

Drs Scrivings, Cameron, and Majid

Quality Report

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Date of inspection visit: 31 May 2016

Date of publication: 16/08/2016

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 Drs Scrivings, Cameron, and Majid on 31 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and 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. Practice specific protocols were developed in response to NICE guidance.
- Staff had been trained to provide them with 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.
- 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.
- The practice operated a demand led system. All patients making an appointment were assessed by a clinician and seen in accordance with their need.
- Data showed that patient satisfaction feedback was better than local and national averages for the majority of questions. Patients said they found it easy to make an appointments, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure there are systems and processes in place for notifying clinical staff of Patient Safety Alerts.
- Ensure all fridges have two thermometers, one of which is a maximum/minimum thermometer independent of mains power.

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, recording and analysing significant events to identify themes and trends.
- Incidents were discussed at practice meetings to share lessons learned and to make sure action was taken to improve safety in the practice.
- When things went wrong we saw evidence that patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There was a system for the practice to request maintenance and report faults. Up to date records were maintained by the practice.
- There was a lead for infection prevention and control.
- The practice had comprehensive business continuity plans in place for major incidents such as power failure or building damage.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had been identified by the local clinical commissioning group (CCG) as an outlier for seven targets in 2015. The practice produced and agreed an action plan with the CCG. As a result they reduced the outlying targets to four by April 2016.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice worked closely with other providers to effectively manage patients. For example, local care and nursing homes and community nurses.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- The practice worked closely with local pharmacy teams to ensure optimal medicines management, this included support with medicine reviews, audits and guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Feedback from patients about their care and treatment was consistently and strongly positive. On the day of the inspection we received 36 comment cards which were all positive about the practice.
- Information for patients about the services available was easy to understand and accessible in the practice and on their website.
- We saw that both clinical and non-clinical staff interacted with patients in a sensitive and compassionate manner. Patients were treated with kindness, dignity and respect. Patients' comments aligned with this as did the national patient survey results. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in a CCG audit of capacity and demand and referred patients to the CCG 'Clarity' project which aims to reduce the overall prescribing of benzodiazepines. Benzodiazepines are minor tranquillisers used to treat both anxiety and sleeping problems.

Good



Summary of findings

- Patients could access appointments and services in a way and at a time that suited them. For example, the practice operated a demand led system that allowed them to effectively manage patient demand by clinicians triaging all patients. Patients were assessed on a clinical priority basis.
- Patients said they found it easy to make appointments and there was continuity of care, with urgent appointments available the same day. Data from the national GP patient survey showed that 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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.
- Audits had been undertaken by the practice and were discussed at staff appraisals....
- 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

Good



Summary of findings

- The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- There was a strong focus on continuous learning and improvement at all levels. Staff had been encouraged to undertake additional training and expand their roles in the practice. They told us that the partners provided mentorship, support and protected learning time

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified an on-going issue for patients over the age of 75 who were taking more than 10 medications. They used computer software commissioned by the CCG in order to assist them in the process of managing these medications more effectively.
- Staff worked closely with community providers to co-ordinate care for elderly housebound patients with long-term conditions. For example, the district nurses and care co-ordinator.
- A lead clinician oversaw and implemented the avoidable unplanned admissions enhanced service. These patients had priority access to services.
- The practice actively promoted vaccine uptake in this group. Monthly clinics were offered for shingles and pneumococcal vaccinations. Data showed uptake rates were high. For example, 78% of people aged over 65 were vaccinated for flu which was better than the national average of 73%.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The healthcare assistants supported the nursing team to review and support patients with long term conditions.
- 71% of patients with diabetes, on the register, with a record of a foot examination and risk classification which was lower than the national average of 88%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- We saw practice specific protocols were developed in response to NICE guidance to carry out reviews of patients with long term conditions.
- GPs and practice nurses used e-consultations with the diabetic, respiratory and cardiology consultants at the local hospital to discuss and plan individual cases.
- The practice worked with and referred patients to the clinical care co-ordinator who supported patients at higher risk of hospital admission.
- A health trainer visited the practice once per week. They helped patients with both physical and mental conditions. The practice referred patients directly and encouraged self referral.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86%, which was better than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Sick children were prioritised and seen immediately if necessary. Appointment flexibility allowed children to be seen after school, or when parents were home from work.
- The practice actively promoted seasonal vaccines to the appropriate groups offering clinics outside school/work hours.
- All women were contacted in the immediate post-natal period. They were able to book six week checks for them and their baby.
- Staff promoted and referred to the recently launched local mental health helpline for young people.
- The practice offered contraceptive advice and chlamydia screening.

Good



Summary of findings

- Parents could access online services for their children up to the age of 11. Assessments were made for patients between the ages of 11 and 16 to determine whether they were able to access their own record.
- We noted from minutes of multidisciplinary meetings that there was good communication between the practice and the midwives, health visitors and schools nurses.

