Edge Hill Health Centre

Quality Report

157 Edge Lane
Liverpool
L7 2AB
Tel: 0151 295 3600
Website: www.edgehillhc.nhs.uk

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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 Edge Hill Health Centre on 21 September 2016. Overall the practice is rated as good.

- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses and they were fully supported when they did so. Monitoring and reviewing activities enabled staff to understand risks and gave a clear, accurate and current picture of safety. Lessons were learned and communicated widely to support improvement.
- Safeguarding vulnerable adults, children and young people was given sufficient priority. Staff took a proactive approach to safeguarding and focus on early identification. They took steps to prevent abuse from occurring, responded appropriately to any signs or allegations of abuse and worked effectively with others to implement protection plans.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and adequately.
- Patients had good outcomes because they received effective care and treatment that met their needs. Patients care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation. This included during assessment, diagnosis, when people were referred to other services and when managing people's chronic or long-term conditions, including for people in the last 12 months of their life.
- Staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. The learning needs of staff were identified and training was put in place to meet these learning needs. Staff were supported to maintain and further develop their professional skills and experience.
- Patients were positive about the care and treatment they received from the practice. The National GP Patient Survey July 2016 showed that patients'

Summary of findings

responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were overall comparable to local and national averages.

- Complaints and concerns were taken seriously, responded to in a timely way and listened to. Improvements were made to the quality of care as a result of complaints and concerns.
- There were systems in place to monitor and improve quality and identify risk.

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. When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed. There were infection control policies and procedures in place, staff were aware of their responsibilities in relation to these.

Are services effective?

Good

The practice is rated as good for providing effective services. There was a system for identifying the training needs of staff and ensuring that all staff undertook the training they required for their roles. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Audits of clinical practice were undertaken. A system for ensuring the regular appraisal of staff was in place. Staff told us they felt supported.

Are services caring?

Good

The practice is rated as good for providing caring services. We saw staff treated patients with kindness and respect. Patients spoken with and who returned comment cards were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Results from the National GP Patient Survey published July 2016 showed that patient responses regarding care and treatment were comparable to local and national averages.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. Results from the National GP

Summary of findings

Patient Survey showed that patient responses regarding access to the service were comparable to local and national averages. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.	
Are services well-led? The practice is rated good for providing well-led services. There were systems in place to monitor the operation of the service. Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice sought feedback from staff and patients, which it acted on. The practice had a focus on continuous learning and improvement.	**Good** 

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. The practice had named GPs for all patients and also specifically for those over the age of 75 years. The practice offered a variety of health checks for older people specifically memory screening and osteoporosis risk assessments. The GPs visited two local older persons care homes on a weekly basis providing continuity to patients, families and carers.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. Long term conditions were often managed by combining appointments on the same day such as blood tests and medication reviews to reduce the need for multiple appointments. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. Alerts were added to patient records to notify reception staff about the specific needs of a patient with a long term condition, such as the need for the patient to see a particular clinician to ensure continuity. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. The practice had a reminder system for parents who did not bring children and babies for immunisation, sending these letters out in their native language whenever possible.

Summary of findings

Appointments for young children were prioritised. Monthly safeguarding meetings were taking place with the health visiting service to review children under 5, which included vulnerable children and those newly registered at the practice. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. The practice had recently developed links and support for a local children's Sure Start Centre supporting children and their families across the community.

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. The practice had an active website as well as noticeboards in reception advertising services to patients.

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. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. The staff we spoke with had appropriate knowledge about adult safeguarding and how to report any concerns. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. The practice referred patients to local health and social care services for support, such as drug and alcohol services.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. These patients were mostly known by reception staff and we saw they would call patients to remind them an appointment had been booked for them. Patients experiencing poor mental health were offered an annual review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as

psychiatry and counselling services. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression.	

