitoring Safety & Responding to Risk

The practice had developed clear lines of accountability for all aspects of care and treatment. The GPs and nurses were allocated lead roles in areas such as safeguarding and infection control.

A system was in place to respond to safety alerts from external sources which may have implications or risk for the practice. The practice used a computerised system to store all documents including any alerts. The staff had also received training in health and safety and infection control. Fire safety procedures and environmental and fire risk assessments were in place and these had been regularly reviewed.

There was a good system in place to handle medical emergencies. Staff were trained to alert GPs and an instant message generated by the IT system would alert the triage GP when an urgent incident occurred. The emergency duty GP generally saw 15 patients in the morning, 18 in the afternoon and received phone calls between three to six per session. Triage telephone calls for urgent requests on a daily basis were taken by GPs in rotation at both sites. This system worked well for assessing urgent requests. The only issue was that sometimes there was difficulty for patients in getting through on the telephone. There were potentially some patients, who felt their needs were urgent who had to persist and ring a few times to get assessed. The practice was aware of the problem and had opened a few more telephone lines as a result.

# Are services safe?

## Medicines Management

We checked medicines stored in the treatment rooms and fridges and found that they were stored appropriately. Medicines were stored at the appropriate temperatures to ensure their effectiveness. Immunisation training for staff has ensured the cold chain was maintained including monitoring. Emergency medicines for cardiac arrest, anaphylaxis and hypoglycaemia were available and all staff knew their location. The standard operating procedure for controlled drugs showed that they were handled in line with legal requirements. We saw records of practice meetings that noted actions taken in response to prescribing data received from the CCG medicines management pharmacist.

When nurses or health care assistants (HCA) administered prescription only medicines e.g. vaccines, patient group directives or patients specific directions were in place and were in line with relevant legislation.

The practice had a protocol for repeat prescribing which was in line with GMC guidance; we saw a copy of the repeat prescription policy which was due for renewal in July 2015. This covered how staff that generated prescriptions were trained, how changes to patients repeat medications were managed and the system for reviewing patients repeat medications to ensure the medication was still safe and necessary. Reviews took place annually or monthly dependant on the patients requirements.

The practice employed a pharmacy technician to review patients on the traffic light list including 'Amber' and 'Red' drugs and ensured there was a robust system in place for monitoring patients. Quarterly audits were conducted using a sample of 10% of patients. This was a CCG requirement as part of the amber drug monitoring scheme. Shared learning with GPs and nurses from audits took place. The practice prescribing lead attended regular prescribing meetings with the CCG. The practice worked closely with the local pharmacists who managed the prescriptions. The care homes prescriptions had a local contract with a pharmacist. Electronic prescribing had been agreed by the practice but not yet implemented. This would enable some repeat prescriptions to be signed electronically.

## Cleanliness & Infection Control

The practice had a lead GP for infection control, who has undertaken further training in infection control on 1 August 2014 to enable them to provide advice on the practice infection control policy and carry out staff training.

We saw evidence the practice had carried out audits annually for the last three years and that any improvements identified for action were completed on time. Minutes showed that the findings of the audits were discussed at practice meetings. There had been no reported incidents from sharps injuries or spillages. All staff had received induction training about infection control and thereafter annual updates.

We observed the premises to be clean and tidy. We noted that the infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures and to comply with relevant legislation. A few infection control practices were not always robust enough to protect patients from infections. We found some cleaning equipment was not labelled and was stored incorrectly.

Minor surgery infection rates were very low at the practice as a result of the effective infection control procedures in place.

## Staffing & Recruitment

We found that there were policies and procedures in place to support the recruitment of staff. These detailed the arrangements for obtaining disclosure and barring service (DBS) checks and all recruitment checks had been obtained prior to staff members commencing work in the practice. We looked at four recruitment files and found they had two references and a DBS check in place.

We were told that locums that were used were always a GP who had completed their checks with the practice. A detailed locum pack which gave the GP relevant and up to date information about the policies and procedures in the practice was in place.

There was an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave.

