

Whitwell Health Centre

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Whitwell Health Centre on 1 December 2015. Overall the rating for the practice was inadequate and was placed in special measures for a period of six months.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 29 July 2016, overall the practice is rated as good.

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

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Training was provided for staff which equipped 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.
- Patients told us they were able to get an appointment with a GP when they needed one, with urgent appointments available on the same day.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- Staff worked well together as a team and had approached areas highlighted in the first inspection in a strategic and well led manner.

At this inspection we found the providers had significantly strengthened their leadership and management and had taken a proactive team approach towards making and

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sustaining improvements in quality. I am therefore taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place to ensure significant events were reported and recorded.
- Lessons were shared internally and externally when appropriate to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and apologies where appropriate. 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 well assessed and managed within the practice.

Appropriate recruitment checks had been carried out on recently recruited staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Data from 2014/15 showed the practice had achieved
- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.
- There was an ongoing programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The care coordinator worked closely with the community matron to deliver care to patients in their home and monitored discharges from hospital to ensure appropriate support was available.

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Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.
- Views of external stakeholders were positive about the practice and aligned with our findings.

The practice delivered care to local nursing homes and residential homes and health checks were carried out in the patients' home on an annual basis by a GP and nurse to ensure appropriate care was reviewed.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients told us urgent appointments were generally available the same day with the GP of their choice and that reception staff were accommodating to patients' needs.
- The practice offered extended opening hours during two evenings and one morning a week, for both GP and Nurse appointments, to offer a flexible service to meet the needs of its patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice liaised with external stakeholders in their efforts to resolve complaints to the satisfaction of the complainant.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This was underpinned by a clear practice ethos and a mission statement which was shared with patients throughout the practice.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group who met every two months and were joined by the assistant practice manager to ensure open communication with the practice.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Fortnightly multidisciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs attended by the care coordinator and a GP to ensure continuity.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A designated GP visited local care homes and residential homes on a weekly basis to allow for regular monitoring of patients identified by staff as requiring an appointment.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages.

People with long term conditions

Good



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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 98.3% which was 9% above the CCG average and 9% above the national average. The exception reporting rate for diabetes indicators was 10% which was in line with the CCG average of 10% and the national average of 10%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. Fortnightly multidisciplinary meetings were hosted by the practice. The practice worked

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closely with the community trust employed care coordinator. Feedback from the care coordinator was positive about the level of engagement and commitment to their patients demonstrated by the practice.

Families, children and young people

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

- Systems were in place to identify children at risk. The practice had a dedicated child safeguarding lead and a deputy lead and staff were aware of who these were.
- 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. The GP lead for safeguarding liaised with other health and care professionals to discuss children at risk.
- Immunisation rates were relatively high for all standard childhood immunisations and the practice worked with health visitors to follow up children who did not attend for immunisations.
- The practice offered contraception services including coils fitting and implants.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Urgent appointments were available on a daily basis to accommodate children who were unwell and we saw children being prioritised during the inspection.

Good



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.
- Extended hours services were offered two evenings and one morning per week to facilitate access for working patients.
- 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. Uptake rates for screening were similar or above the national average. For example, the uptake rate for breast cancer screening was 75.2% compared with the national average of 73%.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those at risk of a fall.
- The practice offered longer appointments for patients with a learning disability and for those who required it.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Fortnightly multidisciplinary meetings were hosted by the practice. In addition the practice held meetings every six to eight weeks to discuss patients on their palliative care register.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The care coordinator worked with vulnerable patients to ensure that they had appropriate health and social care support in place and made referral to other 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.

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



- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients with a diagnosis of dementia were offered double appointments to ensure care was delivered in an appropriate manner.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had made changes to the patient areas in line with the Alzheimer's Society to facilitate patients experiencing poor mental health for example the layout of the reception area and the colour of flooring and walls.

Staff had a good understanding of how to support patients with mental health needs and dementia, with all members of staff and the patient participation group (PPG) having undergone dementia awareness training.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 246 survey forms were distributed and 104 were returned. This represented a response rate of 42%.

Results showed:

- 80% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 76% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to CCG average of 86% and the national average of 85%.

- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. Patients highlighted the caring and helpful staff and praised the level of compassion shown to them.

We spoke with 10 patients during the inspection. All of the patients said they were satisfied with the care they received and thought staff were friendly, committed and caring.

Whitwell 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, a practice manager specialist adviser and an Expert by Experience (an Expert by Experience is someone with experience of using GP services).

Background to Whitwell Health Centre

Whitwell Health Centre, also known as Craggs Healthcare, provides primary medical services to approximately 5,500 patients through a general medical services contract (GMS). Services are provided to patients from two sites. The practice operates from a main surgery at Whitwell and a branch surgery at Creswell. The level of deprivation within the practice population is above the national average.

