

Hollyhurst Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Hollyhurst Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of this practice on 3 December 2015. Breaches of legal requirements were found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.
- Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

We undertook this comprehensive inspection on 14 December 2016 to check that they had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Hollyhurst Medical Centre on our website at www.cqc.org.uk. The practice was rated as good overall following this inspection.

Our key findings at this inspection on the 14 December 2016 were as follows:

- The practice had addressed the issues identified during the previous inspection.
- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Risks to patients were assessed and well managed.
- Outcomes for patients who use services were good.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a system in place for handling complaints and concerns and responded quickly to any complaints.
- Patients we spoke with raised no concerns regarding making an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour regulation.

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.

Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements.

The practice was clean and hygienic, and infection control arrangements were in place.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe.

Staff recruitment and induction policies were in operation and staff had received Disclosure and Barring Service (DBS) checks where appropriate. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

Good



Are services effective?

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment, and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above than local clinical commissioning group (CCG) and national averages. They had achieved 99.5% of the points available to them for 2015/16 (CCG average 96.9%, national average 95.4%). The data for 2015/16 showed that the practice had received maximum points for 18 of the 19 clinical domain indicator groups, which included asthma, dementia, heart failure and mental health indicators. We saw that there was a programme of clinical audit to improve outcomes for patients.

Good



Summary of findings

Staff, including salaried GPs, received annual appraisals, by doing this they complied with legal requirements set out following our inspection in December 2015. They were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect, and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey, published in July 2016, were comparable with local CCG and national averages in respect of being treated with compassion, dignity and respect.

The practice identified carers and ensured they were signposted to appropriate advice and support services. At the time of our inspection they had identified 47 of their patients as being a carer (approximately 2% of the practice patient population).

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised and identified themes arising from them.

Results from the National GP Patient Survey showed that patients' satisfaction with accessing care and treatment was better than local and national averages, for example, 99% of patients said it was easy to get through to someone on the telephone at the practice compared to the local CCG average of 79% and national average of 73%. Patients we spoke with, and those who completed CQC comment cards, commented positively on how they could obtain an appointment.

Good



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.

Good



Summary of findings

There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice had a business plan in place which documented priorities such as improving the IT systems.

The provider was aware of and complied with the requirements of the Duty of Candour regulation. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

The practice sought feedback from staff and patients, which it acted on. There was a strong focus on continuous learning and improvement at all levels.

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.

Nationally reported Quality and Outcomes Framework (QOF) data (2015/16) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, performance for atrial fibrillation related indicators was above the national average (100% compared to 99.2% nationally). The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, patients at high risk of hospital admission, and those in vulnerable circumstances, had care plans.

The practice was responsive to the needs of older people, including offering home visits and double appointments. Patients over the age of 75 had a named GP. Prescriptions could be sent to any local pharmacy electronically.

The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. They offered immunisations for pneumonia and shingles to older people.

Good



People with long term conditions

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

The practice nurse was the lead for long term conditions and managed the recall system. Patients received a six monthly or an annual review. Patients with more than one long term condition were seen and reviewed at the same appointment wherever possible. The practice were beginning to implement the Year of Care approach to the management of patients' long term conditions.

Nationally reported Quality and Outcomes Framework (QOF) data (2015/16) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was compared to the local clinical commissioning group (CCG) average of 97.9% and the national average of 97.4%.

Good



Families, children and young people

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

Good



Summary of findings

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. There were quarterly safeguarding meetings held at each practice.

Childhood immunisation rates for the vaccinations given were broadly in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 91%, compared to the CCG averages of 65% to 94% and, for five year olds, from 77% to 100%, compared to CCG averages of 90% to 97%.

The practice's uptake for the cervical screening programme was 83%, which was in line with the national average of 82%.

Appointments were available outside of school hours and the premises were suitable for children and babies. Child immunisations were carried out by making an appointment with the practice nurse.

Working age people (including those recently retired and students)

Good



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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

The practice was proactive in offering online services which included appointment booking, test results and ordering repeat prescriptions. There was a full range of health promotion and screening that reflected the needs for this age group. Flexible appointments were available, including telephone appointments as well as extended opening hours.