Summary of findings

What people who use the service say

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that the practice was performing in line with local and national averages. The practice distributed 347 forms, 110 were returned which represents approximately 3% of the total practice patient population. Results showed that;

- 60% of patients found it easy to get through to this practice by phone compared to the national average of 72%.
- 51% 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 75%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. They said that all staff were helpful and caring and most of them would go the extra mile to ensure their needs were met. Patients said they had confidence in the GPs and the nurses who worked at the practice. Feedback from patients indicated they were generally satisfied with access to the service, however a small number reported difficulties accessing a GP appointment and also in getting through to the practice by telephone. We spoke with two patients during the inspection and they aligned with these views.

Edge Hill Health 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 practice manager specialist adviser.

Background to Edge Hill Health Centre

Edge Hill Health Centre is responsible for providing primary care services to approximately 8821 patients. The practice has a General Medical Services (GMS) contract and offers a range of enhanced services such as flu and shingles vaccinations, unplanned admissions and timely diagnosis of dementia. The number of patients with a long standing health condition is about average when compared to other practices nationally. The practice has 8 GP partners, one salaried GP, two practice nurses, one immunisation nurse and one health care assistant. In support of this they have a practice and business manager, one office manager, one reception supervisor and a number of administration and reception roles. The practice is a medical training practice.

The practice is open from 8am to 6.30pm Monday to Friday. Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services. Home visits and telephone consultations are available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

The practice is part of the Liverpool Clinical Commissioning group in the city centre area of Kensington. The Kensington neighbourhood is the fifth most deprived in the city. In addition it is estimated that the average household income is significantly lower than both the Liverpool and national averages. Unemployment is significantly higher than the city rate (9.3% compared to 7.2%) and 6.1% of the population are long term sick or disabled. A significantly higher proportion of housing tenure is social or privately rented; 63.4% compared to 51.5% across the city. People living in more deprived areas tend to have greater need for health services. The population is younger than the city average with a significantly higher proportion of children aged 0-4 and fewer people aged 85 plus.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 September 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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

When something goes wrong, patients received a sincere and timely apology and were told about any actions taken to improve processes to prevent the same thing happening again. Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses, they were fully supported when they did so. Monitoring and reviewing activities enabled staff to understand risks and gave a clear, accurate and current picture of safety.

We found a good system in place for reporting and investigating significant events. Staff spoken with knew how to identify and report a significant event. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The GPs held meetings at which significant events were discussed and there was a system to cascade any learning points to other clinical and non-clinical staff via meetings and email. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary.

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. The practice nurses were leading on safeguarding matters, they had been trained to level three and had undertook additional learning as part of a masters degree qualification. They held monthly safeguarding meetings with the local health visiting services, a risk register had been developed. The practice also had a lead GP. Staff took a proactive approach to safeguarding and focused on early identification. They took steps to prevent abuse from occurring, responded appropriately to any signs or allegations of abuse and worked effectively with others to implement protection plans. All staff we spoke with demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice routinely followed up children who did not attend for their practice appointment. We saw that staff took action when safe guarding concerns had been raised. Clinical staff were trained to child protection or child safeguarding level 3.
- A notice was in place in each consultation room advising 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 had systems in place to promote infection control. We observed the premises to be clean and tidy. The practice nurses led on infection control matters. There were infection prevention and control policies and guidelines available for staff to refer to. An infection control audit had been undertaken by the Infection Prevention and Control Team in 2015 and the practice scored 97% of the total points awarded. Areas for improvement were identified and appropriate actions taken. Records of training indicated that all clinical and administrative staff had received infection control training.
- The arrangements for managing emergency drugs and vaccinations, in the practice kept patients safe. Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. Patient Group Directions were in place to ensure they were given safely, when we pointed out that the GP should be signing for these, action was swiftly taken. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. A system was in place to record the receipt and allocation of handwritten prescriptions.

Good

Are services safe?

