

Brayford Medical Practice

Quality Report

34 Newland
Lincoln
Lincolnshire
LN1 1XP

Tel: 01522 543943

Website: www.brayfordmedicalpractice.co.uk

Date of inspection visit: 26 May 2016

Date of publication: 04/07/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brayford Medical Practice on 26 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, incidents and near misses.
- Risks to patients were assessed and well managed.
- Procedures were in place for monitoring and managing risks to patient and staff safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Improvements were made to the quality of care as a result of complaints and feedback.
- Patients said they found it easy to make an appointment however there were comments that at times it was difficult to get through on the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice understood the needs of the local population and planned services to meet those needs.
- The practice scored higher than CCG and national averages in all aspects of care according to the GP patient survey.
- Historically outcomes for patients who use services were consistently good. Nationally reported Quality

Summary of findings

and Outcomes Framework (QOF) data, for 2012/13 and 2013/14, showed the practice had performed well in obtaining almost all of the total points available to them for providing recommended care and treatment to patients. We saw evidence of data irregularities for the 2014/15 period and saw the practice was seeking a resolution to these irregularities.

- The PPG were not active.

The areas where the provider should make improvement are:

- Complete appraisals annually with all staff to provide support and identify training requirements.
- Ensure that the patient participation is active and in place

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.

- 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to or below the national average. However this was more likely to be a coding issue as previous years data showed that the practice had been in line with national averages and the recent changes in management had meant that the QOF system had not been updated.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals however these had not been done since 2014. The practice manager was new to post and had scheduled to complete them in July 2016.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Each of the three GPs had personal lists so that the responsible GP is made aware of any contact with another agency, for example, A&E or hospital admission.
- Patients said they found it easy to make an appointment however there were comments that at times it was difficult to get through on the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders where necessary.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The patient participation group was not active.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice were linked to a care home in the area where they had patients residing at and worked closely with the care home staff to provide reviews and home visits where necessary.

Good



People with long term conditions

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

- Performance for diabetes related indicators showed the practice had achieved 63% of targets which was lower than both the CCG average (91%) and the national average (89%).
- This was discussed with the practice and it was identified that the practice did not have a lead for this disease since the previous nurse had left. The practice agreed that this was an area that they would look to improve on as 2013/14 figures showed the practice at 92% for diabetes indicators.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 84% and the national average of 82%.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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 were open from 7am to 9pm Wednesdays for flexibility with appointments.
- Appointment triage and telephone consultations 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.

- The practice had a high level of patients that were homeless or in temporary accommodation under the care of the probation service. These patients were able to attend without making an appointment however the practice encouraged this to be during surgery times.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

Good



Summary of findings

- <>
The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency including those that may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 294 survey forms were distributed and 106 were returned. This represented 1.7% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 97% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 30 comment cards which were all positive about the standard of care received. Comments said that the staff were excellent and that they were kind, caring and compassionate. Feedback said that they were able to get an appointment and that appointments were available on the same day if required however some comments said that it was sometimes difficult to get through on the telephone.

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

We spoke with staff at a local care home which had residents that were patients at this practice. The staff said that they had a good working relationship with the practice and that the GP would attend if required or give advice over the phone when necessary. We were told that there were no concerns in relation to the care and support given.

Areas for improvement

Action the service **SHOULD** take to improve

- Complete appraisals annually with all staff to provide support and identify training requirements.

- Ensure that the patient participation is active and in place

Brayford Medical Practice

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.

Background to Brayford Medical Practice

Brayford Medical Practice is a surgery close to Lincoln City Centre in a residential area which has student accommodation. The practice is located in a multi storey building and this practice is based on the ground floor. Brayford Medical Practice is one of the practices within NHS Lincolnshire West Clinical Commissioning Group and provides general medical services to approximately 6130 registered patients.

The practice is equipped for patients that are disabled or have limited mobility and has good public transport links.

- All services are provided from: 34 Newland, Lincoln, Lincolnshire, LN1 1XP.
- The practice comprises of three GP Partners (one female and two male).
- The all female nursing team consists of a practice nurses and a health care assistant.
- A practice manager and a team of ten reception and administrative staff undertake the day to day management and running of the practice.
- The practice population has a higher proportion of patients aged between 20 and 34 compared to the national and CCG average and lower than average proportion of patients aged over 60.

- The practice has core opening hours between 8am and 6.30pm every weekday.
- The practice provides extended hours surgeries on Wednesday when the practice opens from 7am to 9pm.
- There are appointments that can be booked on the day or in advance with GPs or the nurse.
- The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

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 26 May 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, nursing staff, administrative staff and management) and spoke with patients who used the service.
- Spoke with staff from local care home.
- 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.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and that they would complete an incident report on a risk management system that was linked to the CCG.
- Significant events were also documented in practice with a review that included lessons learned and actions taken.
- The significant events were shared with all staff at meetings and clinical significant events were reviewed and discussed at partners meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events and this had been cascaded to all staff at a meeting in May.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example there had been changes in process and new protocols developed to prevent reoccurrence of incidents in relation reports for safeguarding not been completed on time and training for staff on the repeat prescribing policy following an error when a prescription was issued inappropriately.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff also knew that the contact telephone numbers if they were needed were accessible on the policy which was available on the shared drive of the computer for all staff or in a paper copy. One of the GPs was the lead member of staff for safeguarding and the staff confirmed this. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice manager were trained to child protection or child safeguarding level 3.

