

Heald Green Health Centre 1

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Heald Green Health Centre 1 on 14 December 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and all staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used. However, the system in place for managing safety alerts required review as there was no overview to demonstrate/ensure that all alerts had been acted on appropriately.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the care and treatment they received from clinicians was very positive. Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Data showed that outcomes for patients at this practice were comparable to those of patients locally and nationally.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The appointments system provided a range of appointments to meet patients' needs including urgent and on the day appointments. Feedback from some patients was that they had difficulty getting through to the practice by phone and that they sometimes waited too long for a routine appointment.

Summary of findings

- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Complaints had been investigated and responded to in a timely manner.
- The practice had a clear vision to provide a safe and high quality service.
- There was a clear leadership and staff structure. Staff understood their roles and responsibilities. However, some staff told us their roles were more challenging as a result of working across two practices.
- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice sought patient views about improvements that could be made to the service. This included the practice having and consulting with a patient participation group (PPG).

Areas where the provider should make improvements:

- Review the system for managing safety alerts to ensure an overview of actions taken.
- Improve procedures for the storage of vaccines.
- Review the procedures for checking emergency medicines.
- Review the effectiveness of the telephone/call management system following completion of the installation of the system.
- Continue to monitor and review back office staffing arrangements in relation to the role of staff working across two practices.

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



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice.
- Staff were aware of their responsibilities to ensure patients received reasonable support, truthful information, and a written apology when things went wrong.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse.
- Staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns. Information to support them to do this was available throughout the practice. Staff provided examples of how they had reported safeguarding concerns and worked alongside other agencies.
- There were systems in place to reduce risks to patient safety. For example, health and safety related checks were carried out on the premises and on equipment on a regular basis. The system in place for managing safety alerts required review as there was no overview to demonstrate/ensure that all alerts had been acted on appropriately.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- The required pre-employment checks had been carried out to ensure staff suitability for the sample of staff we looked at.
- Systems were in place for managing medicines safely. However, some improvement was required to the procedures for storing emergency medicines and vaccines.
- The practice was equipped with a supply of medicines to support people in a medical emergency. These were checked on a regular basis but the procedure for this required review to ensure it was thorough.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.

Summary of findings

- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those locally and nationally.
- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.
- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided.
- Clinical audits were carried out to drive improvement in outcomes for patients.
- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- A system for staff appraisal and professional development was in place and staff had undergone an up to date appraisal of their work.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. They gave us positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national patient survey showed that patients rated the practice as similar to others locally and nationally for aspects of care.
- The practice maintained a register of patients who were carers in order to tailor the services provided. For example to offer them immunisations and health checks.
- Patients who had carer responsibilities were signposted to a local carers' support group.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG), other GP practices, and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.

Summary of findings

- A range of appointments were provided to meet the needs of patients. Overall, patients told us they could get an appointment if they needed one, but some patients felt they had to wait too long for a routine appointment. Some of the patients we spoke with said they found it difficult to get through to the practice to make an appointment. This was reflected in the national patient survey. The practice was in the process of getting a new phone system installed which was hoped would improve this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. The practice responded quickly to issues raised and made improvements to the service in response to complaints.

Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There were systems in place to govern the practice and support the provision of good quality care. This included arrangements to identify risks and to monitor and improve quality.
- The practice had policies and procedures to govern activity and regular governance meetings were held.
- The partners encouraged a culture of openness and honesty and they were aware of and complied with the requirements of the duty of candour.
- The practice used feedback from staff and patients to make improvements.
- The practice had an established and engaged patient participation group (PPG) who were consulted with about the development of the service.
- There was a focus on continuous learning, development and improvement linked to outcomes for patients.
- The challenges and future developments of the practice had been considered.

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.