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.
- Extended hours slots were available several days during the week, ranging from 7.30am to 7.50pm, with doctors as well as nurses. Health care assistants offered appointments from 8.10am.
- The practice's system allowed patients to consult by telephone at a time that suited them. Patients told us they could always speak with a clinician the same day.
- Saturday morning drop-in clinics were offered annually for those requiring seasonal flu vaccination.
- The practice used text messaging to send appointments, reminders and selected test results.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- They offered a range of shared-care addiction clinics within the practice, with specialist workers in drug, alcohol and benzodiazepine services visiting weekly.
- The practice registered and supported patients from a local male bail hostel.
- The practice were the sole provider of primary care services to a local school and care home for children and young adults with severe physical and mental health needs. They offered a weekly telephone clinic. They met regularly with clinical and managerial staff from the home.
- The practice had a register of carers and ensured they were offered seasonal vaccines. They offered carers' health checks and support from a local carer support organisation, 'Carers Count'.
- 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.

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).

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months, which was below the national average of 84%. The practice were working with the local Dementia Action Alliance to improve services for patients with dementia.
- The practice developed their own practice guidance for staff and used regionally developed care-planning templates for patients with mental health.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Several members of staff had received 'Dementia Friends' training. They were working towards becoming a dementia friendly practice.
- There was a system to ensure that patients with depression attended for their initial follow-up review.
- Staff recognized the need for early intervention and self care. They promoted and referred patients to local mental health and counselling services, including the recently launched local mental health helpline for young people.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages for the majority of questions. 269 survey forms were distributed and 111 were returned giving a response rate of 41%. This represented just over one per cent of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Comments included that staff were friendly and efficient. Several patients gave examples of where staff had supported them through treatment or referral to other services. One patient commented that the appointment system needed improving but many others commented that they appreciated being able to speak to a clinician on the same day. A comment card was completed by a member of staff at a local nursing home. They said that they liaised on an almost daily basis with staff at the practice and commented that they were very supportive.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure there are systems and processes in place for notifying clinical staff of Patient Safety Alerts

- Ensure all fridges have two thermometers, one of which is a maximum/minimum thermometer independent of mains power.

Drs Scrivings, Cameron, and Majid

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 practice nurse specialist adviser.

Background to Drs Scrivings, Cameron, and Majid

- Drs Scrivings, Cameron, and Majid offers primary care medical services to 8077 patients under a Personal Medical Services (PMS) contract. The practice is known locally as The Greenway Medical Practice.
- Patients living in this area are ranked as sixth on the scale of one to ten for deprivation (more deprived areas tend to have greater need for health services). One per cent of patients are from a black, minority and ethnic background.
- The practice occupies a suite on the first floor in a modern purpose built health centre opposite Cleckheaton bus station and close to local shops and services.
- It has six consulting rooms, two treatment rooms and a minor surgery suite. The building also houses community dental services, audiometry service, physiotherapy, district nursing, family planning, and other community health services. All childhood immunisations are provided by local community provider Locala.
- In addition to primary medical care, the practice have a weekly minor surgery service and host local alcohol and

substance misuse nurses. The practice is the sole provider to a local school and nursing/care home for children, young people and adults with severe and complex physical and mental health needs.

- There are three GP partners (one male and two female), two salaried GPs (one male and one female), a male GP registrar, 2 female nurse practitioners, three female practice nurses (two of whom are independent prescribers), two female healthcare assistants, a female phlebotomist and a team of administrative staff.
- Greenway Medical Practice is a training practice. They are able to accommodate GP registrars on placement. There was a GP registrar on placement at the time of the inspection.
- The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8am to 12.30pm every morning and 1.30pm to 6.30pm daily. The practice offers extended hours clinics on alternate Wednesdays and Thursday mornings from 7.30am and on Tuesdays and alternate Wednesdays evenings until 7.30pm.
- When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

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 31 May 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses and administrative staff and spoke with patients who used the service.
- Observed how staff interacted with patients and carers in the reception and waiting areas.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they felt comfortable raising concerns and would inform the practice manager of any incidents and there was a recording form available on the practice's computer system and on paper. The practice used a traffic light system to determine the severity and impact of incidents. The incident recording forms supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events to identify any themes and trends.

We reviewed safety records, incident reports 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, the practice introduced a system to ensure that the DNA CPR wishes of all patients in nursing and care homes were discussed and recorded. DNA CPR relates to decisions about whether or not to attempt resuscitation in a person who is approaching the end of their life, when their heart stops or they stop breathing.

