Harrowside Medical Centre

Quality Report

South Shore Primary Care Centre
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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?	Outstanding
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Harrowside Medical Centre on 5 July 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. Actions taken were reviewed to ensure that they had been implemented and were effective.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, 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 provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

- We saw many examples of a caring practice. For example, we saw evidence of care for a terminally ill patient where the practice had planned GP home visits to the patient with a specialist from the hospital at the

Summary of findings

same time. We saw a letter from the patient's relatives praising the care received and a letter from the specialist recognising the benefit to the patient that this joint working had provided.

- Staff at the practice engaged with local and national charitable services and supported local health organisations including the local hospice in raising funds for them.
- The practice had shared clinical learning with the community district nursing team. Staff in the practice had been trained by the district nurses in specialised diagnostic assessment of patients and in patient wound dressings. In return, the practice staff assisted in the training of district nurses in the management of chronic disease.
- The practice sought opportunities for early identification of illnesses so as to prevent complications and treat appropriately. For instance, they assessed all patients attending clinics for influenza vaccinations for signs of atrial fibrillation (a heart condition).

The areas where the provider should make improvement are:

- The practice should minimise the risks that may be associated with the security of blank prescription pads.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. The practice reviewed actions taken to ensure that they had been implemented and were effective.
- When things went wrong patients received reasonable support, truthful information, and a written or verbal apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice maintained appropriate standards of cleanliness and hygiene. However, we saw fabric-covered notice boards in treatment rooms that had not been risk-assessed or listed separately in the practice cleaning schedule.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Practice staff were aware of things to look out for that could indicate an emergency situation when patients contacted the practice. There were notices above the telephones alerting staff to these signs and a dedicated GP available each day to deal with any urgent concerns.
- Protocols and policies for managing blank prescription forms were in place and prescriptions were securely stored. However, although the use of loose forms was monitored, staff using blank prescription pads did not follow practice protocol when removing or replacing them and did not log them in and out.
- Risks to patients were assessed and well managed. A recent building electrical safety check had identified areas for improvement and these were in the process of being addressed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. The practice had developed its own clinical guidelines.

Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. There was evidence of shared working with community services and practice staff and district nurses had provided training for each other.
- One of the practice GPs provided an acupuncture service to patients to offer an alternative pain management service for patients.

Are services caring?

Outstanding 

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice consistently better than others for almost all aspects of care. For example, 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%. Also, 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%. The percentage of patients who said the last GP they spoke to was good at treating them with care and concern was 96% compared to the CCG average of 86% and the national average of 85%.
- Feedback from patients about their care and treatment was consistently positive. All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Many patients said that the service was the best that it could be.
- We observed a strong patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care.
- We heard examples of care given to patients that included telephoning an anxious patient late in the evening to give a test result and giving support to another anxious patient during a cervical smear examination. We also observed a member of staff collecting and guiding a patient from the waiting area who was visually impaired.
- Staff worked to deliver integrated, compassionate care wherever possible. We saw an example of care for a terminally ill patient where the practice had planned GP home visits to the

Summary of findings

patient with a specialist from the hospital at the same time. We saw a letter from the patient's relatives praising the care received and a letter from the specialist recognising the benefit to the patient that this joint working had provided.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- The practice provided quiet areas for any patient becoming agitated in the waiting area.
- The practice was proactive in identifying and supporting carers and had identified 147 patients as carers, 3.2% of the practice list. All of these patients had been offered influenza vaccinations and had been signposted to local support services.
- Staff at the practice engaged with local and national charitable services and supported local health organisations including the local hospice in raising funds for them.

Are services responsive to people's needs?

Good

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. The practice worked with other neighbouring practices to integrate practice and community services.
- Data from the national GP patient survey showed that 97% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.
- The surgery held a designated emergency surgery on Friday afternoon and saw all patients needing an appointment before the weekend.

Are services well-led?