## Dealing with Emergencies

We saw records that showed all staff had received training in basic life support. All staff asked (including receptionists) knew the location of the emergency equipment,

## Are services safe?

automated external defibrillator, oxygen, pulse oximeter and nebuliser. The practice had emergency drugs in an emergency bag in reception. We looked at the emergency drugs. There was a good selection of drugs held and they were all in date.

### **Equipment**

The premises manager had contracts in place for annual checks of fire extinguishers, 'portable appliance testing' and calibration of equipment which were all in date.

Emergency drugs were stored in a separate locked cabinet and vaccines were stored in a vaccine fridge. Temperature

logs for the vaccine fridge were accurate and complete. A log of maintenance of clinical and emergency equipment was in place and there was a record noted on the log when any items identified as faulty were repaired or replaced.

We saw that the premises manager ensured portable appliance tests (PAT) were completed on all electrical equipment on an annual basis and that the last checks were in date. The practice had made arrangements for the routine servicing and calibration, where needed, of medical equipment to be completed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care & treatment in line with standards

All clinicians we interviewed were able to describe and demonstrate how they access both guidelines from the National Institute for Health and Care Excellence (NICE) and from local health commissioners.

The clinicians we interviewed demonstrated evidence based practice. All GPs and nurses demonstrated how they accessed guidelines from the NICE and from local commissioners. We were told of practice meetings where new guidelines were disseminated and the implications for the practice's performance and patients were discussed. All the GPs interviewed were aware of their professional responsibilities to maintain their knowledge.

All clinicians attended 'Target Monthly' which included a mix of internal and external training events with the CCG. This was built into the morning timetable for partners, salaried doctors and registrars. This normally occurred informally when working on prescriptions in the back office or the GPs tended to just get together in a consulting room on an 'ad hoc' basis. The discussions centred around cases seen and peer support. This enabled excellent informal debriefing after surgeries which was demonstrative of excellent practice.

Patients had their needs assessed and care planned in accordance to best practice. The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. Patients who had recently been discharged from hospital were reviewed daily by their named GP according to need.

The practice referred patients appropriately to secondary and other community care services. National data showed the practice was in line with national standards on referral rates for all conditions. All the GPs we interviewed used national standards for the referral of conditions. We saw evidence of appropriate use of 'Two Week Wait' referrals for cancer in five sets of case notes that we assessed. We saw minutes from meetings where regular review of elective and urgent referrals were made, and that improvements to practise were shared with all clinical staff.

We saw no evidence of discrimination with respect to age when we were told about making care and treatment decisions.

We found that;

- people have their needs assessed and that their care is planned and delivered in line with guidance and best practice
- people were referred to other services in line with guidance and best practice
- care and treatment decisions were based on people's needs without unlawful discrimination
- processes were in place to review the outcomes of referrals
- processes were in place to follow up patients according to need following referral

### Management, monitoring and improving outcomes for people

The practice routinely collected information about people's care and outcomes. It used the Quality and Outcomes Framework (QOF) to assess its performance and undertook regular clinical audits. QOF data (and other national data returns) showed the practice performed consistently well in comparison to local practices. The practice showed us four clinical audits that had been undertaken in the last year. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit per year.

We found that people's care and treatment outcomes were monitored and that the outcomes were benchmarked against clinical commissioning group and national comparators.

We saw reports demonstrating people's health outcomes as part of regular practice and this gave the staff confidence that people's needs were being met.

The practice showed us a sample of the following clinical audits that had been undertaken in the last year.

Minor surgery audit indicated good patient experience and high satisfaction scores. We also looked at the quarterly minor surgery report which was part of 'Commissioning for quality and innovation' CQUIN.

The practice told us that the results of audits were shared with the clinical team.



# Are services effective?

## (for example, treatment is effective)

The practice told us that the results of audits were shared with the clinical team.

### **Effective Staffing, equipment and facilities**

We saw evidence that confirmed that all GPs had undertaken annual appraisals and that they had either been revalidated or had a date for revalidation.

