

Briarwood 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Briarwood Medical Centre on 22 November 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- The practice staff had a very good understanding of the needs of their practice population and were flexible in their service delivery to meet patient demands; such as providing flexible GP appointments when required.
- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs were accessible and supportive.
- There was evidence of an all-inclusive team approach to providing services and care for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was good access to clinicians and patients said they generally found it easy to make an appointment. There was continuity of care and if urgent care was needed patients were seen on the same day as requested.
- Patients' needs were assessed and care was planned and delivered following local and national care pathways and National Institute for Health and Care Excellence (NICE) guidance.
- The practice promoted a culture of openness and honesty. There was a nominated lead for dealing with complaints and significant events. All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.
- Risks to patients were assessed and well managed.
- There was a safeguarding lead in place and comprehensive systems to protect patients and staff from abuse.
- The practice sought patient views of how improvements could be made to the service, through the use of patient surveys, engagement with the (Patient Representative Group) PRG and the NHS Friends and Family Test.

Summary of findings

- Staff said they were proud to work at the practice and felt they delivered a good quality service to patients.
- The practice complied 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.)

However there were areas of practice where the provider should make improvements:

- The practice should review how it can best protect confidentiality for patients in the reception area.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Risks to patients were assessed and well managed.
- There were systems in place for reporting and recording significant events and near misses.
- There was a nominated lead for safeguarding children and adults. Systems were in place to keep patients and staff safeguarded from abuse.
- There were processes in place for safe medicines management. Prescribed medicines were reviewed by the medication advisor.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control (IPC). They completed IPC audits and regular checks of the building.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the needs of patients and delivered care in line with local and national pathway and NICE guidance.
- We saw evidence of appraisals and up to date training for staff.
- There was evidence of working with other health and social care professionals, such as the health visitors, midwife, palliative care nurses, district nurses, community matron and the mental health team, to meet the range and complexity of patients' needs.
- Clinical audits demonstrated quality improvement.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with local and national averages.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice comparable or higher than other practices for the majority of questions regarding the provision of care.

Summary of findings

- Comments we received from patients on the day of inspection were positive about their care.
- We observed that staff treated patients with kindness, dignity, respect and compassion. Patients' comments aligned with these observations. We did note however that the reception area did not provide sufficient privacy to discuss confidential concerns.
- Appropriately trained staff were available to act as chaperones for patients as required.
- The practice maintained a register of those patients who were identified as a carer and offered additional support as needed.
- It was apparent when talking with both clinical and administrative staff during the inspection there was a genuine caring and supportive ethos within the practice.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked with NHS Greater Preston Care Commissioning Group (CCG) and other local practices to review the needs of their population.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- National GP patient survey responses and comments made by patients indicated appointments were available when needed.
- The practice offered pre-bookable and online appointments. All patients requiring urgent care were seen on the same day as requested.
- They provided access to extended hours services and telephone consultations and text message reminders.
- The practice could evidence being responsive to demands on the appointment system. They audited demand and capacity daily.
- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients, learning disability or mental health patients.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.

Good



Are services well-led?

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

Good



Summary of findings

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.
- The provider complied with the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- The practice promoted a culture of openness and honesty. Staff and patients were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services.
- Staff said they were proud to work at the practice and felt they delivered good, quality service and care to patients.
- The practice proactively sought feedback from patients through engagement with patients, the Patient Representative Group (PRG) and their local community.
- The practice was awarded both the GP of the year and an outstanding contribution award in 2015 by the local CCG.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Proactive, responsive care was provided to meet the needs of the older people in its population.
- The advanced nurse practitioner (ANP) co-ordinated care for patients aged over 75.
- Registers of patients who were aged 75 and above and also the frail elderly were in place to ensure timely care and support was provided. Health checks were offered for all these patients.
- The practice worked closely with other health and social care professionals, via multi-disciplinary care teams. This helped housebound patients receive co-ordinated care and support and reduced hospital admissions.
- The ANP had dedicated time weekly to work in the community with local care home patients.