People whose circumstances may make them vulnerable

Good



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 those with a learning disability. They carried out annual health checks for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

There was a practice register of all patients who were also carers and, were being supported, for example, by offering health checks and referral for social services support. There were 47 patients on the carer's register which was 2% of the practice population. Written information was available for carers.

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 regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. The practice maintained a register of these patients and recalled them for regular reviews. They told them how to access various support groups and voluntary organisations.

The practice had a register of patients diagnosed with dementia, poor mental health and depression. They regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. The percentage of patients with dementia who had received a face-to-face review in the preceding 12 months was 95% compared to the national average of 84%.

Good



Summary of findings

What people who use the service say

We spoke with five patients on the day of our inspection, which included three members of the practice's patient participation group (PPG). All of the patients were happy with the service they received from the practice. Comments used to describe the service included brilliant, excellent, good and great service. The patients commented positively on the access they had to appointments.

We reviewed 39 CQC comment cards completed by patients prior to the inspection. The cards completed were all overwhelmingly positive. Common words used to describe the practice included, fantastic team, helpful, lovely staff, excellent, and helpful.

The latest National GP Patient Survey published in July 2016 showed that scores from patients were mostly higher than national and local averages. The percentage of patients who described their overall experience as good was 94%, which was higher than the local clinical commissioning group (CCG) average of 88% and the national average of 85%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 91% (local CCG average 82%, national average 80%).

- 93% said the GP was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 91% said the GP gave them enough time compared to the local CCG average of 90% and national average of 87%.
- 89% said the nurse was good at listening to them compared to the local CCG average of 93% and national average of 91%.
- 89% said the nurse gave them enough time compared to the local CCG average of 94% and national average of 92%.
- 99% said they found it easy to get through to this surgery by phone compared to the local CCG average 79%, national average 73%.
- 93% described their experience of making an appointment as good compared to the local CCG average 76%, national average 73%.
- 97% said they find the receptionists at this surgery helpful (local CCG average 89%, national average 87%).

These results were based on 110 surveys that were returned from a total of 237 sent out; a response rate of 46% and 4.6% of the overall practice population.

Hollyhurst Medical Centre

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 advisor.

Background to Hollyhurst Medical Centre

Hollyhurst Medical Centre provides Primary Medical Services to the town of Winlaton and the surrounding areas. The practice provides services from one location, Front Street, Blaydon on Tyne, Tyne and Wear, NE21 4RD. We visited this address as part of the inspection.

The surgery is located in a converted house. Patient facilities are on the ground floor. There is step free access at the front of the building and a toilet on the ground floor. There is no dedicated parking for patients at the premises. However, there is parking in the surrounding streets to the practice.

The provider of the service is the lead GP, Dr Inder Singh, who is the provider for three other practices, another in Gateshead and two in the Sunderland area. There are two part time female salaried GPs. The whole time equivalent (WTE) of GPs is 1.25. The salaried GPs work five and four sessions respectively, and the lead GP provides up to 10 hours consulting time per week. There is a practice nurse who works 25.5 hours per week and a healthcare assistant who works at the practice for 14 hours per week. There is a practice manager, six administration staff, some of whom are part time and a cleaner who works at the practice six hours per week.

The practice provides services to approximately 2,400 patients of all ages. The practice is commissioned to provide services within a Personal Medical Services (PMS) contract with NHS England.

The practice is open between 8am - 6pm Mondays to Friday with extended opening hours on a Tuesday morning where the practice opens at 7:15am.

Consulting times are Monday to Friday 9.30am to 12.30pm, with the exception of a Tuesday morning from 7:20am. There are no appointments available on a Tuesday afternoon; emergencies are dealt with by a neighbouring practice. Other afternoon appointment times are Monday 2.30pm to 4:40pm, Wednesday 2pm to 4:30pm, Thursday 2:30pm to 6pm and Friday 2:30pm to 4:40pm.