- We reviewed four personnel files and found satisfactory information relating to, for example, qualifications and registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The premises had a site manager who had oversight of all the maintenance and control measures within the building. 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw that there was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident books were available.
- Emergency medicines were all in date, regularly checked and held securely. We spoke to staff who knew how and where to access emergency medicines and equipment. We noted that whilst emergency drugs were held in a located cupboard they might not be accessed and used quickly in an emergency situation. This was discussed with the practice manager and information to show this had been reviewed was sent to us after the inspection.
- 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 patient's needs. The practice nurses, health care assistant and GPs attended training and educational events provided by the Clinical Commissioning Group (CCG). Clinical meetings were held where clinical staff could discuss new protocols and review any patients with complex needs. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital to ensure an appointment was provided within two weeks. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

Management, monitoring and improving outcomes for people

Patients had good outcomes because they received effective care and treatment

that met their needs. People's care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation. This included during assessment, diagnosis, when people were referred to other services and when managing people's chronic or long-term conditions, including for people in the last 12 months of their life. This was monitored by the practice team to ensure consistency of practice. Patients had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing. The expected outcomes were identified and care and treatment was regularly reviewed and updated. Information about patient's care and treatment, and their outcomes, was routinely collected and monitored.

Clinical audits were carried out and all relevant staff were involved. For example, there were clinical audits such as the review of specific patient medical conditions, the practice had undertook a hospital letter audit and an audit of the summary notes of patient records. We also saw regular reviews of patients medications resulting in changes to medicines they were prescribed. The GPs told us that they shared the outcome of audits with other GPs at the practice meetings to contribute to continuous learning and improvement of patient outcomes. There was practice participation in relevant local audits, and other monitoring activities, such as reviews of services, benchmarking, peer review and service accreditation. Accurate and up-to-date information about effectiveness was used and was understood by staff. For example, they 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 96% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 84% compared to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 91% compared to the national average of 90%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 88% compared to the national average of 89%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 81% compared to the national average of 78%.

Effective staffing

Staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. The

Good

Are services effective?

(for example, treatment is effective)

learning needs of staff were identified and training was put in place to meet these learning needs. Staff were supported to maintain and further develop their professional skills and experience. For example;

- 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 and included a period of supervision/mentorship. Locum GPs were provided with information they needed for their role and a locum pack was in place providing written information and sign posting to support this.
- The practice demonstrated how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and diabetes care and the development of a new nurse role for the immunisation of children. .
- 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 nurse meetings.
- Staff were supported to deliver effective care and treatment, including through meaningful and timely supervision and appraisal: staff have had an appraisal in the last 12 months and described the impact this has had on their practice. Clinical staff were supported through the process of revalidation, including support being offered to address any concerns or areas for development identified in appraisals. There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.
- 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 and in-house face to face training.

Coordinating patient care and information sharing

When patients received care from a range of different staff, teams or services, this was coordinated. All relevant staff, teams and services were involved in assessing, planning and delivering people's care and treatment. Staff worked collaboratively to understand and meet the range and complexity of patient's needs. All paper and electronic records relating to patients' care was well managed. We observed that confidential patient information (in the form of a risk register) relating to patients who were vulnerable was not being held securely and we discussed this with the practice team. Action was taken swiftly by the management team, a risk assessment took place and measures were put into place to ensure confidential patient information was held securely at all times. We found that staff could easily access the information they needed to assess, plan and deliver care to patients in a timely way. This included information being shared between day time general practice and GP out-of-hours services. When different care records systems were in place for different teams and services, these were coordinated as much as possible. Information such as NHS patient information leaflets were also available.

Consent to care and treatment

Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. Patients were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded. This was particularly relevant as the GPs did regular 'ward rounds' to neighbouring older peoples care homes where this would need to be considered as part of their care and treatment.

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Clinical 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, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records.

Supporting patients to live healthier lives

Staff were consistent and proactive in supporting people to live healthier lives and use every opportunity to identify where their health and wellbeing could be promoted. There was a focus on early identification and prevention and on supporting people to improve their health and

Good

Are services effective?

(for example, treatment is effective)

wellbeing, including supporting people to return to work. The two practice nurses played a key role in this work promoting the well-being of patients with chronic diseases to live to live and healthy life style.

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information published October 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally.