People with long term conditions

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

Good



- The practice nurses had lead roles in the management of long term conditions, supported by the GPs. Annual reviews were undertaken to check patients' health care and treatment needs were being met.
- The practice maintained a register of patients who were a high risk of an unplanned hospital admission. Care plans and support were in place for these patients.
- 63% of diabetes had measured total cholesterol in the last 12 months compared to 68% locally and 70% nationally.
- 76% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months, in line with 77% locally and 89% nationally.

Families, children and young people

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

Good



- The practice worked with midwives, health visitors to support the needs of this population group. For example, the provision of ante-natal, post-natal and child health surveillance clinics.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day access was available for all children under the age of five.
- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 82% of eligible patients had a cervical screening test in the preceding 5 years, compared to 74% locally and 76% nationally.

Working age people (including those recently retired and students)

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

- The needs of these patients 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 provided telephone and email consultations, online booking of appointments and ordering of prescriptions.
- Sunday appointments were offered to increase flexibility for working patients.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.
- Health checks were offered to patients aged between 40 and 74 who did not have a pre-existing condition.
- Travel health advice and vaccinations were available.

Good



People whose circumstances may make them vulnerable

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

- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Good



Summary of findings

- We saw there was information available on how patients could access various local support groups and voluntary organisations.
- Annual reviews for patients with a learning disability were provided where the patient preferred for example at their home or at the practice. The ANP was the named nurse who supported delivery of annual reviews of their care.

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).

- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- 78% of patients diagnosed with dementia had received a face to face review of their care in the last 12 months, compared to 81% locally and 78% nationally.
- The practice had developed comprehensive care plans for patients with dementia.
- Same day appointments / phone consultation were made for patients experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey distributed 226 survey forms of which 99 were returned. This was a response rate of 44% which represented 1% of the practice patient list. The results published in July 2016 showed the practice was performing higher than local CCG and national averages, for the majority of questions. For example:

- 97% of respondents described their overall experience of the practice as fairly or very good (CCG 87%, national 85%)
- 94% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG 80%, national 78%)
- 95% of respondents described their experience of making an appointment as good (CCG 74%, national 73%)

- 95% of respondents said they found the receptionists at the practice helpful (CCG 86%, national 87%)
- 99% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG 96%, national 95%)
- 97% of respondents said they had confidence and trust in the last nurse they saw or spoke to (CCG 97%, national 97%)

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 12 comment cards. They stated they felt listened to and also cited staff as being caring and helpful. We saw that the Friends and Family Test (NHS survey) latest comments were positive where 100% of patients would recommend the practice to others; the results were displayed on the practice web site.

Briarwood Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector and a GP specialist advisor.

Background to Briarwood Medical Centre

Briarwood Medical Centre is a member of the NHS Greater Preston Clinical Commissioning Group (CCG). Personal Medical Services (PMS) are provided under a contract with NHS England.

The surgery is based in a converted building over two floors. There are consulting rooms on the ground and first floors. Patients with limited mobility access facilities on the ground floor. The practice has recently put in a bid for a service lift to the first floor, to improve access overall. There is a car park at the front of the building and a disabled ramp to the front door.

The practice is located in an area of medium deprivation in Ashton on the outskirts of Preston Lancashire. Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice currently has a patient list size of 5,808. The average life expectancy of the practice population is comparable with both CCG and national averages for males at 78 years (compared to CCG 77 years and national average 79 years). Life expectancy for females is also

comparable with CCG and national averages at 81 years (CCG 81 years and national average 83 years). Age groups and population groups within the practice population are comparable with CCG and national averages.

There are three GPs (one female and two male) at the practice. Nursing staff consist of a one advanced nurse practitioner (ANP) and two practice nurses; all of whom are female. There is a practice manager, and a team of reception and administrative staff who oversee the day to day running of the practice.

Briarwood is a teaching and training practice. They are accredited to train doctors to become GPs (registrars) and to support undergraduate medical students with clinical practice and theory teaching sessions. They have recently received a gold award for their teaching provision at the practice awarded by the University of Manchester.

