

Town Centre GP Surgery

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 Town Centre GP Surgery on 14 June 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients was positive. They said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Outcomes from national patient surveys showed the practice was performing broadly in line with local and national averages in most areas.
- 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 sought feedback from staff and patients, which it acted on.
- There was a positive culture and learning environment, with a clear emphasis on learning in a blame free environment.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- Review the process for new patient health checks to ensure they include appropriate clinical testing and consideration as appropriate.
- Continue work to identify and support those patients who are carers.
- Continue patient engagement initiatives to raise awareness and support patients to attend for cancer screening.

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 a clear and effective system in place for reporting and recording significant events
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information, and where appropriate an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

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 broadly in line with the local Clinical Commissioning Group (CCG) and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice carried out health checks for all new patient registrations. However, arrangements for these health checks, undertaken by a registration clerk, did not include a full range of clinical testing, nor a system for referral to a clinician.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Recent practice data for bowel and breast screening was lower than local and national averages. For example, 44% of female patients aged between 50 and 70 years had been screened for breast cancer in the last 36 months, which was lower than the CCG average of 71% and the national average of 72 %.
- 37% of patients aged between 60 and 69 years had been screened for bowel cancer in the last 30 months, which was lower than the CCG average of 51% and the national average of 58%.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January and July 2016 showed that patients rated the practice in line with local and national averages for most aspects of care.
- 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.
- The practice had only identified 10 patients as carers, which was less than 1% of the practice list.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Luton Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice responded to patient feedback positively.
- 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.

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 care and promote good outcomes for patients. Staff were aware of the vision and their role in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held appropriate business and governance meetings.

Good



Summary of findings

- There was an understanding of the governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and engaged positively with practice development.
- The practice supported continuous learning and development for staff and encouraged improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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 had 28 patients aged over 75; all these patients had a named GP and dedicated, personalised care packages in place.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 79%, compared to the local CCG average of 89% and national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review was offered to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Effective re-call procedures were in place for monitoring and to ensure attendance at reviews.
- Care plans were agreed for COPD (chronic obstructive pulmonary disease) patients.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- There was a clinical safeguarding lead and all staff were trained appropriate to their role.
- Immunisation rates were higher than local and national averages for all standard childhood immunisations.
- 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 percentage of women aged 25 - 64 years of age whose notes record that a cervical screening test has been performed in the preceding five years was 73%, compared to the local CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives, health visitors and school nurses.

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.
- Telephone consultations and extended hours offered evening appointments.
- Early morning and late evening appointments with nurses and other clinics were readily available.
- On-line services introduced including appointment booking and ordering prescriptions.
- The practice's uptake for the cervical screening programme was 73%, which was lower than the CCG average of 80% and national average of 82%. The practice had a higher than average exception rate of 15%, compared to a CCG average of 9% and a national average of 6 %.

Good



Summary of findings

- 44% of female patients aged between 50 and 70 years had been screened for breast cancer in the last 36 months, which was lower than the CCG average of 71% and the national average of 72 %.
- 37% of patients aged between 60 and 69 years had been screened for bowel cancer in the last 30 months, which was lower than the CCG average of 51% and the national average of 58%.

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 held a register of patients living in vulnerable circumstances including 33 homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access 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.
- Bereavement support was in place where needed with visits to recently bereaved patients.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 10 patients as carers, which was less than 1% of the practice list.

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).

- 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.

Good



Summary of findings

- 67% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months (01/04/2014 to 31/03/2015), compared to the local average of 81% and the national average of 84%.
- The practice worked closely with support groups and voluntary organisations that assisted patients experiencing poor mental health.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The results of the national GP patient survey published in July 2016 showed the practice was performing in line with local and national averages.

The results were based on 360 survey forms distributed with 79 returned. This represented a 22% response rate and was less than 1% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the local CCG average of 67% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 79% and the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the local CCG average of 79% and the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 70% 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 40 completed comment cards from a variety of patients; some were from families with young children and others from older age ranges. A number of patients identified they had been with the practice since it opened, whilst others were recently registered patients.