The medical team is comprised of three GP partners (two male, one female) working with three practice nurses, a health care assistant and phlebotomist. The clinical team is supported by a part time practice manager, an assistant practice manager and reception and administrative staff.

The surgery is open from 8am to 6.30pm on Monday to Friday. Morning sessions ran from 9am till 11.30am with afternoon sessions from 3pm till 5.15pm. In addition the practice is open until 7.30pm on a Monday at the main site and 7.30pm on a Thursday at the branch surgery. An early morning session is run from the main site between 7am and 8am on a Thursday morning.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU) and is accessed via 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Whitwell Health Centre on 1 December 2015 as part of our new comprehensive inspection programme. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance and informed them they must become compliant with the law by 28 February 2016. We undertook a follow up inspection on 23 March 2016 to check that action had been taken to address the warning notice and confirmed the provider had taken action to comply with legal requirements. All of our reports are published at www.cqc.org.uk.

We undertook a further comprehensive inspection of Whitwell Health Centre on 29 July 2016. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

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 29 July 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (including GPs, nursing staff, the assistant practice manager and a range of reception and administrative 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.

Are services safe?

Our findings

At our previous inspection on 1 December 2015 we rated the practice as inadequate for providing safe services as the arrangements in respect of cleanliness and infection control were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection of the service on 23 March 2016.

Safe track record and learning

The practice had systems and processes in place to report and record incidents and significant events.

- Staff told us they would inform their manager or one of the partners of any incidents in the first instance. There was a recording form available on the practice's computer system. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- When things went wrong with care and treatment, patients were informed of what had happened and offered support, information and apologies. Affected patients were also told about actions taken to improve processes to prevent the same thing happening again.
- Incidents and significant events were discussed on a regular basis and analysed to ensure any themes or trends were identified. This also enabled the practice to ensure that any learning had been embedded.

We reviewed safety records, incident reports, safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example a significant event had been recorded when the back door to the practice was found open. A review of security and fire door procedure was discussed and staff reminded of the procedures to ensure reoccurrence was less likely.

Overview of safety systems and processes

Robust and well embedded systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a patient's welfare. There were lead members of staff for child and adult safeguarding. GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Meetings to discuss children at risk were held regularly within the practice and were attended by community based staff including health visitors and midwives. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.
- Notices were displayed in the waiting area and in the consulting rooms to advise patients that chaperones were available if required. Male and female chaperones were offered by the practice. All staff who acted as chaperones had been 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).
- A practice nurse was the lead for infection control within the practice. We observed the practice premises to be clean, tidy and well organised and saw that there were mechanisms in place to maintain appropriate standards of cleanliness and hygiene. The practice had effective communication with the cleaning staff who were contracted to clean both practices and a schedule was in place to ensure robust monitoring. There was an infection control protocol in place and staff had received up to date training. Comprehensive infection control audits were undertaken by the lead nurse and assistant practice manager every three months following the initial inspection, to ensure best practice was implemented and an external review of infection control was also carried out to validate the improvements. The practice intended to carry out an audit every six months to maintain the level they have achieved and ensure compliance with latest guidance.

Are services safe?

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. There was effective management and procedures for ensuring vaccination and emergency medicines were in date and stored appropriately. 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 were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The majority of staff employed within the practice had been there for many years; we reviewed two personnel files of recently employed staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. 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.

- Arrangements were in place to plan and monitor staffing levels and the 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. For example, there was a minimum number of staff working on the reception area at any time.

Arrangements to deal with emergencies and major incidents

The practice had 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored in a specific bag.

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 and a copy was kept in paper form off site.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 1 December 2015 we rated the practice as requires improvement for providing effective services as the arrangements in respect of alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), clinical audits and staff appraisal needed improving.

Effective needs assessment

Clinical staff within the practice assessed the needs of patients and delivered care in line with relevant and current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- The practice had systems in place to keep all clinical staff up to date through email notifications and regular meetings were held within the practice for both GPs and nursing staff which helped to ensure staff were aware of changes and updates.
- The practice monitored that these guidelines were followed through risk assessments, audits and 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 recently published results showed the practice had achieved 97.9% of the total number of points available. This was 3% above the clinical commissioning group (CCG) average and 3% above the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 98.3% which was 9% above the CCG average and 9% above the national average. The exception reporting rate for diabetes indicators was 10% which was in line with the CCG average of 10% and the national average of 10%.
- Performance for indicators related to hypertension was 100% which was 1.7% above the CCG average and 2.2%

above the national average. The exception reporting rate for hypertension related indicators was 4% which was in line with the CCG average of 3% and the national averages of 4%.