- Safeguarding meetings were not formally in place however the weekly baby clinic was run alongside the health visitor attending the practice so that any concerns could be discussed on a weekly basis.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead and had attended a two day training course to be able to perform this role. There was an infection control policy in place and staff had received up to date training. Infection control audits were undertaken at least annually and we saw evidence that action was taken to address any improvements identified as a result. The practice employed their own cleaner and we saw checklists that were completed to record the cleaning tasks undertaken.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads and paper were securely stored and there were systems in place to monitor their use. Reception staff monitored the serial numbers of the prescriptions daily to ensure

Are services safe?

security. All doors in the practice were key coded and each morning and evening all doors were locked with a key. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a PSD (patient specific prescription or direction from a prescriber).

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, interview records, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessment. 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. 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 and in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice since the inspection have also ordered naloxone (an antidote to opiate poisoning) which will be added to the emergency medicines.
- 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 and suppliers. The plan was held in the practice however following the inspection a copy was given to all staff to take home.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs for example guidance on the use of statins.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 79% of the total number of points available. Exception reporting was below CCG and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for most of the QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators showed the practice had achieved 63% of targets which was lower than both the CCG average (91%) and the national average (89%).

This was discussed with the practice and it was identified that the practice did not have a lead for this disease since the previous nurse had left. The practice agreed that this was an area that they would look to improve on as 2013/14 figures showed the practice at 92% for diabetes indicators.

- Performance for hypertension (high blood pressure) related indicators were lower when compared to the CCG and national averages. The practice achieved 85% of targets compared to the CCG average and national average (98%).

Data showed that this indicator was at 98% the previous year.

- Performance for mental health related indicators was lower than the CCG and national average. The practice achieved 61% of targets compared to the CCG (92%) and national average (93%).

We spoke with the GPs about this and looked at the low exception reporting. Increased demands on the GPs and changes in management, nursing and administrative roles meant that the system that was used to update these figures may not have been accurate. The low level of exception reporting showed that the practice could potentially have had better performance indicators if they had removed patients that were able to be exempt. The data for previous years also showed that the practice QOF scores had previously been above national and CCG averages, with 2011/12 97%, 2012/13 95% and 2013/14 97%.

There was a high use of hypnotics (sleeping tablets) at this practice 0.91% compared with the CCG average of 0.39%. We spoke with the senior partner about this and he said that this was something that they were aware of and that some of this was historic but that the practice also had a large number of patients that are discharged from prison and are already on these drugs. The practice also had a high number of patients receiving treatment for drug addiction as the drug treatment clinic Addaction was next door.

There was evidence of quality improvement including clinical audit.

- The practice had a comprehensive system in place for completing a wide range of completed clinical audit cycles. We saw eight audits had been completed in the last 12 months, for example audits for stroke prevention, minor surgery and prescribing.

Are services effective?

(for example, treatment is effective)

- We saw that two of these were completed audits and that they had been discussed with the partners and the improvements made were implemented and monitored for example the practice had devised an approach and altered practice as a result of one of the audits.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had recruited new administrative staff, including an apprentice. Staff had received an induction which included shadowing other more experienced staff and staff were having reviews at one month, three months and six months as part of their probationary period.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and immunisations.
- 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 with other clinical members of the team.
- The practice were ensuring all staff had completed mandatory training and were looking to develop existing staff. Appraisals had not taken place since 2014. The practice manager had planned to implement appraisals from July 2016 as they were themselves new to post and had other areas that were a priority. The staff said that they were able to discuss any training or concerns with the practice manager if they needed to and we saw that the HCA had been booked onto some extra developmental training in the future. Staff had access to appropriate training to meet their learning

needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and facilitation and support for revalidating GPs.

- 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 training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice secretary dealt with referrals in the practice. These were dictated from the GPs and were then completed by the secretary. This was an area that the practice manager was looking at strengthening this process with the new staff and the administration team.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The health visitor and midwife worked in the practice once a week and conversations were informal rather than minuted meetings. Discussions with other staff such as District nursing teams were usually through the electronic data base or a telephone although the practice were in the process of setting up multi disciplinary meetings in the future.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Where patients had a carer this was highlighted on the patient record and documented if information could be shared with that person.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and identified as carers. Patients were signposted to the relevant service.
- The practice had contacted the nurse from St Barnabas hospice and had arranged for a meeting to discuss how they could work together in the future. St Barnabas provide specialist palliative care to patients and families of patients that require support and care.
- Palliative care meetings were held quarterly with district nurses when available and palliative care nurse. Patients care and care plans were discussed and updated.
- All patients over the age of 75's were invited for an annual health check.