Good

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

Summary of findings

- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had been experiencing difficulties in arranging team meetings. We saw that communication with staff had been maintained mainly with the use of emails and other online messages. The practice told us that meetings would resume shortly and that mechanisms would be found to combat the lack of protected time.
- There was a 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A national charitable organisation visited the practice every week to provide advice on patient social care.
- The practice had a prescription clerk available each morning by telephone to arrange repeat prescriptions for elderly or housebound patients who were experiencing difficulties.
- Because the practice was situated some distance from the front entrance of the building, there was a wheelchair for patients at the front entrance for patient use. This was advertised to patients in the waiting area.
- There were chairs in the corridors for patients who experienced difficulties in walking a long distance and staff knew when patients would be waiting there.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- 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.
- The practice worked with the community district nurses to develop new skills in the management of patients. The practice assisted in the training of district nurses in the management of chronic disease.

Summary of findings

- The practice sought opportunities for early identification of illnesses so as to prevent complications and treat appropriately. For instance, they assessed all patients attending clinics for influenza vaccinations for signs of atrial fibrillation (a heart condition).

Families, children and young people

Good

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.
- Childhood immunisation rates for the vaccinations given were better than the CCG averages. Of the ten vaccinations given to five year olds, eight of them achieved 100% with the other two being 95% (CCG averages were 87% to 97%).
- 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 74% which was lower than the CCG average of 81% and the national average of 82%. The practice had recognised that these figures were low and sent personalised letters to patients who did not attend.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors, school nurses and hospital specialists.
- The practice provided its own information leaflets for young people regarding patient confidentiality and contraception.

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 as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7.45pm and on Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- From the national GP patient survey, 97% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

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 children at risk 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.
- There were disabled facilities, a hearing loop and translation services available. Translation services were also available on the practice website.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff we spoke to showed a thorough understanding 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)

Good

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

- 90% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average than the national average of 84%.
- 94% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- 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.
- 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. Staff had received training on dementia awareness.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above local and national averages. 286 survey forms were distributed and 122 were returned. This represented 2.7% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% 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 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 91% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients praised the high level of service at the practice and the professionalism and helpfulness of the staff. Patients commented that they felt listened to by staff and that they felt valued. They also said that the practice was a caring and friendly practice.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We heard evidence that showed that the practice went over and above what was expected, to help when it was needed. Figures from the practice friends and families test showed 13 patient responses for May 2016 and that 92% of those patients would recommend practice to others.

Areas for improvement

Action the service SHOULD take to improve

- The practice should minimise the risks that may be associated with the security of blank prescription pads.

Outstanding practice

- We saw many examples of caring practice. For example, we saw evidence of care for a terminally ill patient where the practice had planned GP home visits to the patient with a specialist from the hospital at the same time. We saw a letter from the patient's relatives praising the care received and a letter from the specialist recognising the benefit to the patient that this joint working had provided.
- Staff at the practice engaged with local and national charitable services and supported local health organisations including the local hospice in raising funds for them.
- The practice had shared clinical learning with the community district nursing team. Staff in the practice had been trained by the district nurses in specialised diagnostic assessment of patients and in patient wound dressings. In return, the practice staff assisted in the training of district nurses in the management of chronic disease.
- The practice sought opportunities for early identification of illnesses so as to prevent complications and treat appropriately.For instance, they assessed all patients attending clinics for influenza vaccinations for signs of atrial fibrillation (a heart condition).

Harrowside 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 adviser and a second CQC Inspector.

Background to Harrowside Medical Centre

Harrowside Medical Centre is housed on the ground floor of the modern, purpose built South Shore Primary Care Centre in the South Shore area of Blackpool.

There is onsite parking available and the practice is close to public transport. The practice provides services to 4557 patients.

The practice is part of the NHS Blackpool Clinical Commissioning Group (CCG) and services are provided under a Personal Medical Services Contract (PMS).