Overall, the feedback from the comment cards was positive. The caring and thoughtful attitude of staff being highlighted by many of the respondents. On some cards named staff members had been identified as providing outstanding care.

All of the cards contained positive descriptions of the service delivered. However, two cards noted that waiting times for appointments could be longer than 15 minutes at busy times. One other card also mentioned that, as the surgery was busier, sometimes access to appointments could be more difficult. We saw that the practice had sought to address any problems regarding access to appointments by the introduction of the on-line booking system, which had helped in planning and accessing appointments. They had also undertaken an audit of GP start times, to make sure that any delays were not contributing to problems later in the day.

We spoke with two patients and a representative of the Patient Participation Group during the inspection. The patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring.

NHS Choices feedback from 18 patients provided mixed comments. With some patients rating the practice as '5 star', whilst others at '1 star'. We noted that the practice had responded to only one of the comments left.

The Friends and Families test results for the practice showed that 75% of patients would recommend the practice, from 32 responses.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the process for new patient health checks to ensure they include appropriate clinical testing and consideration as appropriate.
- Continue work to identify and support those patients who are carers.
- Continue patient engagement initiatives to raise awareness and support patients to attend for cancer screening.

Town Centre GP Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a GP specialist adviser and was led by a CQC Inspector.

Background to Town Centre GP Surgery

Town Centre GP Surgery is part of the NHS England and Luton Clinical Commissioning Group (CCG).

The practice is registered with the CQC to provide the following activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Surgical procedures
- Family planning

Services are provided under the auspices of an Alternative Provider Medical Services (APMS) contract. The contract allows for provision of GP services and also includes delivery of the services of a Walk-in-Centre. (an APMS contract is agreed under directions of the Secretary of State for Health and provides the opportunity for locally negotiated contracts.) The Walk-in-Centre is available to NHS patients who require urgent medical attention for minor illness or injury.

All services are provided from one registered location;

- 14-16 Chapel Street, Luton, LU1 2SE.

The practice has approximately 7,676 registered patients. The age range of patients at the practice differs significantly from the national demographic. For example, approximately 1.3% of the practice population is over 65 years of age, compared to 15% in the local CCG and the England average of 17%. The practice had approximately 50% of its patients in the 20 - 39 years age range, where the national average was approximately 12%.

According to national data the area falls in the 'second most deprived decile' and is one of the more deprived areas. People living in deprived areas tend to have greater need for health services. The unemployment level for the area covered by the practice was 18%, this compared to the CCG average of 9% and the national average of 5%.

Average life expectancy for people living in the area is lower than both the local CCG and the England national averages. Male life expectancy, at 76 years compared to CCG average of 78 years and the national average of 79 years. Female life expectancy for the area was 81 years, which was again lower than both the local CCG average of 82 years and national average of 83 years.

The purpose built building has good facilities for patients, including access arrangements, with automatic doors and easy access toilets for the less mobile and baby changing facilities.

The ground floor reception and waiting area is bright and equipped with an electronic patient arrival registration screen. Consultation and treatments rooms are located on the ground floor and first floors. A lift was provided for access to the first floor for those people who preferred not to use the stairs. The administration staff occupy the upper floors.

Detailed findings

The practice is located in Luton town centre and is provided with public transport linking the practice to surrounding housing and major roads. Limited on street car parking is available in adjacent roads, with commercially provided car parks otherwise accessible.

The practice has five GPs, (four male and one female), two minor illness nurses and two practice nurses and a health care assistant (all nursing staff were female). Administration and management is provided by the practice manager and a team of administrators and reception staff.

The practice offers appointments and services to meet the requirements of its patients as follows;

- The practice is open daily from 8am to 8pm everyday Monday to Friday.

The practice has patients who work away from the area, with many commuting to and from London. Early and later appointments are offered for patients who may not be able to attend during conventional opening times. Urgent and emergency appointments are available on the same day and patients are advised consultations may be with a duty doctor rather than their preferred, or usual, GP.

When the practice is closed, out-of-hours services are provided by the 111 service. Advice on how to access the out-of-hours service is clearly displayed on noticeboards throughout the public spaces in the waiting and reception area, on the practice website and telephone message when the surgery is closed.