The practice nurse provides appointments on Monday, Tuesday and Thursday and the healthcare assistant Wednesday and Friday.

The service for patients requiring urgent medical attention out of hours is through the NHS 111 service and Gateshead Community Based Care Limited, which is also known locally as 'GatDoc'.

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. This inspection was planned to check whether the registered provider was meeting the legal requirements planned by the practice after our comprehensive inspection on 3 December 2015 had been made.

Detailed findings

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 14 December 2016.
- Spoke with staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed a sample of the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

At our previous inspection of December 2015 we said that the practice could improve the way they shared significant events with staff. At this inspection we saw that systems for this had been improved. Staff told us there was a form for them to complete and the practice manager collated these. There had been nine significant events in the last year. These had been discussed at both clinical and staff meetings and shared with staff. We saw minutes confirming this. Where incidents and events met the threshold criteria, these were also added to the local clinical commissioning group (CCG) Safeguard Incident & Risk Management System (SIRMS). The practice told us they did not hold an annual review of these, however, as there were limited numbers and, because of the size of the practice, they felt they could keep a handle on any patterns or trends. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. The practice manager managed the dissemination of national patient safety alerts and kept a folder to ensure these had been actioned.

Overview of safety systems and processes

The practice could demonstrate a safe track record through having systems in place for safeguarding, health and safety, including infection control, and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the lead for safeguarding adults and children. Patient records were tagged with alerts for staff if there were any safeguarding issues they needed to be aware of. Safeguarding was discussed as part of the quarterly multi-disciplinary meetings which were held at the practice where all three GPs, and community health care staff, for example, a health visitor and social worker, attended. We saw minutes of

this. Staff demonstrated they understood their responsibilities and had all received safeguarding children training relevant to their role. The safeguarding lead had received level three safeguarding children training.

- There were notices displayed in the waiting areas of the practice and in clinical rooms, advising patients that they could request a chaperone, if required. The practice nurse and healthcare assistant usually carried out this role. However, some of the reception staff were also trained as chaperones. They had all received chaperone training. All staff who carried out chaperone duties 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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy, patients commented positively on the cleanliness of the practice. One of the practice nurses was the infection control lead. There were infection control policies, including a needle stick injury policy. There were yearly infection control audits and actions from these had been followed up. There was a legionella risk assessment for the surgery. We saw documentation to confirm this. Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.)
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling.) At our inspection in December 2015, we identified that pre-printed prescription stock was not tracked throughout the practice. At this inspection we saw arrangements had been put in place to address this. Vaccines were suitably stored and monitored. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records. Patient Group Directions (PGD) had been adopted by the practice, to enable nurses to administer medicines in line with legislation. These were up-to-date and had been signed. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

Are services safe?

- We saw the practice had a recruitment policy which was updated regularly. Recruitment checks were carried out. We sampled recruitment checks for both staff and GPs, including locums, and saw that checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We saw that the clinical staff had medical indemnity insurance.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. In relation to GP cover in the practice, one salaried GP provided four sessions per week and the other, five. The lead GP provided up to ten hours consulting time per week. The practice rarely used locum cover. The lead GP or one of the salaried GPs would provide cover for annual leave where possible.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy and risk assessment. There were fire risk assessments in place. There were trained fire wardens. Fire equipment was tested every week. The last fire drill was in November 2016. Staff had received fire and health and safety training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Asbestos risk assessments had been carried out.

Arrangements to deal with emergencies and major incidents

All staff received basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff and was updated on a regular basis.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The staff kept themselves up to date via clinical meetings which were held once a month.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2015/16 showed the practice had achieved 99.5% of the total number of points available to them, with a clinical exception reporting rate of 12.8%. The QOF score achieved by the practice was above the England average of 95.4% the local clinical commissioning group (CCG) average of 96.9%. The clinical exception rate was above the England average of 9.8% and the CCG average of 9.7%. 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. We looked at the exception reporting, due to it being above average figures and saw that it was appropriately audited and patients had not been inappropriately excepted.

The data for 2015/16 showed that the practice had received maximum points for 18 of the 19 clinical domain indicator groups, which included asthma, dementia, heart failure and mental health indicators.