All other clinical staff had been appraised in the last year and had identified their learning needs and had plans to address these. Examples included diabetes and safeguarding.

Non-clinical staff had been appraised in the last year and had identified their learning needs and had plans to address these. Examples include chaperone training.

The clinical services manager showed us a learning matrix to support this.

Poor practice or performance was identified in the appraisal process and addressed by agreement with the clinical services manager and lead GP. None had been recorded.

The premises and services had been adapted to meet the needs of people with disabilities.

### **Working with other services**

We found that the practice worked closely with other service providers to meet people's needs and manage complex cases.

Blood results, X-ray results, letters from hospital Accident and Emergency (A+E) and outpatients and discharge summaries, out of hours providers and the 111 service were received electronically. Blood results, hospital discharge summaries A+E reports and reports from out of hours services were seen and actioned by a GP within a week. Urgent cases were handled on the same day. Outpatient letters were reviewed in less than a week from receipt. The GP seeing documents and results was responsible for the action required and would either record the action or arrange for the patient to be contacted and seen as clinically necessary.

We saw that this process was effective.

The practice has an effective policy for communicating with out of hours and other providers. Referrals were made and we saw evidence of the practice's referral process and its effectiveness.

The practice has a process in place to follow up patients discharged from hospital. The prescribing team at the CCG worked with secondary care to ensure that nutritional supports stopped after hospital discharge and only restarted after an assessment by a dietician. A local service has been set up to do this. The six care homes related to the practice were now on board with this good procedure.

While GPs did not usually attend meetings for children on the at risk register because of they were often set with very short notice given and at busy times. The practice always ensured that they sent reports to relevant people if requested prior to safeguarding case reviews.

### **Consent to care and treatment**

We found that staff are aware of their responsibilities with respect to the Mental Capacity Act 2005 and the Children's Act 2014.

We were told of how young people, those with learning disability, those with mental health problems and those with dementia were supported to make decisions.

When patients did not have capacity to make their own decisions the staff we spoke with gave us examples of how the patients best interest was taken into account.

We saw a copy of the consent policy.

Staff could not recall an instance where restraint had been required and were aware of the distinction between lawful and unlawful restraint.

### **Health Promotion & Prevention**

The practice offered all new patients registering with the practice a health check with the health care assistant or practice nurse. The GPs were informed of all health concerns detected. The practice offered NHS Health Checks to all its patients aged 40-75. There was a clear process in place to follow up any patients identified as having potential health problems.

The practice was delivering additional services; minor surgery in house and in the locality, contraception, implants, shingles vaccine for 70 to 80 year age group and Pneumococcal for over 65s. Flu vaccinations for pre-school children and pregnant women was also available as well as NHS health checks and dementia screening.

There was a patient engagement scheme which included peer reviews, 'Year of Care' (YOC), learning disability health reviews including NHS checks.

## Are services effective?

(for example, treatment is effective)

The practice offered a full range of immunisations for children, 90% delivery was the required target from QOF but the practice exceeded this and delivered 97% to the children population. In 2013 the area team visited the practice to monitor this service.

Flu vaccination was offered to all over the age of 65, those in at risk groups and pregnant women. A Saturday flu clinic was held on 4 October 2014 for 500 patients. Positive feedback had been received with regards to this weekend service.



# Are services caring?

## Our findings

### **Respect, Dignity, Compassion & Empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey, a survey of 233 patients undertaken by the practice's Patient Reference Group (PRG) and patient satisfaction questionnaires. The evidence from all these sources showed patients were satisfied with how they were treated and that this was implemented with compassion, dignity and respect. For example, data from the PRG survey in March 2014 showed that 88% of the practice was happy with the clinical care they received. The practice was also rated good on consultations with doctors and nurses with 85% of practice respondents saying the GP and nurses were good at listening to them and 85% saying the staff were open and approachable.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 83 completed cards and the overwhelming majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. A few comments were less positive but there were no common themes to these. We also spoke with seven patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. One patient mentioned that 'confidentiality' was an issue but this was addressed by the PRG and was not a problem now. If the receptionist now believed that the patient felt uncomfortable talking in the reception area they would be offered a private room or area to talk to the receptionist. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private. We observed a system had been introduced to allow only one patient at a time to approach the reception desk. This

prevented patients overhearing potentially private conversations between patients and reception staff. We observed this system in operation during our inspection and noted that it was effective in maintaining confidentiality.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected they would raise these with the management team. The operations manager told us they would investigate these and any learning identified would be shared with staff.