- Performance for mental health related indicators was 89.4% which was 4% below the CCG average and 3% below the national average. The exception reporting rate for mental health related indicators was 9.1% which was below the CCG average of 13% and the national average of 11%.
- Performance for asthma related indicators was 100%, which was 2% above the CCG average and 2% above the national average. This was achieved with an exception reporting rate of 3% which was below the CCG average of 7% and the national average of 7%.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last 12 months, three of these were completed audits where the improvements made had been implemented and monitored. For example we saw a urinary tract infection (UTI) audit was undertaken to ensure the correct choice of antibiotic was being made and assess compliance. Improvements were made to ensure the correct code was used to identify times when a potential infection had been diagnosed and that latest guidance was used in the prescribing antibiotics.
- Regular medicines audits were undertaken with the support of the CCG pharmacist. This had been an area of significant improvement following the initial inspection (December 2015) and searches showed no patient had been overlooked in the changing of medicines following updates in MHRA alerts.

Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for all newly appointed staff.

Are services effective?

(for example, treatment is effective)

These included a health and safety pack and inductions covered a range of topics such as safeguarding, infection control, fire safety, health and safety and confidentiality.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinical staff had undertaken additional training in diabetes and spirometry and future training had been allocated to ensure the implementation of Doppler ultrasound scanning was rolled out successfully. The Doppler is a hand-held machine that sends and receives a sound signal to and from a blood vessel and results help ensure the correct type of treatment is applied.
- 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All available staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice had recently reinstated the one afternoon a month where all staff are able to undertake training and meet to discuss updates which had been received positively by the staff we spoke to.

Coordinating patient care and information sharing

Information needed to plan and deliver care was available to staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans,

medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

There was a strong emphasis on multidisciplinary working within the practice. Multidisciplinary meetings with other health and social care professionals were held on a fortnightly basis and led by the same GP when possible.

There was a member of staff employed part time by the CCG to undertake the role of care coordinator. The practice had utilised this role to ensure support was provided to patients when required in a timely manner. The care coordinator worked closely with the GPs and community matron and the wider community team to understand and meet the needs of the most vulnerable patients. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that the practice had worked closely with the care coordinator to develop the role and to ensure their skills were well utilised to the benefit of the patients. For example to improve the relationship between the patient and care coordinator and explain what they had to offer in terms of support to remain at home they would, with patient consent, conduct home visits with the community matron.

For patients on the practice's palliative care register, meetings were held every four to six weeks. These meetings included GPs, palliative care nurses, community matron and practice and district nurse representatives. The practice worked with local care home staff to support patients nearing the end of their lives.

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through records audits.

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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 77% and in line with the national average of 82%. Telephone reminders were offered for patients who did not attend for their cervical screening test. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were comparable to local and national averages. For example, the practice uptake rate for breast cancer screening was 75% compared with the CCG average of 75% and the national average of 72%.

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 averaged 97.5% against a local average of 97% and five year olds averaged 99% against a local average of 98%.

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

At our previous inspection on 1 December 2015 we rated the practice as requires improvement for providing caring services as there was no carer's register.

Kindness, dignity, respect and compassion

During the inspection we saw that members of staff were polite, friendly and helpful towards patients.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 45 patient completed CQC comment cards we received were positive about the service experienced. Patients said they felt the practice staff were caring and helpful. Patients also said they felt listened to by staff and they were treated with dignity and respect.

We spoke with 10 patients in addition to a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.

- 81% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 92% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

Satisfaction scores for interactions with reception staff were above local and national averages:

- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

We saw evidence that the below average results in the survey had been discussed at meetings and staff knew the areas they could make a positive impact on.

Care planning and involvement in decisions about care and treatment

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, made to feel at ease and well supported by staff. They also told us they were given time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw evidence that care plans were personalised to account of the individual needs and wishes of patients.

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 in line or below local and national averages. For example:

Are services caring?

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Although patients within the practice population spoke English in a majority of cases, the practice used translation services to ensure effective communication with other patients when required. Double appointments were provided for patients where an interpreter was involved.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 131 patients as carers which was equivalent to 2.4% of the practice list. The practice had information displayed in the waiting area and on the practice website to inform carers about the support that was available to them and to encourage them to identify themselves to practice staff. The practice had a dedicated carers champion and there was a range of information available in the waiting area and on the website to support carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them where this was considered appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 1 December 2015 we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

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. For example, the practice was considering options for the future including the possibility of new premises or moving some administrative functions to the main building from the branch surgery.

In addition:

- Extended hours services were offered during two evenings and one morning per week to facilitate access for working age patients. This included nursing and GP appointments to ensure a fuller range of services were available.
- There were longer appointments available for patients with a learning disability and for those who needed them.
- Telephone consultations were available by the on call doctor if appropriate.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments could be booked online and prescriptions reordered.
- There were disabled facilities, including dedicated disabled parking; disabled access and disabled toilet. Corridors and doors were accessible to patients using wheelchairs.