Good



- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population.
- The practice had a higher than average number of older people in its population. Up to date registers of patients with a range of health conditions (including conditions common in older people) were maintained and these were used to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to or better than local and national averages.
- The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions. This included these patients having a care plan detailing the care and treatment they required.
- The GPs carried out regular visits to a local care home to assess and review patients' needs and to prevent unplanned hospital admissions.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- The practice used an electronic palliative care co-ordination system known locally as EPAC (End of life Portal for Anticipatory Care) to share key information about patients receiving end of life care with other agencies to promote more joined up working and better co-ordination of care and treatment.
- The practice had a GP lead for end of life care.
- Regular multi-disciplinary meetings were held to discuss the care and treatment provided to patients with complex needs.

People with long term conditions

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

Good



- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive

Summary of findings

pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required regular checks received these.

- Practice nurses held dedicated lead roles for chronic disease management. As part of this they provided regular, structured reviews of patients' health.
- Data from 2015 to 2016 showed the practice was performing similar to or better than other practices nationally for the care and treatment of people with chronic health conditions such as diabetes. The provider told us they had already achieved the previous years achievement for diabetes related indicators.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- Longer appointments and home visits were available for patients with long term conditions when these were required.
- Patients with multiple long term conditions could be offered a single appointment to avoid multiple visits to the surgery.
- The practice provided an in house phlebotomy service which was convenient for patients especially those requiring regular blood monitoring.

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 those who were at risk, for example, children and young people who had a high number of A&E attendances.
- A GP was the designated lead for child protection.
- A regular safeguarding meeting was held with health visitors to discuss child protection concerns.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Child surveillance clinics were provided for 6-8 week olds.
- Immunisation rates were comparable to the national average for all standard childhood immunisations. Opportunistic immunisations were given to encourage uptake.
- The practice monitored non-attendance of babies and children at vaccination clinics and a practice nurse told us they reported any concerns to relevant professionals.

Good



Summary of findings

- Babies and young children were offered an appointment as priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.
- Family planning and contraceptive services were provided.

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.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice provided extended hours appointments four evenings per week and on Saturdays mornings once every four weeks.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group. Screening uptake for people in this age range was comparable to national averages. For example, 73% of females aged 50-70 had been screened for breast cancer in the last three years compared to a national average of 72%.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- The practice worked with relevant health and social care professionals in the case management of vulnerable people.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was accessible to people who required disabled access and facilities such as a hearing loop system (used to support patients who wear a hearing aid) was available.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.
- Some information had been produced in an easy read format.
- The practice supported patients residing in two residential care homes for younger adults. We saw some very positive feedback about the effectiveness of this and of the working relationships between the practice and the care provider.

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 practice held a register of patients experiencing poor mental health and these patients were offered at least an annual review of their physical and mental health. So far this year 45 of the 47 patients on this register had undergone a review.
- The practice referred patients to appropriate services such as psychiatry and counselling services.
- The practice regularly worked with multi-disciplinary teams including in the case management of patients experiencing poor mental health.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.
- The GPs carried out at least weekly visits to a care home for people living with dementia and care planning was carried out to support these patients.

Good



Summary of findings

What people who use the service say

The results of the national GP patient survey published July 2016 showed the practice received scores that were comparable to practices locally and nationally for patients' experiences of the care and treatment provided and their interactions with the GPs. The practice generally scored lower than local and national averages for questions about patients' experiences of making an appointment. There were 255 survey forms distributed and 121 were returned which equates to a 47% response rate. The response represents approximately 1.9% of the practice population.

The practice received scores that were comparable to those of the Clinical Commissioning group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time and having confidence and trust in the GPs and practice nurses.

For example:

- 93% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 91% and national average of 88%.
- 90% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).
- 91% said the last GP they saw or spoke to was good at giving them enough time (CCG average 90%, national average 86%).
- 92% said the last nurse they saw or spoke to was good at giving them enough time (CCG average 94%, national average 91%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 92%).
- 100% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

The practice scored similar to or lower than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 60% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 78% and a national average of 72%.
- 61% described their experience of making an appointment as good (CCG average 77%, national average 73%).
- 78% were fairly or very satisfied with the surgery's opening hours (CCG average 77%, national average 75%).
- 87% found the receptionists at the surgery helpful (CCG average 88%, national average 86%).