### **Care planning and involvement in decisions about care and treatment**

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the practice patient survey from March 2014 showed 85% of practice respondents said 'I feel listened to by the clinical staff' and 86% felt that they were confident in the treatment they received from the clinical staff.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

### **Patient/carer support to cope emotionally with care and treatment**

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, 80% of respondents to the Public Health England survey said that they would recommend this practice. The patients we spoke with on the day of our inspection and the comment

## Are services caring?

cards we received were also consistent with this survey information. For example, these highlighted staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room and practice website also signposted people to a number of support groups and

organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us families who had suffered bereavement were called by their usual GP. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or signposting to a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Meeting and responding to people's needs

We found the service was responsive to people's needs and had sustainable 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. The risk stratification tool was used by the practice which helped them to profile patients by allocating a risk score dependent on the complexity of their disease type or multiple comorbidities. There was evidence that the practice engaged with the NHS local area team (LAT) and clinical commissioning group (CCG) and other practices to discuss local needs and service improvements that needed to be prioritised.

There had been very little turnover of staff during the last three years which enabled good continuity of care and accessibility to appointments with a GP of choice. All patients needing to be seen urgently were offered same-day appointments and there was an effective triage system in place.

The practice had an active patient reference group (PRG) to help it to engage with a cross-section of the practice population and obtain patient views. We spoke with representatives of the PRG who explained their role and how they worked with the practice. Over the past 12 months the practice had increased the PRG membership from eight to 53 members. There was evidence of meetings with the PRG every three months throughout the year and the practice had implemented many suggestions for improvements and made changes to the way it delivers services as a consequence of the PRG feedback. The members were actively involved in new developments of services such as implementing a new self-check monitoring room, Year of Care (YOC) for diabetic reviews, carer information and website design. PRG members had participated at the local Saturday flu clinics. Two members of the PRG were delighted to share their experience of their care with practice nurses at the practice nurse conference on the 10 September 2014.

The practice worked collaboratively with other agencies, regularly updated shared information to ensure good, timely communication of changes in care and treatment.

The practice participated in a regular peer review activity. These reviews were carried out internally, with a neighbouring practice and at locality meetings. A GP and the clinical services manager led on this activity. There were monthly palliative care meetings and now monthly meetings to discuss high risk patients which involve district nurses, community matrons, palliative care nurses and representatives from social care. The management team had good links with respiratory teams, safeguarding teams, learning disabilities and mental health teams.

### Tackle inequity and promote equality

The practice had recognised the needs of different groups in the planning of its services e.g. services for asylum seekers, those with a learning disability and travellers, unemployed and carers.

The practice also encouraged patients who were from the traveller community to join the PRG.

The premises and services had been adapted to meet the needs of people with disabilities.

### Access to the service

Patients we spoke with were generally happy with the appointment system. Appointments were available in a variety of formats including pre-bookable appointments, a telephone triage system, on-line booking system and a daily 'duty doctor' system. These ensured patients were able to access healthcare when they needed to.

The practice website outlined how patients could book appointments and organise repeat prescriptions online. Patients could also make appointments in person to ensure they were able to access the practice at times and in ways that were convenient to them.

Patients confirmed that they could see a doctor on the same day if they needed to. Patients told us they could see a doctor of their choice, and that appointment times rarely over-ran and they were otherwise satisfied with the appointments system. The practice offered extended opening hours such as in the evening and early mornings. They told us they were re-examining extended opening hour's options.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by an out-of hour's service. If patients called the practice when it was closed, there was

# Are services responsive to people's needs?

## (for example, to feedback?)

an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

The practice was situated on the ground floor of the building with all of services for patients on this floor. Lift access was provided to the first floor. We noted the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Toilet facilities were available for all patients of the practice.