The practice manager was registered to receive patient safety alerts which were sent to the appropriate clinical staff. However, the practice did not have failsafes in place to ensure that safety alerts were always received and acted upon. For example, when the practice manager was away. The practice gave assurance that they would review procedures to ensure all safety alerts are received and acted upon.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies and local procedures were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child and adult safeguarding level three. Nurses were trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and could describe the correct procedure. They 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 senior practice nurse was the infection prevention & control (IPC) clinical lead who completed a infection prevention control link practitioner course in 2013. She liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice had up to date IPC protocols which were reviewed annually and annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines, 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

Are services safe?

regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a lead nurse responsible for the cold chain and storage of vaccines. We saw evidence that the temperature of the vaccine fridges were monitored and recorded daily. The fridge contents were audited and a vaccine stock checklist was available. Two of the vaccine fridges did not have secondary temperature monitoring devices as recommended by Public Health England guidance. The practice gave assurance that these would be purchased and installed.
- We reviewed three personnel files and the locum GP file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Several members of staff received additional training from Locala and were included on the building rota as incident control officers (ICOs). The nominated ICO was responsible for the safe evacuation of the building in the event of an emergency or alarm sounding.
- 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 building owner had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The landlord was responsible for carrying out actions identified by the health and safety and legionella risk assessments, and the practice could provide evidence that actions were taken. For example, taps and a shower were run on a weekly basis. There was a system for the practice to request maintenance and report faults. 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the reception office. Anaphylaxis kits were available in the nurse's rooms. Anaphylaxis is a severe allergic reaction.
- 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. A member of staff was responsible for checking the emergency kit regularly.
- 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. The plan had recently been used effectively in response to the failure of the telephone system.

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.
- We saw practice specific protocols were developed in response to NICE guidance.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90% of the total number of points available with 11% exception reporting. The practice were aware of higher exception reporting in areas and were investigating suspected coding errors. (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).

This practice had been identified by the local CCG as an outlier for seven targets in 2015. The practice produced and agreed an action plan with the CCG. As a result they reduced the outlying targets to four by April 2016. We saw a letter that the practice received in May 2016 from the CCG congratulating them on their hard work and becoming an achieving practice.

Data from 2014/15 showed:

- Performance for diabetes related indicators in was lower than the national average. Seventy one per cent of patients with diabetes, on the register, had a record of a foot examination and risk classification compared with

the national average of 88% (CCG average 89%, national average 88%). However, the practice identified coding errors and the most recent data provided by the practice showed that this increased to 87% in 2015/16.

- Performance for mental health related indicators was better than the national average. One hundred per cent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%).
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was lower than the national average. Seventy six per cent of patients with COPD had a review, undertaken by a healthcare professional, including an assessment of breathlessness (CCG and national average 90%). However, the practice showed us date from 2015/16 which demonstrated that the percentage had increased to 92%.

Nursing staff worked together to carry out reviews for patients with long term conditions. For example, the healthcare assistant carried out preliminary tests and checks and provided patients with a personal care plan before attending their review appointment with a practice nurse.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored and two were mid-cycle with the second cycle planned in the future. The practice nurses carried out two audits to ensure urine samples were labelled and processed correctly and that waste receptacles for sharps were safely positioned, labelled and the safety lids closed when not in use.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving the consent forms used for minor surgery. The nurse prescriber completed an audit of their prescribing as part of the appraisal and ongoing mentorship process. Their prescribing was found to be appropriate to their role.

Effective staffing

Are services effective?

(for example, treatment is effective)

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. Locum GPs received a folder with detailed information about the practice systems and processes and instruction in the clinician led appointment system. On the day of the inspection, the locum GP told us they attended monthly practice meetings, felt well supported and were made to feel like part of the practice team.
- 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 and healthcare assistants who carried out additional duties including vaccinating and spirometry.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Staff appraisals included a 360 degree feedback process. 360 degree feedback is a process in which employees receive confidential, anonymous feedback from the people who work around them. Staff told us that the practice supported them and offered flexible working, particularly when undertaking further education and study.
- 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, in-house training and local CCG run study days. The nursing team held monthly meetings and attended local 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 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 told us they had good communication with other local services, some of which were based in the same building. Patients in need of additional support to manage their condition were referred to the local health trainer or care co-ordinator.
- Patients needing additional support and end of life care were referred to local palliative care nurses and specialist heart failure nurses.
- GPs and practice nurses used e-consultations with the diabetic, respiratory and cardiology consultants at the local hospital to discuss and plan individual cases.
- The practice held a daily huddle in the office to clarify roles and responsibilities for the day.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice held monthly clinical meetings and 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.

The practice was the sole provider to a local school and nursing/care home for children, young people and adults with severe and complex physical and mental health needs. Staff maintained good communication with the home including a weekly telephone meeting. We saw an email from a senior staff member at the home which confirmed that the practice maintained clear, open and positive lines of communication and they received a prompt response to any enquiries or issues raised by staff at the home. The practice held regular meetings with the

Are services effective?