The practice has good working relationships with local health and social services to support provision of care for its patients. They have close working links with care and nursing homes. Regular visits are made by the clinicians to these sites.

The practice is open Monday to Friday 8am to 6.30pm with extended hours on a Sunday from 9am-12noon.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, the practice has daily urgent appointments triaged by the ANP.

When the practice is closed out of hours services are provided by Preston primary care by telephoning NHS 111.

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and NHS Greater Preston CCG, to share what they knew about the practice. We reviewed the latest 2015/16 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 22 November 2016. During our visit we:

- Spoke with a range of staff, which included GPs, ANP, the practice nurse, the practice manager, administrative and reception staff.
- Observed in the reception area how patients, carers and family members were treated.
- Looked at templates and information the practice used to deliver patient care and treatment plans.
- Spoke with a representative from the Patient Representative Group (PRG).

- Reviewed CQC comment cards and spoke with patients regarding the care they received and their opinion of the practice.

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

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:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led
- Older people
- People with long term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting, recording and investigating significant events and near misses.

- The practice was aware of their wider duty to report incidents to external bodies such as NHS Greater Preston CCG and NHS England. This included the recording and reporting 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.)
- Staff told us they would inform the practice manager of any incidents. There was an electronic incident recording form on the practice computer system.
- There was a system in place to ensure all safety alerts were cascaded to staff and actioned as appropriate.
- When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, and a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was a nominated lead to ensure all significant events and near misses were recorded on the electronic reporting system.

We reviewed safety records, incidents reports, patients safety alerts and minuted meetings where these were discussed. We saw evidence that lessons were shared and actions were taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare.

Staff had received training relevant to their role and could demonstrate their understanding of safeguarding. A dedicated member of staff acted in the capacity of

safeguarding lead for adults and children and clinical staff had been trained to the appropriate level. The GPs met regularly with the health visitor who also regularly attended the practice and any child safeguarding issues or concerns were communicated to them.

A notice was displayed in the waiting and consultation rooms, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Only trained staff acted as chaperones and had received a Disclosure and Barring Service check (DBS). (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. There was a nominated lead for infection prevention and control (IPC) who could evidence an organised and knowledgeable approach. They undertook regular checks of the building and we saw evidence that an IPC audit had taken place and action had been taken to address any improvements identified as a result. There were spillage kits available in the practice, which could be used to deal with the spillage of bodily fluids, such as blood.

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out by the local CCG medication advisor to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines, in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references and DBS checks.

Are services safe?

Monitoring risks to patients

The practice had procedures in place for assessing, monitoring and managing risks to patient and staff safety. We saw evidence of:

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A health and safety policy and up to date fire risk assessment.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked flexibly to cover any changes in demand, for example annual leave, sickness or seasonal.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff were up to date with fire and basic life support training.
- There was a defibrillator available on each floor of the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the practice intranet and as a paper copies.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We were informed (and saw evidence in some instances) that 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.
- 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 peoples' needs.
- Monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. We saw minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2015/16) showed the practice had achieved 93% of the total number of points available, with 5% exception reporting. This was lower than the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data showed:

- 78% of patients with diabetes had an HbA1C result which was within normal parameters, compared to 79% locally and 79% nationally. (HbA1c is a blood test which can help to measure diabetes management.)
- 69% of patients with diabetes had received a foot examination and a risk classification for potential problems, compared to 77% locally and 81% nationally. However we received up to date information during our visit that showed a marked improvement in this result. In November 2016 93% of patients with diabetes had received a foot examination.

- 78% of patients with hypertension had a blood pressure reading which was within normal parameters, compared to 81% locally and 80% nationally

The practice used clinical audit, peer review, local and national benchmarking to improve quality. We saw several clinical audits for example; the practice had completed gout audits. The audits had been undertaken in 2015 and repeated again within 12 months. The audits could demonstrate where improvements had been identified and further improvement were required. The results were shared with the other clinicians.