There are two male and one female GP partners. The practice also employs three practice nurses, a health care assistant and a clinical pharmacist. The non-clinical team consists of a practice manager and 12 administrative and reception staff who support the practice.

The practice is open between 8am and 7.45pm on Monday, 8am and 7.30pm on Tuesday and 8am and 6.30pm on Wednesday to Friday. When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111.

The practice has a larger proportion of patients aged over 45 years of age compared to the national average and 27% of the practice population are aged over 65 years of age compared to the national average of 17%.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice caters for a larger proportion of patients experiencing a long-standing health condition (62% compared to the national average of 54%) than average practices. The proportion of patients who are in paid work or full time education is lower (42%) than the CCG average of 52% and the national average of 62% and unemployment figures are higher, 11% compared to the CCG average of 7% and the national average of 5%.

The practice provides level access for patients to the building with automated entry doors and is adapted to assist people with mobility problems. The building has three floors, and the practice reception, consulting and treatment rooms are all on the ground floor.

There is a long walk inside the building to the practice and there is a wheelchair at the main entrance reception to assist those who need it.

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 5 July 2016. During our visit we:

- Spoke with a range of staff including three GPs, a practice nurse, the health care assistant, the practice manager, four members of the practice administration team and spoke with patients who used the service and one member of the practice patient participation group (PPG).
- Observed how staff interacted with patients and talked with family members.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, 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. They reviewed actions taken to ensure that they had been completed and were effective. Learning points were drawn from events and documented for circulation to staff and to be held on the practice computer intranet.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a prescribing error resulted in a patient being prescribed too much medication for low blood pressure. The practice updated the clinical protocol for treatment and reminded all clinicians of the best use of medication for this problem.

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 were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff we spoke to showed a thorough understanding of patient safeguarding. 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 protection or child safeguarding level 3 and nurses to level 2 or 3.
- 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 had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, we saw notice boards in treatment rooms that were covered in fabric and not wipe clean. These had not been risk assessed or listed separately in the practice cleaning schedule.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Staff we spoke to showed a thorough knowledge of the repeat prescribing process. The practice carried out 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 were securely stored and there were systems in place to monitor their use. However, although the use of loose forms was monitored, staff using blank prescription pads did not follow practice protocol when removing or replacing them and did not log them in and out. Patient Group

Good

Are services safe?

Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines against a patient specific direction from a prescriber.

- We reviewed four personnel files 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 staff kitchen which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). A recent building electrical safety check had identified areas for improvement and we saw evidence that action was being taken to address this.
- 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. The practice used a buddy system to ensure that staff were able to cover for others at times of staff leave or sickness.

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 clean utility room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- Practice staff were aware of things to look out for that could indicate an emergency situation when patients contacted the practice. There were notices above the telephones alerting staff to these signs and a dedicated GP available each day to deal with any urgent concerns.
- 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.

Good

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. The practice had also developed its own clinical protocols.
- The practice monitored that these guidelines were followed through risk assessments and audits.

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 91% of the total number of points available. Exception reporting figures for the practice were generally lower than the clinical commissioning group (CCG) and national averages (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 was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance figures for diabetes related indicators were generally lower than the national averages although exception reporting for these patients was also lower. The percentage of patients who had their blood sugar levels well-controlled was 71% compared to the national average of 78% and the percentage of patients with blood pressure readings within recommended levels was 75% compared to the national average of 78%. However, the practice achieved 97% vaccination against influenza for diabetic patients compared to the national average of 94%.
  - Performance for mental health related indicators was better than the national averages. For example, 94% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the national average of 88% and 90% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the national average of 84%.

The practice sought opportunities for early identification of illnesses so as to prevent complications and treat appropriately. In 2014, the practice had started to assess all patients attending clinics for influenza vaccinations for signs of atrial fibrillation (a heart condition). During these clinics they had identified several patients during 2014-2015 and had identified a further two patients during the 2015-2016 clinics.