The practice's uptake for the cervical screening programme was lower than average at 63%, the CCG average was 79% and the national average was 81%. The practice was aware of this and an action plan was put in place to try to improve this figure. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had achieved high results for performance. For example, females, 50-70, screened for breast cancer in last 36 months was higher when compared to other practices across the CCG (practice was 57%, CCG was 58%).

Childhood immunisation rates for vaccinations given to under two year olds ranged from 84% to 91% which was just below the CCG average. Vaccinations for five year olds ranged from 80% to 95% which was again below the CCG average. The practice was aware of these results and had recently introduced a new nurse role providing vaccinations to children specifically. The practice had also developed a new system to ensure that any missed immunisations were followed up with parents or the health visitor.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We found that patients were respected and valued as individuals and were empowered to take part in and manage their care and treatment. Feedback from patients we spoke with during the inspection and from the comments cards we collected was continually positive about the way staff treat people. A number of patients told us that staff had gone the extra mile and the care they received exceeded their expectations.

We found a strong, visible and person-centred culture. Staff were motivated and inspired to offer care that was kind and that which promoted their dignity and respect. Some staff had worked at the practice for a number of years and with newer members they were keen to support patients and their families in whatever way was needed. For example a lead GP worked on occasion at a local Sure Start children's centre supporting children and young families in offering a broad range of services focusing on family health, early years care, education and improved well-being programmes to children aged four and under. These relationships were highly valued by the children's centre and positive feedback was given to us about the GPs contribution.

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 20 patient Care Quality Commission comment cards we received were generally positive about the service experienced. Patients said they felt the practice staff were helpful, caring and treated them with dignity and respect. One of the comments made stated that appointments with the GPs was hard to obtain. We spoke with two patients, including one member of the patient participation group (PPG). They also told us they were extremely happy with how caring the practice had been and how their dignity and privacy had always been respected.

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect but some areas required improvement to match local results for some aspects. For example:

- 92% said the last GP they saw or spoke to was at giving them enough time (CCG 89% national 86%)
- 92% said the GP was good at listening to them (CCG 90% national 88%)
- 95% said they had and trust in the last GP they saw or spoke to (CCG 96% national 95%)
- 97% said the last nurse they saw or spoke to was at giving them enough time (CCG 93% national 91%)
- 97% said the last nurse they saw or spoke to was at listening to them (CCG 92% national 91%)
- 96% said the last nurse they saw or spoke to was at explaining tests and treatments (CCG 91% national 89%)
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 86%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt health issues were discussed with them, they felt listened to and involved in decision making about the care and treatment they received. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 89% said the last GP they saw or spoke to was at explaining tests and treatments (CCG 88% national 86%)
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.
- 95% 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%.

Good

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. For example, there were translation and interpreting services available.

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. This information was used to support carers and direct them to appropriate resources. Written information was available to direct carers to the various avenues of support available to them. We found that clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients' needs were met through the way services were organised and delivered. Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services. The needs of different people were taken into account when planning and delivering services. The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example**,** the practice offered a range of enhanced services such as flu and shingles vaccinations, and the timely diagnosis of dementia. The practice was responsive in terms of seeking and acting upon patients views. We saw in reception there were publicised comments forms and a box for patients and public to contribute views. Other examples of how the practice responded to meeting patients' needs were as follows:

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice. A system was in place to prioritise home visits.
- Two GPs visited patients at two local care homes on a weekly basis and had done so for many years providing continuity to patients, families and carers.
- The practice nurses provided support and information to patients to encourage them to manage their long term conditions and provided care plans to patients to assist with this. This included information in different languages.
- There were longer appointments available for patients who needed them, for example, for patients with a learning disability. Longer appointments were also available for 8 week baby checks and post-natal reviews, joint injections, minor surgery and for some contraceptive services.
- The practice attended awareness sessions and health promotion outreach work at the local Sure Start children's centre.
- Translation services were available if needed.
- The practice nurse worked with the diabetes specialist nurse on a monthly basis to review the needs of the more complex diabetic patients.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.

