

The Heaton Medical Practice

Quality Report

The Heaton Medical Practice
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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 The Heaton Medical Practice on 1 November 2016. Overall the practice is rated as good, for providing safe, caring, effective and well-led care for all of the population groups it serves. We have rated the practice as requiring improvement for providing responsive services.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. We saw that development and learning was prioritised by the practice and staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment during consultations with their GP.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with on the day said it was easy to make an appointment with their preferred GP.
- 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. Staff told us that they would feel confident to raise any concerns with the lead GP or practice manager.
- The practice sought feedback from patients and the Patient Participation Group (PPG), which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement

Summary of findings

- The practice should continue to review their National GP Patient Survey results with the aim of understanding their patient's concerns and improving their experiences when using the service in the future.

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 an effective system in place for reporting and recording significant events. Learning was shared with the staff team. Staff we spoke with were aware of and were knowledgeable regarding incidents and outcomes. We saw that action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. We saw evidence that the practice would meet with patients to address any concerns. 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. We saw evidence of multidisciplinary discussions at regular meetings, where vulnerable children, adults and families were discussed.
- 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. Results showed that rates for breast and cervical screening were at CCG and national averages. There were clear arrangements in place to recall patients for reviews and follow up appointments.
- Staff assessed needs and delivered care in line with current evidence based guidance, we saw evidence that guidelines were followed and shared with the staff team.
- The practice participated in CCG initiatives such as Bradford Beating Diabetes and could offer specialist support to patients requiring help with insulin management. This reduced the need for patients to attend the local hospital.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were up to date with their training and were supported to attend additional learning and development events which would improve patient care.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked effectively and collaboratively 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.

Good



- Data from the National GP Patient Survey showed patients rated the practice lower than other practices for the majority of questions regarding the provision of care. Comments we received from patients on the day of inspection were very positive about their care.
- Patients said they were treated with compassion, dignity and respect and their privacy was maintained during consultations.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice liaised closely with the CCG and took part in CCG initiatives such as the Bradford Beating Diabetes programme.
- Patients said they always find it easy to make an appointment with a named GP and urgent appointments were available the same day.
- The practice held an extended hours clinic on a weekday from 7:30am.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was easy to understand and evidence showed the practice responded quickly to issues raised.
- Learning from complaints was shared with staff and stakeholders.
- We were told that young children would always be seen on the day as requested.
- The practice should continue to review their National GP Patient Survey results with the aim of understanding their patient's concerns and improving their experiences when using the service in the future.

Summary of findings

Are services well-led?

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

- The practice had a clear vision and strategy to deliver patient focused high quality care. Staff were clear about the priorities of the practice and this was discussed and reviewed in meetings.
- There was a clear leadership structure and staff felt supported to develop and improve their skills by the GP and practice manager. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and patients held regular meetings which were attended by GPs.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and urgent appointments for those with enhanced needs.
- The practice offered home visits for older people and this was supported by a home visits protocol.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care and support they needed.
- The practice had regular contact with eight nursing homes in the area.
- District nurses and community matrons attended practice meetings to discuss palliative care patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 80% which was better than the national average of 78%.
- 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.

Good



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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The premises were suitable for children and babies.

Good



Summary of findings

- The percentage of women who had undergone a cervical screening test was 64% which was lower than the CCG average of 81% and the national average of 82%.
- Children with severe and complex needs had a named GP.

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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice would contact patients by telephone the day before they were due to attend the surgery and send an SMS text message to remind them of their appointment on the day.
- Telephone consultations were available for patients who could not attend the surgery.
- The practice offered an extended hours clinic from 7:30am on a weekday.
- Students registered 'away from home' at university could access services at the practice.

Good



People whose circumstances may make them vulnerable

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

- The practice were aware of patients living in vulnerable circumstances including homeless people, travellers, carers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, long term conditions or those who required an interpreter.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations, for example for forced marriages and domestic abuse. Patients were able to access a benefits advisor at the surgery.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. All the staff we spoke with on the day of

Good



Summary of findings

inspection were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The most recently published QOF results showed that 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG and national average of 84%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those 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 when they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice were lower when compared to local and national averages. A total of 311 survey forms were distributed and 105 (34%) were returned. This represented 1.8% of the practice's patient list.

- 12% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and the national average of 73%.
- 55% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 43% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.
- 27% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 78%.

The practice management team told us that a new telephone system was being installed the week after the inspection. The same telephone system was piloted in

June 2016 at the sister practice that the partners own. The practice had seen a significant improvement in telephone access and the expectation is that this will be replicated at this site also.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We did not receive any comment cards. The box and cards were displayed next to reception in clear view.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received, they felt that they were involved in decisions about their care and they were treated with dignity and compassion. The doctors were described as very professional and patients said that they felt listened to. One patient told us that when they telephoned the practice they get an appointment straight away.