A similar to average percentage of patients, 86%, described their overall experience of the surgery as good or fairly good (CCG average 88%, national average 84%).

We spoke with ten patients during the course of the inspection, three of whom were members of the patient participation group (PPG). They told us the care and treatment they received was very good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients. We received 24 comment cards. All of these were positive about the standard of care and treatment patients received. Patient feedback in comment cards described the service and/or staff as; friendly, excellent, good, caring, helpful, attentive, kind, courteous, respectful and professional. A number of patients told us they sometimes found it difficult to get through to the practice by phone and felt they had to wait too long for a routine appointment. A new telephone system had been fitted at the practice and was scheduled for use in the forthcoming weeks.

Areas for improvement

Summary of findings

Action the service **SHOULD** take to improve

- Review the system for managing safety alerts to ensure an overview of actions taken.
- Improve procedures for the storage of vaccines.
- Review the procedures for checking emergency medicines.
- Review the effectiveness of the telephone/call management system following completion of the installation of the system.
- Continue to monitor and review back office staffing arrangements in relation to the role of staff working across two practices.

Heald Green Health Centre 1

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Heald Green Health Centre 1

Heald Green Health Centre 1 is located in Heald Green, Cheadle, Cheshire. The practice was providing a service to approximately 6,350 patients at the time of our inspection.

The practice is part of Stockport Clinical Commissioning Group (CCG). The practice is situated in an area with low levels of deprivation when compared to other practices nationally. The percentage of patients with a long standing health condition is 47% which is lower than the national average of 54%. The practice has a higher than average elderly population with 36% of patients over the age of 65 compared to the national average of 27%.

The practice is run by five GP partners (one male and four female). There are two practice nurses, three health care assistants, a business manager, an operations manager and a team of reception/administration staff.

The practice is open from 7am to 7.30pm on Mondays, Tuesdays and Thursdays, 8am to 7.30pm on Wednesdays and 8am to 6.30pm on Fridays. The practice is also open one in every four Saturdays from 9am to 11am.

When the surgery is closed patients are directed to the GP out of hours service provider 'Mastercall' by contacting NHS 111.

The practice is a training practice for trainee GPs. At the time of the inspection the practice was supporting medical students.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations up to four weeks in advance, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 December 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, a practice nurse, the business manager, the operations manager, reception and administrative staff.
- Spoke with patients who used the service and met with members of the patient participation group (PPG).
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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 a system in place for reporting, recording and responding to significant events. Staff told us they would inform the business or operations manager of any incidents and there was also a form for recording these available on the practice's computer system. The provider was aware of their responsibilities to report 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). The practice carried out a thorough analysis of significant events. Significant events and matters about patient safety were discussed at practice meetings and we were assured that learning from significant events had been disseminated and implemented into practice.

A system was in place for responding to patient safety alerts. We looked at a sample of safety alerts and how they had been managed. The information had been disseminated and action had been taken to make required changes to practise for the sample we looked at. However, the system did not include an overall record to demonstrate who was responsible for responding to the information and the actions taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguard them from abuse. For example;

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting safeguarding concerns for both children and adults were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. One of the GP was the lead for safeguarding. GPs attended safeguarding meetings when possible and prepared reports for case conferences when requested. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. Staff demonstrated they understood their

responsibilities to report safeguarding and the provider gave some clear examples of when they had raised safeguarding concerns. A regular safeguarding meeting was held with relevant professionals to discuss/share any concerns about patient's welfare linked to safeguarding.

- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS) check. These 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. There was an infection control protocol in place and staff had received up to date training. A practice nurse was the infection control clinical lead. They were responsible to liaise with the local infection prevention team and they carried out regular infection control audits. The practice had achieved a score of 100% during the most recent audit in May 2016. This had been carried out as a follow up to a previous audit in November 2015.
- The arrangements for managing medicines were appropriate and safe overall. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants had been trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The arrangements for the storage of vaccines required review so as to ensure all aspects of best practice guidance was being followed. For example, having two thermometers and ensuring sufficient space in the fridge for the circulation of air. There was a system to ensure the safe issue of repeat prescriptions. Patients who were prescribed potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. The practice worked with the Clinical Commissioning Group to identify improvements in

Are services safe?

prescribing. Medicines prescribing data for the practice was comparable to national prescribing data. A system was in place to account for prescriptions and they were stored securely.

- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a range of health and safety related policies and procedures that were readily available to staff.
- The practice had up to date health and safety related risk assessments and safety checks were carried out as required. For example, fire safety checks and fire drills were carried out and electrical equipment and clinical equipment was checked to ensure it was working properly.
- A risk assessment of each room was carried out on a weekly basis.
- 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 of the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents. These included:

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency.
- All staff had received annual basic life support training.
- A supply of emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a system in place to check the medicines were in date and fit for use. Overall the system was good, however, we found two examples whereby the checks had not identified shortfalls. These included; not recording the date of receipt of one medicine to ensure appropriate storage and not disposing of an out of date oxygen mask.
- The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks.
- A first aid kit was readily available.
- Systems were in place for the recording of accidents and incidents.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians assessed patients' 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 GPs demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice monitored the implementation of best practice guidelines through a range of regular clinical meetings and through benchmarking outcomes for patients against those for patients locally and nationally.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality 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 showed that the practice had achieved 98% of the total number of points available. Data from April 2015 to March 2016 showed performance in outcomes for patients was comparable to those of the Clinical Commissioning Group (CCG) and national averages. For example:

- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 77%, compared to a CCG average of 79% and a national average of 78%.
- The percentage of patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 81% (CCG average 84%, national average 80%).

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 96% (CCG average 91%, national average of 89%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 86% (CCG average 83%, national average 82%).
- The performance for mental health related indicators was similar to local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 88% (CCG average 84%, national average 83%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 85% (CCG average 92%, national average of 88%).

Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. Examples of recent full cycle audits included; an audit into the monitoring of patients taking lithium and an audit to establish if patients diagnosed with atrial fibrillation (irregular heart rate) had undergone an appropriate assessment at the time of diagnosis. Other first cycle audits included; an audit into referrals to secondary care and an audit to establish if clinicians were following best practice guidelines for the management of gout.

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. Multidisciplinary meetings were held on a monthly basis. These meetings included district nurses, health visitors, mental health professionals and representatives from social services. The needs of patients with more complex health or social care needs were discussed at the meetings with an aim to ensure that a holistic approach to their needs was being adopted.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- An induction programme was provided to newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had access to and made use of e-learning training modules and in-house training. There was a training plan in place to ensure staff kept up to date with their training needs.
- Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support, infection prevention and control, whistle blowing, health and safety, equality and diversity and information governance awareness. Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes, podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Clinical staff held lead roles and interests in a range of clinical areas including; sexual health, minor surgery, paediatrics, respiratory illness, diabetes and palliative care. Other areas with a designated lead member of staff included; safeguarding, referrals management, significant events and complaints.
- A system was in place to ensure clinical staff were kept up to date with relevant training, accreditation and revalidation.
- There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/ evaluate their performance and plan for their training and professional development.
- Staff attended a range of internal and external meetings. The GPs attended meetings with the CCG, neighbourhood meetings and federation meetings. Practice nurses attended local practice nurse forums.

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 intranet system. This included care plans, medical records, investigations and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

The practice reviewed hospital admissions data on a regular basis. The GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Systems were in place to ensure referrals to secondary care and results were followed up.

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

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. As part of this the practice had developed care plans with patients to prevent unplanned admissions to hospital and they monitored unplanned admissions and shared information as appropriate with the out of hours service and with secondary care services.

Consent to care and treatment

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

- The GPs showed a clear understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, clinical staff were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.
- Written consent was obtained and recorded as appropriate.