The Walk-in-Centre was open from 8am to 8pm 365 days a year.

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 14 June 2016.

During our visit we:

- Spoke with a range of staff, including the GPs, nurse, practice manager, deputy manager and administration staff. We also 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

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, MHRA (Medicine and Healthcare products Regulatory Agency) alerts, 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, we saw that the practice had responded to a prescribing error swiftly, the patient affected had been advised, medication reviewed and corrected. The incident was investigated, reported and discussed at the clinical governance meeting with learning shared with all clinicians.

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. There was a lead member of staff for safeguarding. The GP 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. The GP was trained to the appropriate level to manage child protection or child safeguarding (level 3) and other staff were trained as appropriate to their role.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff who acted as chaperones also wore badges to identify this to patients.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local CCG medicines management team, 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.

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. In addition, for GPs and clinical staff, including locums, the practice had systems to ensure up-to-date professional registration was in place.

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 on display which identified local health and safety representatives.
- The practice had up-to-date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. We saw evidence that the practice had made arrangements for an external, accredited organisation to undertake an appropriate legionella assessment and this was scheduled to be completed shortly after our inspection. (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 skill 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 to safely meet patients' needs.

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. In addition staff had access to hand-held panic alarms in all clinical areas.
- 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 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 had a business continuity plan in place for incidents such as power failure or building damage. We saw evidence where the practice had to deal with a potential security breach, with a member of the public causing an altercation when using patients' toilet facilities. A thorough review was undertaken, including safety risk assessments and liaison with the contracted security company. The plan included providing emergency contact numbers for staff, and a copy of the plan was available off site for managers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice 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 showed the practice achieved 83% of the total number of points available, compared to the local CCG average of 91% and the national average of 95%.

Overall, the practice had an exception reporting level of 14%, where local and national rates were 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had a system for recalling patients on the QOF disease register and the lead GP was responsible for QOF. Discussions with the practice demonstrated that the procedures in place for exception reporting followed the QOF guidance.

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

- Performance for some diabetes related indicators was lower than the national average.
- For example, 79% of patients on the diabetes register had a foot examination and risk clarification within the

preceding 12 months, compared to the local CCG average of 89% and national average of 88%. Exception reporting rate was 7% compared to CCG average of 7% and a national average of 8%.

Performance for some mental health related indicators was lower than local and national average.

- For example 65% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive agreed care plan, compared to the local CCG average of 87% and the national average of 88%. Exception reporting rate at the practice was 9%, compared to CCG average of 10% and national average of 13%.

The practice was aware of the lower performance in some areas and the need to review recall systems and review arrangements in place, this forms part of a performance improvement plan.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last year. The provider had an organisation wide policy for each clinician to carry out an annual audit or re-audit. We saw that audits had been undertaken across a wide range of issues, including medicines management, warfarin prescribing and infection control.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings from audits and associated quality improvement work were used by the practice to improve services. For example, as a result of the audit dealing with Inhaled Corticosteroids the practice introduced changes to bring about standardisation of records with the introduction of a new template. The practice also introduced new procedures to ensure a follow-up review was undertaken and that repeat prescriptions were drawn to the GPs attention.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions and, for non-clinical staff, specific training had been implemented to enable administration staff to cover different roles across the reception, administration and other support roles. This formed part of an 'upskilling' of the administration team. Additionally, clinical staff had been provided with awareness training to meet specific needs identified at the practice dealing with female genital mutilation.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- 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 using Protected Learning Time (PLT) as appropriate.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice reported that 'cluster group' meetings across the CCG area, involving GPs and practice managers, were scheduled to take place approximately every six weeks.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient 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 and patients were signposted to the relevant service.
- The practice had worked with a registered dietician and had supported patients with referrals to local agencies and hospital dieticians where appropriate.
- The practice offered smoking cessation advice and support.

The practice's uptake for the cervical screening programme was 73%, which was lower than the CCG average of 80% and national average of 82%. The practice had a higher than average exception rate of 15%, compared to a CCG average of 9% and a national average of 6%.