The latest Friends and Family Test (September 2016) showed that 100% of the nine responders would be extremely likely or likely to recommend the practice to others. Previous to this (over 3 months) 97% of responders would be extremely likely or likely to recommend the practice to others.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should continue to review their National GP Patient Survey results with the aim of understanding their patient's concerns and improving their experiences when using the service in the future.

The Heaton Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Heaton Medical Practice

The Heaton Medical Practice provides services for 5,570 patients. The practice is located at:

Haworth Road Health Centre

Bradford

BD9 6LL

The surgery is situated within the Bradford District Clinical Commissioning group and is registered with Care Quality Commission (CQC) to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

They offer a range of enhanced services such as childhood immunisations and diabetes care, improving patient access on line and enhanced services for patients with a learning disability.

There is a higher than average number of patients under the age of 39, in common with the characteristics of the Bradford District area. There are fewer patients aged over 45 than the national average. The National General Practice Profile states that 72% of the practice population is from an Asian background with a further 8% of the population

originating from black, mixed or non-white ethnic groups. The practice has also identified that they have a growing number of patients who are from an Eastern European background.

Clinical sessions at the practice are covered by two long term locum GPs (male) and two partners (male). The practice also has two advanced practice nurses, two practice nurses, two pharmacists and one health care assistant.

The clinical team is supported by a practice manager, an assistant manager and a team of administrative staff. The practice also benefits from the services of a pharmacist.

The practice catchment area is classed as being within one of the most deprived areas in England. People living in more deprived areas tend to have a greater need for health services. The practice informed us they had a high birth rate within their population and also high rates of illiteracy amongst some of their patients.

The practice is situated within a purpose built building with car parking available. It has disabled access and facilities.

Reception was open Monday to Friday 7:30am to 6:30pm with appointments available between these times. Appointments with GPs were available from 8:30am to 5:15pm.

When the surgery is closed patients can access the NHS 111 service for non –urgent medical advice.

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

Detailed findings

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 1 November 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, office manager, a practice nurse and administration staff.
- Spoke with patients who used the service.
- Reviewed seven questionnaires given to reception/administration staff prior to the inspection.
- Observed how patients were being cared for and treated in the reception area.
- Reviewed templates and information the practice used to deliver patient care and treatment plans.

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 was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (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 and were invited to meetings with the practice manager. They were told about any actions to improve processes to prevent the same thing happening again.
- There was a focus on shared learning within the practice and any lessons learned were discussed with the staff team and members.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a copy of letter from the CCG with regards to actions that had been put into place to reduce the risk of premature death, and poor health and wellbeing for children and young people with asthma. This was acted upon on the same day as the safety alert was received by the practice.

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:

- Staff could clearly demonstrate and explain their role in safeguarding vulnerable children and adults from abuse. All staff had received training relevant to their role. We saw that GPs were trained to child safeguarding level three and that some staff were trained to level two. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The policies reflected relevant

legislation and local requirements. A GP was the lead member of staff for safeguarding. The practice staff discussed safeguarding concerns in a multidisciplinary meeting.

- All staff who acted as chaperones (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure) 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 practice nursing team managed infection prevention and control (IPC) and liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and we saw evidence that staff had received up to date training.
- 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 in house pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber and had a good understanding of these. (PSDs are written instructions for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

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 up to date fire risk assessments. 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, infection prevention and control and legionella (legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Nursing staff told us they had enough time to see patients and to cover for each other.

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. A further emergency call system was available which also alerted staff to the area where the issue had occurred.
- 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 and had been used by the staff following a power cut.

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.

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 (2015/16) showed the practice had achieved 85% (the CCG average of 96% and the national average of 95%) of the total number of points available with 7% clinical exception reporting, which was below the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice showed us that their QOF scores had continued to improve in 2016/17.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 2016 showed:

- Performance for diabetes related indicators was 80% which was better than the national average of 78%.
- Performance for mental health related indicators was 96% which was better than the national average of 94%.

There was evidence of quality improvement including clinical audit.

- One audit had been completed with regards to medication with limited evidence of quality improvement.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice manager we spoke with described a comprehensive mentor and support package, which was used with relevant staff. They discussed access to training and updates including training in diabetes and sample taking, which allowed her to enhance her skills.
- 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 and attending learning events. Training undertaken had also included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings, one to one discussions and reviews of practice development needs. Staff confirmed that they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff were due to receive an appraisal in the next three 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 in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

Are services effective?

(for example, treatment is effective)

on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs, safeguarding concerns or those nearing the end of life.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and alcohol consumption. The practice offered additional support and information to those requiring intimate screening procedures and uptake results reflected this.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- A benefits advisor was available.