Supporting patients to live healthier lives

The practice provided advice, care and treatment to promote good health and prevent illness. For example:

- The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and diabetes. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.
- The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. Information from the QOF for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention were comparable to other practices. For example, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2015 to 31/03/2016) was 93% which was higher than the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. 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 encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening uptake was comparable to the national average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 59% (national average 57%) and females (aged 50-70) screened for breast cancer in the last 36 months at 73% (national average 72%).
- Childhood immunisation rates for the vaccinations given were comparable to national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Health promotion information was available in the reception area and on the website. Patients were referred to or signposted to health promotion services.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and 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. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. All of the 24 comment cards we received were positive and complimentary about the caring nature of the service provided. Patients said staff were helpful and treated them with dignity and respect. Patient feedback in comment cards described the service and/or staff as; friendly, excellent, good, caring, helpful, attentive, kind, courteous, respectful and professional.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between July to September 2015 and January to March 2016. The practice received scores that were similar to those of the Clinical Commissioning Group (CCG) and national scores for matters such as being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 93% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 91% and national average of 88%.
- 90% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).
- 91% said the last GP they saw or spoke to was good at giving them enough time (CCG average 90%, national average 86%).
- 92% said the last nurse they saw or spoke to was good at giving them enough time (CCG average 94%, national average 91%).

- 90% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 88 %, national average 85%).
- 85% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (CCG average 93%, national average 90%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 92%).
- 100% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

The practice scored similar to local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 87% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 88% and a national average of 86%.
- 86% described their overall experience of the practice as 'fairly good' or 'very good' (CCG average 88%, national average 84%).

We met with three members of the patient participation group (PPG). The PPG met on a regular basis and was consulted with about the practice. They gave us very positive feedback about the caring nature of staff and their experiences of the practice in general.

We also spoke with an additional seven patients who were attending the practice at the time of our inspection. They gave us positive feedback about the caring nature of the GPs, nurses and reception staff.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey showed the practice had scored similar to local and national averages for patient satisfaction in these areas. For example:

- 93% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 91% and a national average of 88%.

Are services caring?

- 90% said the last nurse they saw or spoke to was good at listening to them (CCG average of 93%, national average of 91%).
- 91% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 82% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 91%, national average of 89%).
- 93% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 85%, national average of 81%).
- 83% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 88%, national average of 85%).

Patient and carer support to cope emotionally with care and treatment

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. Information about how patients could access a number of support groups and organisations was available at the practice.

The practice maintained a register of carers and at the time of the inspection there were 213 carers on the register. This equated to approximately 3.3% of the practice population. The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They could also be offered flu vaccinations and health checks. Written information was available to direct carers to the various avenues of support available to them and they were signposted to a local carer support service for help and advice.

Patients receiving end of life care were signposted to support services. One of the GPs had a lead role in palliative care and the practice used an electronic data base to share key information about patients receiving end of life care with other agencies to promote more joined up working and better co-ordination of care and treatment. The practice had a policy and procedure for staff to adopt following the death of a patient. This included procedures for notifying other agencies and for making contact with family members or carers to offer them support and signpost them to bereavement support services.

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. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

The practice provided a flexible service to accommodate patients' needs. For example;

- There were longer appointments available for patients who required these.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical conditions that require same day consultation.
- The practice offered extended hours four days per week for working patients who could not attend during normal opening hours.

Access to the service

The practice was open from 7am to 7.30pm on Mondays, Tuesdays and Thursdays, 8am to 7.30pm on Wednesdays and 8am to 6.30pm on Fridays. The practice was also open one in every four Saturdays from 9am to 11am.

The appointment system had been reviewed and adapted to provide a range of appointments to meet patients' needs. People told us that they were always able to get an appointment when they needed one if their need was urgent and they could often get an appointment the same day. However, some patients told us they felt they had to wait too long if they wanted to book a routine appointment. We looked at the appointment system and found that routine appointments were not available to be booked for two to three weeks. A number of patients also told us they found it difficult to get through to the practice by phone to book an appointment.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was similar to or lower than local and national averages. For example:

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 60% compared to a CCG average of 78% and a national average of 72%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 78% (CCG average 77%, national average of 75%).
- 73% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 80%, national average 75%).
- 61% of patients described their experience of making an appointment as good (CCG average 77%, national average 73%).