The practice had also offered two consultant-led clinics for patients who had shown signs of possible atrial fibrillation in order to diagnose them, code them on the patient clinical record system and provide appropriate treatment.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, many of these were completed audits where the improvements made were implemented and monitored. A large number of these audits were medication audits to assess the cost effectiveness of prescribing or to aid prescribing quality improvement.
- 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 updating guidance to clinicians in the appropriate use of medications to treat patients with atrial fibrillation.

Information about patients' outcomes was used to make improvements such as the ongoing monitoring of the practice joint injection service. This helped clinicians review their practice and the effectiveness of the injections.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

Good

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions. Administrative staff who had daily contact with patients had attended customer care training and staff had attended training on patient dementia awareness.

- 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 practice had worked with other local practices to integrate and support practice and community services. As a result, one of the practice nurses had been trained by the district nurses in Doppler assessment (Doppler assessments look at blood flow in the major arteries and veins in the limbs) and then assisted in the training of district nurses in the management of patient chronic disease. Also, the practice health care assistant had been given additional training in the management of patient wound dressings and was expecting to be able to reciprocate training for district nurses when required.
- 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 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, training from external providers and in-house training. Staff had received training on dementia awareness.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice nurse also contacted vulnerable patients discharged from hospital to ensure that their needs were met and reviewed and amended patient care plans as necessary.

Consent to care and treatment

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

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

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 and patients experiencing mental health problems. Patients were signposted to the relevant service.
- One of the practice GPs provided an acupuncture service to patients to offer an alternative pain management service for patients.
- A psychological wellbeing practitioner was available on the premises each week and smoking cessation advice was available from a local support group.

Good

Are services effective?

(for example, treatment is effective)

- A national charity provided clinics every week to offer social care advice and patient memory screening services were also available.

The practice's uptake for the cervical screening programme was 74% which was lower than the CCG average of 81% and the national average of 82%. The practice had recognised that these figures were low and sent personalised letters to patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using support from its patient participation group (PPG) who designed and displayed information on the PPG notice board in the patient waiting area. 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 using the PPG notice board. 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 rates for the vaccinations given were better than the CCG averages. For example, childhood immunisation rates for the vaccinations given to one year olds ranged from 94% to 100% compared to the CCG averages of 94% to 96%. Of the ten vaccinations given to five year olds, eight of them achieved 100% with the other two being 95% (CCG averages were 87% to 97%).

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.

Outstanding ☆

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.
- The practice provided quiet areas for any patient becoming agitated in the waiting area.
- There were chairs in the corridors for patients who experienced difficulties in walking a long distance and staff knew when patients would be waiting there.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a system in reception to allow any queue of patients to wait away from the reception window.

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Many patients said that the service was the best it could be.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They also spoke of the friendly nature of the practice and the good continuity of care. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally very much above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 88% 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%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG and the national averages of 87%.

Staff told us that they always tried to put the patient first and that they felt motivated to offer supportive, compassionate services to patients. They told us that they would always go the extra mile to help patients whenever possible.

We heard examples of care given to patients that included telephoning an anxious patient late in the evening to give a test result and giving support to another anxious patient during an examination. We also observed a member of staff collecting and guiding a patient from the waiting area who was visually impaired.

We saw an example of care for a terminally ill patient where the practice had planned GP home visits to the patient with a specialist from the hospital at the same time. We saw a letter from the patient's relatives praising the care received and a letter from the specialist recognising the benefit to the patient that this joint working had provided.

Staff at the practice engaged with local and national charitable services and supported local health organisations including the local hospice in raising funds for them.

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.

Outstanding ☆

Are services caring?

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 generally above local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national averages of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 82% 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%.

Staff at the practice told us that they prioritised patient choice of GP wherever possible and patients praised the continuity of care offered by the GPs. They told us that they sometimes had to wait for the GP of their choice but that the wait was not usually very long. From the national GP patient survey, 45% of patients said that they always or almost always saw the GP of their choice compared to the CCG average of 33% and the national average of 36%.