The practice's uptake for the cervical screening programme was 64%, which was lower than the CCG average of 81%

and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and the practice nurse would also ring patients to explain why the procedure was important and to encourage patients to attend. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice carried out immunisations in line with the public health childhood vaccination programme. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 100% compared the CCG averages of 82% to 98% and five year olds from 91% to 100% which was comparable to the CCG averages of 91% to 98%. Data showed that at 12 months of age 100% of children had received their appropriate vaccinations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had a clear recall system to ensure that patients were invited to attend reviews.

The practice had reviewed 93% of patients diagnosed with chronic obstructive pulmonary disease (COPD). The practice prevalence rate was 0.33 compared to the CCG average of 0.69 and the national average of 0.63. The practice was aware of this and had recently introduced in-house spirometry testing to ensure that COPD was not going undiagnosed or being mislabelled as asthma.

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.

Patients said they felt the practice offered a good service and staff were helpful and treated them with dignity and respect.

We were able to speak with three members of the patient participation group (PPG) on the day of our visit. The PPG told us that the practice was committed to delivering the best quality care and that the team was friendly and supportive and listened to patients.

The practice's results for the most recent National GP Patient Survey were lower than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern which above the CCG average of 85%. The national average is 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% national average of 91%.

- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 60% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language and that staff were also available to translate for patients. The team was reflective of the patient population.
- Information leaflets were available in different languages if required.

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

Are services caring?

the practice website. We observed that the majority of practice information was displayed in an area which patients would access on their way into and out of their appointment.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers, (1.2% of the practice list). The practice was proactively inviting carers for health checks. Written information was available to direct carers to the various avenues of support available to them.

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. At the time of our inspection there were 22 patients on the palliative care register.

Staff told us that if families had experienced bereavement, their usual GP contacted them. In recognition of religious and cultural observances, the GP would respond quickly, in order to provide the necessary death certification to enable prompt burial in line with the families' wishes.

The practice manager gave us examples of when the surgery had helped patients. These included the PPG setting up a mens group which enabled older men to meet at the practice for coffee mornings. Also hand delivery of prescriptions to people's homes and giving lifts to patients to and from the practice. The practice also opened its doors from 7am in the morning allowing people to use the facilities, such as toilets and self-care equipment while they waited for their appointments.

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 offered an extended hours clinic every day from 7:30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those requiring long term condition reviews.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice including those with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Children were seen as a priority by the GP.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening.

Access to the service

Reception was open Monday to Friday 7:30am to 6:30pm. Pre-bookable appointments could be booked up to two weeks in advance, urgent 'on the day' 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 well below local and national averages.

- 38% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 12% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.

The practice management team told us that a new telephone system was being installed the week after the inspection. The same telephone system was piloted in June 2016 at the sister practice that the partners own. This practice has seen a significant improvement in telephone access and the expectation is that this will be replicated at this site also.

The practice should continue to review their National GP Patient Survey results with the aim of understanding their patient's concerns and improving their experiences when using the service in the future.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received, they were involved in decisions about their care and they were treated with dignity and compassion. The doctors were described as very professional and patients said that they felt listened to. One patient told us that when they telephoned the practice they get an appointment straight away.

The latest Friends and Family Test (September 2016) showed that 100% of the nine responders would be extremely likely or likely to recommend the practice to others. Previous to this (over 3 months) 97% of responders would be extremely likely or likely to recommend the practice to others.

The practice had a system in place to assess:

- whether a home visit was clinically necessary and a protocol to support this.
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. There was information available on the website and forms available from reception staff with a leaflet available. The practice told us that the majority of complaints from patients were verbal and we saw that these were documented and acted upon.

We looked at 13 complaints received in the last 12 months and found that these were managed in a timely manner with openness and transparency, and to the satisfaction of the patients. We saw that apologies were given when necessary and that lessons were learnt from individual concerns and complaints.

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 was developing a mission statement. Staff were able to confidently discuss the priorities of the practice and their role in good customer service.
- The practice had a business plan which reflected the vision and values and was regularly monitored. The practice had firm plans to improve patient access and liaised with stakeholders regularly to ensure that services continued to meet the needs of the practice population.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The practice told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and the practice manager 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 and 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. These meetings also offered additional learning opportunities for staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff members were recognised for their hard work in achieving targets. Staff said they felt respected, valued and supported, particularly by the managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG told us that the new telephone system was being installed as a result of consultation with the group.
- The practice had gathered feedback from staff through discussion, staff meetings and appraisals. Staff told us

Are services well-led?

Good 

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

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 to improve how the practice was run.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. For example, the practice had developed its own 'Read Code Formulary' and the majority of 'Read Codes' were used from the practice formulary making it easier to perform electronic patient searches. We were told this had improved the speed and this had been shared among practices locally.

Continuous improvement