The provider informed us that a new telephone system had been installed and would be available for use in the forthcoming weeks. It was intended that this would improve patients' experience of getting through to the practice by phone by directing patients with different requirements to the appropriate members of staff and by providing a call queuing system.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. These assessments were done by the designated duty doctor. 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.

The practice was located in a purpose built building. The premises were accessible and facilities for people who were physically disabled were provided. Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, a hearing loop system was available to support people who had difficulty hearing, translation services were available, some information had been produced in an easy read format and one of the GPs could communicate basic health needs using sign language.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints.

The practice had a system in place for handling complaints and concerns. A complaints policy and procedures was in place. Information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with. The information informed patients of their right to make a complaint directly to NHS England if they so wished and informed them that they could refer to the Parliamentary and Health Services Ombudsman if they remained dissatisfied with local resolution.

There was a complaints lead within the practice. We looked at a sample of complaints received in the last 12 months and found that these had been logged, investigated and responded to in a timely manner and patients had been provided with an explanation and an apology when this was appropriate.

Complaints were discussed as regular practice meetings and reviewed for any themes or trends. Lessons had been learnt from the sample of complaints we looked at and action had been taken to improve the quality of care and patients' experience of the service.

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 statement of purpose which outlined its aims and objectives. These included; the provision of high quality medical services, treating patients promptly, courteously and in complete confidence, involving patients in decisions and providing enough information for them to make informed choices, maximising accessibility and the range of services offered to meet the needs of patients, continuously reviewing, developing and improving services, understanding the views of patients, providing a safe environment for patients and staff, ensuring that staff have the right skills and training to carry out their duties competently.

Staff we spoke demonstrated that they supported the aims and objectives and the values linked to these and they demonstrated a patient centred approach to their work.

The GP partners had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality.

Governance arrangements

The practice had effective arrangements in place to govern the service and ensure good outcomes were provided for patients.

- There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.
- The GPs used evidence based guidance in their clinical work with patients. The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.
- Clinical audits had been carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised

annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).

- Regular meetings were carried out as part of the quality improvement process to improve the service and patient care. A rolling programme of meetings was scheduled that encompassed different areas of work such as; significant events and complaints, safeguarding, reviewing patient care, review of patients receiving end of life care, review of patient deaths and educational/learning set meetings.
- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

Leadership and culture

On the day of the inspection the partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable.

The partners encouraged a culture of openness and honesty. 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). The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support and an explanation.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. The provider had made changes to the staffing structure in response to feedback from staff about the added complexities of working across two practices. Feedback from staff indicated that there was still room for improvement in this.

Are services well-led?

Good 

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

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

The feedback we received from patients about staff in all roles was very positive and patients told us they felt staff provided a high quality service.

The practice actively encouraged and valued feedback from patients. The practice had an established and engaged patient participation group (PPG). Members of the PPG told us they attended regular meetings with the practice and they gave us a number of examples of how the practice had made improvements to the service in response to their feedback. Members of the PPG were highly complementary about the practice and felt there was a strong drive to listen to the views of patients and to improve and develop the service.

The practice also sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for 2016 showed that the majority of patients were either extremely likely or likely to recommend the practice.

The practice used information from events, concerns and complaints to make improvements to the service.

Staff were involved in discussions about how to develop the service and were encouraged to provide feedback about the service through a system of regular staff meetings and appraisals.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. This included the practice providing training for GPs and being involved in local schemes to improve outcomes for patients. The provider was aware of current challenges to the service, including: the effects of merging practice staff with another practice based in the same health centre, patient feedback regarding telephone access to the practice and increased demand for services. Future developments included increasing the services provided in line with increased demand for primary care services and improving some of the clinical areas of work for example referrals to secondary care.