At our previous inspection in December 2015 the practice could not demonstrate they had an effective system for clinical audit, or that they used audits successfully to improve quality. At this inspection we saw five examples of two-cycle clinical audits. This included an audit regarding patients at risk of cardio-vascular disease (CVD). This audit was to see if patients with a higher risk factor of CVD had

been offered statin therapy. At the first audit less than 2% of these patients had a record of declining statin treatment. Following the second audit 100% of the patients with the risk factor had been contacted and given the choice of statin treatment. Lifestyle advice was also given to patients.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and responsibilities of their job role. There was also an up to date locum induction pack at the practice.
- The learning needs of non-clinical staff were identified through a system of appraisals and informal meetings. Staff had access to appropriate training to meet those learning needs and to cover the scope of their work. Non-clinical staff had received an appraisal within the last twelve months. We saw examples of these. Staff told us they felt supported in carrying out their duties. The practice nurse was appraised by the lead GP; they told us they had received advanced training in managing long-term conditions, for example, to university degree level in the management of chronic obstructive pulmonary disease (COPD).
- All GPs in the practice had undertaken revalidation (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list.) At our last inspection we saw that the salaried GPs did not receive in-house appraisals. This had been addressed and they had both received one in the last twelve months.
- Staff received training that included: fire and health and safety, equality and diversity, basic life support, safeguarding children and adults, infection control and information governance awareness. Clinicians and practice nurses had completed training relevant to their role.

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

Are services effective?

(for example, treatment is effective)

and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example, when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's 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. We saw evidence that formal multi-disciplinary team meetings took place quarterly and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was in line with the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were broadly in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 91%, compared to the CCG averages of 65% to 94% and, for five year olds, from 77% to 100%, compared to CCG averages of 90% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients with the nurse or GP if appropriate. Follow-ups on 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 throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desks and on the telephone and that they were treated with dignity and respect.

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

We reviewed 39 CQC comment cards completed by patients prior to the inspection. The cards completed were all overwhelmingly positive. Common words used to describe the practice included, fantastic team, helpful, lovely staff, excellent, and helpful.

We spoke with five patients on the day of our inspection. All of the patients were happy with the service they received from the practice. Comments used to describe the service included brilliant, excellent, good and great service.

Results from the National GP Patient Survey published in July 2016 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice results were above or comparable with local and national satisfaction scores. For example, of those who responded:

- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 97% said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patients' responses were in line with local and national averages regarding their involvement in planning and making decisions about their care and treatment for GPs, however, they were lower than the averages for nurses. For example, of those who responded:

- 93% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 89% said the last nurse they spoke to was good listening to them compared to the CCG average of 93% and the national average of 91%.
- 89% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

Staff told us that translation services were available for patients who did not have English as a first language. The lead GP spoke Punjabi; they told us patients specifically attended the practice for this reason.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations and there was a good range of leaflet information available in the waiting area. This included information regarding long term illness, dementia and information for patients affected by cancer and for those who were carers.

The practice's computer system alerted GPs if a patient was a carer. There was a practice register of all patients who were also carers and were being supported, for example, by

Are services caring?

offering health checks and referral for social services support. There were 47 patients on the carer's register which was 2% of the practice population. Written information was available for carers to ensure they understood the various avenues of support available to them. Staff told us that if families had suffered bereavement, depending upon the families wishes the GP would telephone or visit to offer support.

Staff told us that if families had suffered bereavement, they were offered support by a visit from the GP or they could be referred for counselling.

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.

Services were planned and delivered to take into account the needs of different patient groups and to help to provide flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours on Tuesday mornings with appointments available from 7:20am.
- Telephone consultations were available if required
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not come to the surgery.
- Specialist Clinics were provided including minor surgery, sexual health and chronic disease management.
- The practice provided a quarterly newsletter to patients with information included in it, for example, influenza vaccinations and the practice participation group (PPG).
- Mother and baby health appointments and child immunisations were carried out by making an appointment with the practice nurse.