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.
- Staff knew that when making referrals for very elderly or vulnerable patients, they could contact the patient to make the appointment with them rather than send them a letter asking them to make the appointment themselves.
- As a result of a patient survey, the practice had produced its own patient information leaflets about a variety of practice services including ordering repeat prescriptions and chronic disease reviews.
- The practice also provided its own information leaflets for young people regarding patient confidentiality and contraception.

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 147 patients as carers (3.2% of the practice list). All these patients had been offered an influenza vaccination. Written information was available to direct carers to the various avenues of support available to them and this information was made available to all new patients as part of the practice new patient information pack. Support services offered included both emotional and social support and useful information and advice.

Staff told us that if families had suffered bereavement, their usual GP contacted them if the circumstances allowed. This call could be 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.

Good

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 worked with other neighbouring practices to integrate practice and community services.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7.45pm and on Tuesday evening 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 and those with more complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical 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. Translation services were also available on the practice website.
- Although the practice did not take requests for repeat prescriptions routinely over the telephone, they had a prescription clerk available each morning to arrange repeat prescriptions for elderly or housebound patients who were experiencing difficulties.
- Because the practice was situated some distance from the front entrance of the building, there was a wheelchair for patients at the front entrance for patient use. This was advertised to patients in the waiting area.

Access to the service

The practice was open between 8am and 7.45pm on Monday, 8am and 7.30pm on Tuesday and 8am and 6.30pm on Wednesday to Friday. Appointments were from 8am every day except Wednesday when they started at 8.30am. Appointments ran throughout the day until 6.50pm on Monday and Tuesday, 5.10pm on Wednesday, 5.20pm on Thursday and 4.20pm on Friday. The surgery held a designated emergency surgery on Friday afternoon and saw all patients needing an appointment before the weekend. 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. All patients requesting an urgent appointment were telephoned by the practice nurse or pharmacist that day and either dealt with appropriately at that time or asked to come into the practice for a consultation. The majority of available pre-bookable patient appointments could also be booked online.

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

- 97% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 90% 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. They praised the practice appointment system and the ease of accessing the practice on the telephone. We saw that the next available routine appointment was on the following day.

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.

The practice had a policy to list all patient requests for home visits and the reason for the request on the practice computer system. These requests were passed to GPs in a timely manner and GPs telephoned the patient or carer to assess the urgency of need for the visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice policy allowed for staff to check that GPs were aware of the visits twice a day and then sign off that the GPs were aware. As the result of a national safety alert, the practice audited that this policy had been followed appropriately.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a leaflet available and staff were aware of the procedure.

We looked at five complaints received in the last 12 months and found they had all been dealt with in a timely way and with openness and honesty. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, staff were reminded of the need to ensure that practice procedure was followed when telephoning patients to ensure that errors were not made.

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. There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. Optimum patient care was seen as central to the service delivery.

- The practice shared common values and worked to ensure that they underpinned everything that they did.
- The practice had done some succession planning although this was not formalised in a written plan. Staff had been trained in anticipation of future responsibilities.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the shared drive on the practice computer system.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were sound 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. They demonstrated a patient-centred approach to practice services. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal or 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 there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so. We noted that there was a regular annual team social event and that staff turnover was very low.
- The practice had been experiencing difficulties during the previous six months in arranging whole practice team meetings. They said that this was due partly to the lack of protected time for meetings and also because of staff sickness. We saw that communication with staff during this period had been maintained mainly with the use of emails and other online messages. The practice told us that whole practice meetings would resume shortly now that staff were back in post and that mechanisms would be found to combat the lack of protected time.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Good

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a patient suggestion box in the practice patient waiting area. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as result of a PPG survey, new signage at reception had improved patient privacy at the reception window.
- The practice had gathered feedback from staff through 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. Any opportunities to identify learning points were valued by all staff in the practice team.