(for example, treatment is effective)

staff from the home to discuss and plan ongoing care for patients. The practice were working with the home to install the same clinical IT system to enable shared care records and communication via tasks and notifications.

Consent to care and treatment

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

- The practice manager had provided staff with mental capacity act prompt cards. 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.
- There were practice specific templates to ensure that staff recorded consent. 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 and alcohol cessation. Patients were signposted to the relevant service. Patients were referred to local weight management groups for free 12 week courses.
- Smoking cessation advice was available from the healthcare assistant who was trained as a level two smoking cessation adviser. Information was available to signpost patients to local support groups.

- The practice hosted a shared care alcohol and substance misuse service. Patients were reviewed regularly with a GP and the specialist nurse to support their recovery.

The practice's uptake for the cervical screening programme was 86%, which was better than the national average of 82%. There was a policy to offer three monthly reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 61% of patients aged 60-69, were screened for bowel cancer in the preceding 30 months (national average 58%). 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.

Childhood immunisation were provided by local community provider Locala. Childhood immunisation rates for the vaccinations given were comparable to CCG/ national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 97% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they could always speak with a doctor on the same day. They felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us that staff were welcoming and friendly. They were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Several patients gave examples of where staff had supported them through treatment or referral to other services

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. Patient feedback from the comment cards we received also aligned with these views.

For example:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%).

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%)
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%).
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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 also saw that care plans were personalised.

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

- 98% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

- The practice maintained regular contact with other services to ensure patients' needs were met. For example, local nursing homes and the care co-ordinator.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 108 patients as carers (A little over one per cent of the practice list). At the

time of the inspection the practice were reviewing the carers' policy. They developed a protocol, carer identification and referral forms and liaised with a local carers organisation to improve the process to identify carers in order to offer referral to local support organisations. Written information was available to direct carers to the various avenues of support available to them.

The practice had a bereavement protocol for staff to follow. Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice operated a clinician led appointment system. All patients making an appointment were assessed by a clinician and seen in accordance with their need.
- The practice offered extended hours clinics on alternate Wednesdays and Thursday mornings from 7.30am and on Tuesdays and alternate Wednesday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice maintained regular contact with local residential care and nursing homes. We saw evidence that staff responded quickly to requests for advice and home visits.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice referred patients taking benzodiazepine medicines to the CCG Clarity project which sought to reduce overall prescribing of these medicines. Benzodiazepines are a group of medicines that can be used to help with severe sleeping difficulties or anxiety.
- Saturday flu clinics were available during the autumn/winter season. Members of the patient participation group attended sessions to offer refreshments. The practice held a patient engagement event in March 2016. Patients were informed of plans to expand the clinical team and make better use of information technology. Patients were invited to suggest ideas to improve services. After the event the practice produced

a newsletter which informed patients of the actions they were taking. For example, improving communication with patients by using email and social media, working with and improving signposting to local support organisations and identifying patient champions.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12.30pm every morning and 1.30pm to 6.30pm daily. The practice offered extended hours clinics on alternate Wednesdays and Thursday mornings from 7.30am and on Tuesdays and alternate Wednesday evenings until 7.30pm for working patients who could not attend during normal opening hours. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 73% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

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.

All telephone calls were triaged by a clinician in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.

Are services responsive to people's needs?

(for example, to feedback?)

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

We looked at 11 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. We saw letters to patients from GPs which included their own reflections and actions taken as a result of investigations.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Staff knew and understood the values.

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.
- Up to date practice specific policies were implemented, regularly reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and we saw evidence that the practice responded to outlying areas with action plans and joint working with the local CCG.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. For example, two members of the administrative team suggested and developed a spreadsheet to record when patients had reminder letters. This was discussed at a team meeting and implemented immediately afterwards.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

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

- We saw evidence that the practice gave affected people appropriate 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 and a daily huddle.
- 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 said they felt respected, valued and supported, particularly by the partners in the practice. All staff including locum GPs 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.
- Staff told us that the practice took a flexible approach to ensure that staff maintained a good work/life balance. For example, when returning to work after illness or maternity leave or undertaking further education.

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 and submitted proposals for improvements to the practice management team. For example, the PPG assisted the practice to install signage in the practice that was more suited to people with dementia. PPG

Are services well-led?

Good 

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

members held coffee mornings during Saturday flu clinics to raise funds for local charities. One of the PPG members also attended patient group meetings organised by the local CCG to share patient views.

- The practice produced a quarterly newsletter which was available in the practice and on the website. The spring 2016 edition informed patients about the recent patient consultation events and the action plan which had been produced as a result.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the CCG 'Clarity' project to reduce benzodiazepine dependency. The practice held patient engagement events and produced action plans as a result. Staff were encouraged and supported to undertake additional training and education.