- Translation and interpretation services were available for those who required them and longer appointments were provided to facilitate communication.

Access to the service

The surgery was open between 8am to 6.30pm Monday to Friday. Morning sessions ran from 9am till 11.30am with afternoon sessions from 3pm till 5.15pm. In addition the practice was open until 7.30pm on a Monday at the main site and 7.30pm on a Thursday at the branch surgery. An early morning session was run from the main site between 7am and 8am on a Thursday morning

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

- 77% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 78% and the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

The comment cards we received and the patients told us the levels of satisfaction with access to the practice were good. Patients told us they had no issues getting an appointment and that there was often an appointment with a specific GP available, if requested whether they were at the main or branch surgery. Appointment could be booked online and up to one month in advance if required.

Listening and learning from concerns and complaints

The practice systems in place to handle 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 including posters.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged 12 complaints and concerns in the last 12 months including verbal complaints. We reviewed a

Are services responsive to people's needs? (for example, to feedback?)

range of complaints and found that these were dealt with in a timely manner in accordance with the practice's policy on handling complaints. The practice provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint.

Meetings were held every month to review complaints received and to identify any themes or trends and all relevant staff would be encouraged to attend. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care and staff would be informed of outcomes in writing and at meetings.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 1 December 2015 we rated the practice as inadequate for providing well led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 23 March 2016.

Vision and strategy

The practice had a clear ethos which centred on providing a welcoming and caring environment which was accessible to all patients. The practice told us they had made significant changes in the previous six months and had worked at all areas highlighted in the previous inspection report as a team, which had developed the way the practice worked in a positive and closer manner, all staff told us they considered this an area of strength they would take forward.

- The practice had a mission statement which underpinned their ethos. The mission statement was displayed widely throughout the practice in staff and patient areas.
- A vision and values had been developed with staff contribution and discussed at meetings.
- Staff knew and understood the values of the practice and were engaged with these.
- In addition to regular partner meetings the practice held clinical meetings as well as team meetings to discuss all areas of development and reflect on changes they had made.

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. The areas of responsibility within the practice had recently been reviewed and staff had lead roles in a range of areas such as diabetes, and respiratory disease care.
- Practice specific policies were implemented and were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these.
- Practice specific policies were implemented and were available to all staff when a policy was changes a paper copy was made available and staff required to sign to confirm they had understood the update.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, audits of medicine updates and appointments were reviewed on a regular basis and adjustments made where required.
- There were arrangements in place to identify record and manage risks within the practice and to ensure that mitigating actions were implemented. There was a health and safety lead within the practice responsible for health and safety issues.
- Weekly management meetings were held within the practice in addition to monthly partnership meetings. This ensured that partners retained oversight of governance arrangements within the practice.

Leadership and culture

The partners and management within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical and non-clinical staff had a wide range of skills and experience. For example, one GP ran a contraception clinic and another undertook minor surgery at the practice to ensure a range of care was provided locally to patients. Additionally one of the GP partners had lead role in the local federation of practices within the local CCG to ensure the practice had an opportunity to influence decision making locally. Staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

Are services well-led?

Good 

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

- Staff told us the practice held regular meetings. In addition to partnership and management meetings, nursing and clinical meetings were held regularly within the practice. Informal meetings were held on a monthly basis for all staff.
- Staff told us there was now an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and management within the practice. Staff felt involved in discussions about how to run and develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

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 support, information and apologies where appropriate.
- The practice kept records of verbal interactions as well as written correspondence.

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 gathered feedback from patients through the patient participation group (PPG) and through surveys and compliments, concerns and complaints received.

- The PPG was active and had a core group of seven members who met every two months, assisted in the development of patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of the most recent patient survey the PPG had implemented a board at the branch surgery which informs patients' what clinicians are on duty and whether they are running late.
- The PPG and practice were positive about their working relationship. The practice felt supported by the PPG and the PPG told us there was a high level of engagement from clinical and non-clinical staff with representatives often attending their meetings. The PPG had been involved in improvements and initiatives within the practice including development of the interview questions for new staff to inform and had plans to improve the practice website and kept patients' informed of changes and events through engagement.
- The practice had gathered feedback from staff through meetings which were held informally on a monthly basis for all staff and formally every two months, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff were empowered to improve processes such as the practice nurse and assistant practice manager working together to improve the systems in place for managing infection control.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team had embraced the initial report as a means to improve all areas of the practice and had used external stakeholders, such as other surgeries, when necessary to ensure changes were to the required standard and gave a foundation on which to develop.