Access to the service

The practice was open between 8m - 6pm Mondays to Friday with extended opening hours on a Tuesday morning where the practice opened at 7:15am.

Consulting times were Monday to Friday 9.30am to 12.30pm, with the exception of a Tuesday morning from 7:20am. There were no appointments available on a Tuesday afternoon; emergencies were dealt with by a neighbouring practice. Other afternoon appointment times were Monday 2.30pm to 4:40pm, Wednesday 2pm to 4:30pm, Thursday 2:30pm to 6pm and Friday 2:30pm to 4:40pm.

The practice nurse provided appointments on Monday, Tuesday and Thursday and the healthcare assistant Wednesday and Friday.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. For example;

- 88% of patients were satisfied with the practice's opening hours compared to the local CCG average of 84% and national average of 79%.
- 99% of patients said they could get through easily to the surgery by phone compared to the local CCG average of 79% and national average of 73%.
- 93% of patients described their experience of making an appointment as good compared to the local CCG average of 76% and national average of 73%.

The five patients we spoke with said that they could obtain appointments when they needed them. They said the wait for routine appointments was not long compared to other practices.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. There were two routine appointments to see a GP available later on the day of the inspection. The next routine appointment after these, was three working days later. Emergency appointments were also available that day.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their 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. This included leaflets in the patient waiting area. Staff we spoke with were aware of the practice's policy and knew how to respond in the event of a patient raising a complaint or concern with them directly.

We saw the practice had received nine formal complaints in the last 12 months and these had been investigated in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed at clinical meetings.

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 lead GP told us the practice's aim was to provide patient-centered care. The practice's statement of purpose states, "The practice aims to deliver the highest standard of care by providing patients with access to appropriate consultations with the appropriate clinician that will support an appropriate diagnosis". Staff we spoke with talked about patients being their main priority.

Since our previous inspection the practice had devised a business plan. This set out the plans for the future development of the practice which included plans to improve IT systems and exploring the best ways to keep the GPs up to date with changing clinical practice.

The staff we spoke with, including clinical and non-clinical staff, all knew the provision of high quality care for patients was the practice's main priority. They also knew what their responsibilities were in relation to this and how they played their part in delivering this for patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities, the lead GP was involved in the day to day running of the practice.
- There were leads for areas such as safeguarding and long term conditions.
- Practice specific policies were implemented and were available to all staff.
- The staff including the lead GP and practice manager had an understanding of the performance of the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a programme of clinical audit to improve outcomes for patients.

Leadership and culture

At our last inspection we were concerned that although the lead GP had the experience to run the practice effectively and ensure high quality care, they did not have the capacity. At this inspection the lead GP was much more aware of the running of the practice and could give us the

information we required, as well as plans for the future. For example, a business plan for the future development of the practice had been produced and, there was now a programme of clinical audit in place. We saw that the salaried GPs now received in house appraisals and there were clinical meetings every month as far as possible.

Staff said they felt supported by the lead GP and practice manager and said they had an open door policy to staff. Staff said they felt the lead GP was approachable.

The provider was aware of and complied with the requirements of the Duty of Candour regulation. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There were clinical and non-clinical meetings every month. We saw from the minutes that significant events and complaints were discussed at these meetings. There were quarterly multi-disciplinary meetings which included the safeguarding and palliative care meetings. We saw examples of minutes from these meetings.

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through a patient survey and formal and informal complaints received and the practice participation group (PPG).

The practice had a patient participation group (PPG) with five members who met approximately every six months. We spoke with three members of the group. They commented positively on how the practice was open to change. Examples of improvements the group had influenced included advertising the influenza vaccine on prescription forms and encouraging the practice to have extended opening hours.

The practice had also gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Opportunities for individual training were identified at appraisal.

Continuous improvement

Staff we spoke with and records showed that there was a strong focus on learning in the practice.

Are services well-led?

Good 

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

The practice were beginning to implement the Year of Care approach to the management of patients' long term conditions.

The practice were looking to share services, and had recently merged with another practice. They said they hoped this would benefit patients.