Access to the service

Facilities and premises were appropriate for the services being delivered. People could access the right care at the right time. Access to appointments and services was managed to take account of people's needs, including those with urgent needs. The practice was aware that patient feedback for access to GP appointments required improvements and this was being reviewed at the time of inspection. The practice was open between 8.30am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was comparable to and below national averages. For example 82% of patients were satisfied with the practice's opening hours compared to the national average of 79%. However, only 60% of patients said they could get through easily to the practice by phone compared to the national average of 72%. We were informed the practice had implemented remedial measures such as employing extra staff to answer the telephones, they had purchased extra telephone handsets and changed staff rotas to ensure there was more cover during peak demand. In addition they were about to undertake a further review of practice systems in the near future.

People told us on the day of the inspection that they were able to get appointments when they needed them. Most of them said this was the same day they requested the appointment. If needed the GPs undertook home visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

There was a written complaints procedure for patients to refer to which was available at the practice and referred to in the patient information leaflet and on the practice website. This provided details of the timescale for acknowledging and responding to the complaint and of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of written complaints. We reviewed a sample of three received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and records and a discussion with the practice manager showed action had been taken to improve practice where appropriate. The records showed openness and transparency with dealing with the complaints.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives. These included enabling patients to receive appropriate medical care and treatment with all staff putting each patients health as the practice priority. We noted that the statement of purpose and aims and objectives of the practice were not publicised for patients. However, the patients we spoke with and comments received indicated that these aims were being achieved in that they were receiving good care and treatment and they were happy with access to the service.

Governance arrangements

The practice had appropriate systems in place for gathering, recording and evaluating accurate information about the quality and safety of care, treatment and support they provided and the outcomes. Information was gathered about the safety and quality of their services from a number of sources as follows:

- Feedback from patients
- Adverse incident monitoring
- Comments and complaints made by patients and members of the public
- Use of information from national and local clinical sources

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had a stable workforce with long standing people who knew the patients well. There were clear systems to enable staff to report any issues and concerns. There was a clear staffing structure and that staff were aware of their own roles and responsibilities. As a training practice we found enthusiasm and a strong commitment to training and developing staff to meet the changing needs of the local population. Practice specific policies were implemented and were available to all staff both in hard copy and on the practice intranet. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The practice used the findings from clinical audits including those undertaken at national level to improve practice and ensure patient safety. There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included patient and staff safety risks. The practice had appropriate systems in place for gathering, recording and evaluating information about quality and safety of care from a number of different sources.

Leadership and culture

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

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical and non-clinical staff had meetings to review their roles and keep up to date with any changes. GPs and nurses met together to discuss clinical issues such as new protocols or to review complex patient needs. This included discussions about significant events and how they had been managed.

Staff said they felt respected, valued and supported. 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. Staff told us that there was an open culture and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager or a GP partner. Partners we spoke with understood the value of having an open and transparent culture to support good practice. The practice had policies in place to ensure there was a confidential way for staff to raise concerns about risks to patients, poor service and adverse incidents. A Whistle Blowing policy was in place and staff said they would use this without fear of recrimination.

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

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

Are services well-led?

Good

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

(PPG) that met on a regular basis and we met with one their members during the inspection. They told us meetings were productive, recommendations were made to the GPs and the group was listened to.

Staff told us they felt engaged and they had been consulted when changes were made to systems and processes and for the planning and delivery of services. For example when the practice nurse needed to take on the additional role of children's immunisations, the partners listened to their concerns about resource implications and a new role and staff position was developed to support this. The practice had a good support structure in place for supervision which included informal one to one sessions with staff. The development of staff was supported through a regular system of appraisal that promoted their professional development and reflects any regulatory or professional requirements. Staff had been supported to undertake additional courses and training to support their continuous professional development. We found that training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Daily clinical meetings were held to discuss practice matters and to review patient referrals. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was working with neighbourhood practices, specialist advisors and the CCG to provide services to meet the needs of its patients'. For example, the practice nurse had recently set up monthly clinics for patients with diabetes to work alongside the diabetes specialist nurse to review complex patients.