A range of appointments were available from 7am to 8:30pm on weekdays.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. A number of comments we received from patients showed that patients in urgent need of treatment had been able to make appointments on the same day of contacting the practice.

The practice operated extended opening hours on a Monday and Wednesday, providing early morning appointments on a Monday that were particularly useful to patients with work commitments.

### **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Their complaints policy was 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.

Accessible information was provided to help patients understand the complaints system. Evidence seen from reviewing a range of feedback about the service, including complaint information and supporting operational policies for complaints and whistleblowing, showed that the practice responded quickly to issues raised.

The practice also analysed complaints on an annual basis to ensure they could detect themes or trends and improve the service patients received as a result of feedback.

Details of the ombudsman were available on the practice leaflet.

There was evidence of shared learning from complaints with staff and other stakeholders. Feedback on complaints was reported to staff meetings. We noted from minutes of team meetings that complaints were discussed to ensure all staff were able to learn and contribute to determining any improvement action that might be required.

The appointment systems in place allowed for a responsive approach to risk management. For example, we were told anyone requesting to see a GP on the same day would always be seen. A GP was on duty to see the patients requesting a same day appointment and they would be supported by the other GPs where necessary. Home visits were also provided where required.

The practice ensured that no more than two GPs were away from the practice at any one time. The practice had used locum doctors in times of sickness for over a month. Usually the partners would cover absences of less than a month.

# 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 had a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice values were part of the practices culture. The practice values were clearly displayed on the website “Our professional team will ensure you receive the best attention at all times whether you’re attending a specialist clinic or a routine appointment” and “We aim to provide a high standard of care to our patients and support patients to be healthy and live well”.

We spoke with 12 members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. We discussed the agenda of an away day to be held in October 2014 and saw that staff would be discussing and agreeing what the vision and values were and if they were still current.

### Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the computer within the practice. We looked at a number of these policies. All the policies and procedures we looked at had been reviewed and were up to date.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice showed us clinical audits that had been undertaken in the last year. We looked at these audits. For example minor surgery audit indicated good patient experience and high satisfaction scores. There had been no complaints about the service in the last quarter. We also looked at the quarterly minor surgery report which is part of CQUIN.

The practice had robust arrangements for identifying, recording and managing risks. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented. A system was in place to respond to safety alerts from external sources which may have implications or risk for the practice. The practice used a computerised system to store all documents including any alerts. The staff had also received

training in health and safety and infection control. Fire safety procedures and environmental and fire risk assessments were in place and these had been regularly reviewed.

### Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example there was a lead GP for infection control and the senior partner was the lead for safeguarding.

We saw from minutes that team meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The clinical services manager and operations manager were responsible for human resource policies and procedures. We reviewed a number of policies, for example whistleblowing policy, staff development policy and induction policy which were in place to support staff. Staff we spoke with knew where to find these policies if required.

### Practice seeks and acts on feedback from users, public and staff

The practice had an active patient reference group (PRG) which has increased in size. The PRG contained representatives from various population groups; including older people and the travellers community. The PRG had carried out quarterly surveys and met every quarter. The operations manager showed us the analysis of the last survey which was considered in conjunction with the PRG.

The PRG felt very much part of the practice. The PRG engaged with patients during immunisation days and actively supported its membership to include people from all backgrounds. This level of engagement was outstanding.

The practice had gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff.

# Are services well-led?

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

## **Management lead through learning & improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff away days.

The practice has a strong history of training nurses and doctors who integrate well into the working team. In

collaboration with a neighbouring surgery they have become an advanced training practice for nursing students. A senior GP at the practice is a GP trainer facilitating the training of doctors.

The practice had completed reviews of significant events and other incidents and shared with staff via meetings and away days to ensure the practice improved outcomes for patients.