The practice had also undertaken prescribing audits in line with the quality improvement in practice programme.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- The learning and development needs of staff were identified through appraisals, meetings and reviews of practice performance and service delivery. All staff had received an appraisal within the preceding 12 months.
- Staff were supported to access e-learning, internal and external training. They were up to date with mandatory training which included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Staff who administered vaccines and the taking of samples for the cervical screening programme had received specific training, which included an assessment of competence.
- The GPs were up to date with their revalidation and appraisal.
- The ANP and practice nurses were up to date with their nursing registration.

Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients. They

Are services effective?

(for example, treatment is effective)

could evidence how they followed up patients who had an unplanned hospital admission or had attended accident and emergency (A&E); particularly children or those who were deemed to be vulnerable.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan on going care and treatment. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a monthly basis.

Care plans were in place for those patients who had complex needs, were at a high risk of an unplanned hospital admission or had palliative care needs. These were reviewed and updated as needed. Information regarding end of life care was shared with out-of-hours services, to minimise any distress to the patient and/or family.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as the Fraser guidelines. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients:

- who were in the last 12 months of their lives

- at risk of developing a long term condition
- who required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who acted in the capacity of a carer and may have required additional support
- These patients were then signposted or assisted to the services relevant to them.

The practice also liaised with a range of services, these included, mental health, counselling, midwives, health visitors, cancer support nurses and hospice liaison.

We were informed (and saw evidence in some instances) that the practice:

- Encouraged its patients to attend national screening programmes for bowel and breast cancer.
- Breast screening of females aged 50 to 70 in the last 36 months was 71% (CCG 65%, national 72%).
- Bowel screening of patients aged 60 to 69 years in the last 30 months was 61% (CCG 58% and national 58%).
- Carried out immunisations in line with the national childhood vaccination programme. Uptake rates for children aged eight weeks to five years ranged from 93% to 100%; which were higher than the CCG averages of 83% to 95% (these included the Meningitis C vaccine which had lower rates of uptake across the CCG as a whole).
- Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. The practice had undertaken 189 of these checks in the preceding 12 months.
- Provided advice and support with weight management.
- Provided sexual health advice and contraception services, such as coil fittings and implants.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- There was a private area available should patients in the reception area want to discuss sensitive issues or appeared distressed.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations to ensure confidentiality was maintained.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.
- Whilst the practice displayed a notice which offered patients an opportunity for private discussion it was observed that the waiting area was positioned in such a way that all discussions with reception could be overheard.

All of the CQC comment cards were positive and used words like 'excellent' to describe the care and service received. Patients stated the staff were, very caring and they felt listened to, comments included words such as, 'friendly staff', 'outstanding care' and 'treat with respect'.

Data from the national GP patient survey showed respondents rated the practice comparable or higher to CCG and national averages for many questions regarding how they were cared for. For example:

- 92% of respondents said the last GP they saw or spoke to was good at listening to them (local CCG 89%, nationally 87%)
- 91% of respondents said the last nurse they saw or spoke to was good at listening to them (local CCG 91%, nationally 91%)
- 94% of respondents said the last GP they saw or spoke to was good at giving them enough time (local CCG 87%, nationally 87%).
- 93% of respondents said the last nurse they saw or spoke to was good at giving them enough time (local CCG 92%, nationally 92%)

Care planning and involvement in decisions about care and treatment

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

- The choose and book service was used with all patients as appropriate.
- Interpretation and translation services were available for patients who did not have English as a first language. The GPs could speak other languages to enable patients understand their decision making.
- Translation service available on web site.

Data from the national GP patient survey showed respondents rated the practice comparable or higher to CCG and national averages for many questions regarding how they were treated. For example:

- 90% of respondents said the last GP they saw was good at treating them with care and concern (local CCG 86%, nationally 85%)
- 91% of respondents said the last nurse they saw was good at treating them with care and concern (local CCG 91%, nationally 91%)
- 89% of respondents said the last GP they saw was good at explaining tests and treatments (local CCG 86%, nationally 86%).
- 95% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (local CCG 91%, nationally 90%)

Patient and carer support to cope emotionally with care and treatment

The practice maintained a carers' register and the patient electronic record system alerted clinicians if a patient was a carer. All carers were offered a health check and influenza vaccination.