- The practice telephone all patients on the day of their appointment to remind them and to help to try and prevent patients not attending.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to send up to three letter reminders for patients who did not attend for their cervical screening test. The practice had a high number of Eastern European patients that preferred to go home for this service. The practice had an information leaflet about screening in different languages that the staff could access on the computer system. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Patients that did not attend breast screening were sent a leaflet and a letter. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 96% and five year olds from 84% to 91%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The patient waiting area did not directly lead to any treatment rooms was large and spacious and the reception and administrative area was separated with a window for confidentiality.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Treatment rooms were separated from the waiting area with corridors.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The reception area had a sign for patients to wait behind to improve patient confidentiality and there was a glass window that enabled staff the ability to close the window when on the telephone if necessary.

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were compassionate, helpful and treated them with dignity and respect. Patients said they found it easy to make an appointment however there were comments that at times it was difficult to get through on the telephone.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards said they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. Patients said that the GPs were approachable, put them at ease and gave them time to ask questions. We also saw that care plans were personalised.

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

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets in different languages.
- The practice had a hearing loop.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 122 patients as carers (2% of the practice list). Carers that were identified were coded on the patient record so that reception staff

and clinical staff would be able to identify these patients easily and offer the relevant support or signposting. Written information was available to direct carers to the various avenues of support available to them. Staff we spoke with told us they referred patients to Age UK for support and advice. Following the inspection the practice told us that they had also found a local support organisation that they were looking into including in their support information.

Staff told us that if families had suffered bereavement, their usual GP may telephone them or that the relative comes into the surgery. This enabled the GP to offer them advice on how to find a support service if required. All patients have a named GP and the personal list enabled a close relationship with patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Each of the three GPs had personal lists so that the responsible GP is made aware of any contact with another agency, for example, A&E or hospital admission.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice would see anyone that needed an appointment on the day even if the bookable appointments were full. The practice would tell patients to come and sit and wait and would be seen after surgery had finished.
- The patient toilet was adapted for disabled patients with an emergency pull cord. The toilet also had baby changing facilities with free nappies available for parents to use if required.
- There were disabled facilities and translation services available.
- Patients were able to book in on a self-check in system to reduce the need for patients to queue at reception.
- The practice list fluctuated with patients in student accommodation and also patients that were recently discharged from prison into housing local to the practice. These patients would be with the practice on a short term basis. These patients were registered and were also able to be seen without making an appointment although they would have to sit and wait for the end of the surgery. This also reduced the number of appointments where these patients did not attend.
- Equipment levels were above average.
- Care and attention had been given to creating a nice environment with pictures on the walls and a clean well maintained premises for staff and patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am every morning to 6.30pm daily. Wednesday appointments were from 7am to

9pm. At all times the practice was open a GP would be on site. Pre-bookable appointments were available with GPs up to a week in advance, and there were appointments available to be booked on the day, either by telephoning the practice or on line. The practice said that any patient that needed an appointment would be seen on the day. In addition to the appointments that could be booked the practice also operated sit and wait clinics and would make sure that everyone was seen if required. Telephone consultations were also available to patients.

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

- 94% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Feedback from patients said that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

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

We looked at five complaints received in the last 12 months and found that these were dealt with in a timely way. The practice had a complaints form that identified the date of the complaint and also the dates of acknowledgement and response. The complaints investigations showed openness and transparency and the responses included apologies were appropriate. Lessons were learnt from individual concerns and complaints were discussed at practice meetings for all staff. Actions and lessons learned were implemented, for example staff had received extra training

Are services responsive to people's needs?

(for example, to feedback?)

following one complaint. The practice also recorded compliments received and shared these with the staff. These came directly to the practice or responses left on NHS Choices.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had an aim to be responsive to the population that they serve.
- Succession planning was a concern, one of the partners would be retiring in September 2016. The practice were currently advertising for the post of a partner or salaried GP and there had been little response.
- The practice were considering recruitment of an advanced nurse practitioner if they were unable to recruit a GP.
- The practice had recently undergone a change in practice manager, nursing staff and administrative staff. The practice manager and senior partner were in the process of streamlining policies, systems and processes.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff through the practice computer system and in folders in the office.
- As the practice staff had undergone recent changes the performance relating to QOF had not been as high as previous years. This was an area that the practice manager had identified as an area for learning and improvement.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of compliments received as well as complaints.

There was a clear leadership structure in place and staff felt supported by management.

- Meetings in the practice had not taken place regularly, however the new practice manager had planned for this to be a monthly occurrence.
- We saw minutes from a recent staff meeting which covered complaints, incidents and training as well as other items.
- Partner meeting took place however these were not documented and were on a more informal basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients and had reviewed surveys. The results had been positive. The practice had increased the number of telephone lines to try and improve patients comments in relation to getting through on the telephone.
- The patient participation group (PPG) had not met for some time and were not active in the practice.
- The practice had a patient reference group (PRG) who the practice could consult on ideas.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice said that they were looking at the possibility of recruiting a nurse that could be trained to advanced nurse practitioner level and we saw that they had also arranged for further training for the health care assistant. The practice also employed an apprentice in the practice that worked in the reception undertaking a wide range of duties.