At the time of our inspection the practice had identified 198 carers, which equated to 3% of the practice population. Support was offered to carers directly by the practice and they were signposted to support groups in the area.

We saw there were notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations. There was also information available on the practice website.

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative

Are services caring?

care, and their families, were supported as needed. At the time of our inspection there were 28 patients on the

palliative care register which equates to 0.4% of the practice population. The practice sent bereavement letters of condolence and GPs contacted families individually after their loved ones had passed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the local CCG to identify and secure provision of any enhanced services or funding for improvements. Services were provided to meet the needs of their patient population, which included:

- Home visits for patients who could not physically access the practice and were in need of medical attention
- Urgent access appointments for children and patients who were in need
- Telephone consultations
- Longer appointments as needed
- Travel vaccinations which were available on the NHS
- Some of the staff were multilingual which supported effective communication with their patients
- Disabled facilities, a hearing loop and translation services available.

The practice demonstrated a comprehensive understanding of their practice population and individual patient needs.

Access to the service

The practice was open Monday to Friday 8am to 6:30pm with extended hours on a Sunday from 9am-12noon.

The surgery times were Monday-Friday 8:30am- to 5:30pm, with same day surgery available for urgent appointments. Sunday 9am-12noon.

Appointments could be booked up to four weeks in advance and same day appointments were available for people that needed them.

Data from the national GP patient survey showed respondents rated the practice higher than other local and national practices. For example:

- 88% of respondents were satisfied with the practice opening hours (local CCG 77%, nationally 76%).
- 93% of respondents said they could get through easily to the surgery by phone which was significantly higher than the local CCG 74% and national 73%.

Listening and learning from concerns and complaints

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

- The 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.
- The practice kept a record of all written and verbal complaints
- All complaints and concerns were discussed at the practice meeting
- Information was displayed in the waiting area and was also available via the practice website.
- There had been eight complaints received in the last 12 months. We found they had been satisfactorily handled. Lessons had been learned and action taken to improve quality of care.

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 and strategy to deliver high quality, safe and effective care in response to the needs of patient within their community.

There was a statement of purpose submitted to the Care Quality Commission which identified the practice values, for example to improve the health and well-being of patients and be responsive to patients' needs and expectations.

There was a strong patient centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

Governance arrangements

There were good governance processes in place which supported the delivery of good quality care and safety to patients. There was;

- A good understanding of staff roles and responsibilities. Staff had lead key areas, such as safeguarding, dealing with complaints and significant events, data and recall of patients, and infection prevention and control.
- Practice specific policies implemented, updated, regularly reviewed and available to all staff.
- Weekly manager's meetings, monthly team meetings and a six monthly full practice meeting where practice performance, significant events and complaints were discussed.
- Weekly 'journal meetings' were held at the practice where clinicians presented information for peer development, learning and discussion.
- The senior partner attended CCG and Local Medical Council (LMC) meetings regularly to keep updated with guidance.
- A programme of clinical audits were in place, which was used to monitor quality and drive improvements.
- Comprehensive arrangements for identifying, recording, managing and mitigating risks.
- Business continuity and comprehensive succession planning in place, for example the recruitment and development of staff.

- The practice was awarded both the GP of the year and an outstanding contribution award in 2015 by the local CCG.

Leadership and culture

There was a clear leadership structure in place and staff told us the partners were approachable and they felt respected, valued and supported.

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.

The culture of the practice was one of openness, honesty and supportive of patients and staff who worked there. Patients said they felt it was 'a family practice'. Staff said they felt very supported and proud of the service they provided

The practice 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). When there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through day to day engagement with them
- Members of the patient participation group (PRG) who they met with regularly.
- Complaints and compliments received
- Staff through meetings, discussions and the appraisal process. Staff told us they were able to raise any concerns with the management team and there was an open and transparent culture within the practice

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. For example:

- Development of diabetic provision at the practice to become a local services hub for other patients in the area.
- Further development of the building to improve disabled access to both floors via a service lift.