There was a clear policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged

Are services effective?

(for example, treatment is effective)

uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also noted that a number of patients from Eastern Europe appeared to return to their home countries to have a smear test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. A member of staff had recently been identified as lead for this area and targets to improve patient engagement were in place.

- 44% of female patients aged between 50 and 70 years had been screened for breast cancer in the last 36 months, which was lower than the CCG average of 71% and the national average of 72%.
- 37% of patients aged between 60 and 69 years had been screened for bowel cancer in the last 30 months, which was lower than the CCG average of 51% and similar to the national average of 58%.

Childhood immunisation rates for the vaccinations given were similar to the local CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 96% where the CCG averages were 70% to 96%. For five year olds the practice had immunisation rates between 81% and 90%, where CCG averages were 83% to 96%.

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 years of age. However, the arrangements in place for new patient registration checks did not include a full range of tests, for example dipstick urine testing, which might detect pre-existing undiagnosed conditions. The registration process did not include a formal protocol to deal with patients who would benefit from referral to a clinician as a result of the health review. We noted that the practice list size had increased by 1,728 (29%) in the last year, with 3,517 new patient registrations.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. 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 broadly similar to local CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example, data from July 2016 indicated the following outcomes:

- 79% of patients said the GP was good at listening to them, compared to the CCG average of 85% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% to the national average of 92%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published 2016 showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Staff had undertaken customer care and awareness training.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 10 patients as carers, which was less than 1% of the practice list. When registering new patients the practice asked if the patient

was a carer. Written information was available to direct carers to the various avenues of support available to them. The practice was in contact with carers groups and had engaged with news updates for carers week.

Staff told us that if families had suffered bereavement, the GP would contact them and the practice would send a sympathy card. Where a follow up consultation was required, this would be at a flexible time and location to meet the family's needs. Advice and information about local support groups was freely available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered appointments until 8pm for working patients who could not attend during normal working hours.
- There were longer appointments available for patients with a learning disability and for those who required additional support.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- Consultation and treatment rooms were accessible, with door frames and corridors designed to facilitate easy access for baby transporters, wheelchairs and mobility aids.

Access to the service

The practice was open between 8am to 8pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with the opening hours at the practice were higher than local and national averages, while telephone access was similar to local and national performance.

- 91% of patients were satisfied with the practice's opening hours compared to the local average of 74% and the national average of 76%.

- 77% of patients said they could get through easily to the practice by phone compared to the local average of 67% and the national average of 73%.

The patients we spoke with on the day of the inspection told us they were able to get appointments when they needed them and the CQC comment cards supported these findings.

GP patient survey outcomes in July 2016 demonstrated that 74% of patients described their experience of making an appointment as good. This was slightly higher than both the local or national averages at 66% and 73% respectively.

The practice had taken positive steps to ensure performance in the patient facing services was maintained at a high level. Staff had been provided with customer service training, on-line appointment booking facilities had been introduced and all available staff would respond to telephone enquires at peak call times.

The practice had a system in place to assess:

- whether a home visit was clinically necessary and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, with information and leaflets available within the waiting room area and details now available on the practice website.

We looked at two complaints received in the last 12 months and found that the practice had followed the process outlined in its policy. Concerns were investigated thoroughly and information was shared with the patients in a timely and accessible way. Lessons were learnt from individual

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

concerns and complaints and also from analysis of trends. Outcomes were shared with all relevant staff and reported in management and clinical meetings. Action was taken as a result to improve the quality of care, with changes to processes introduced or additional training provided to staff where appropriate. The practice had work hard to encourage positive engagement with the complaints process and it was seen as a valuable learning opportunity in a blame free culture.

For example, the practice regularly reviewed patient feedback and had introduced changes to the

appointments system in response to concerns about gaining access to the practice by telephone. Staff had been provided with customer service training, additional telephone lines had been made available and the introduction of on-line appointment booking had all sought to improve the patient experienced.

Where concerns related to clinical matters a clear audit trail of review and investigation was evident. Learning was shared at clinical meetings and across the provider's other locations as appropriate, this facilitated broader learning and development.

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 a mission statement which was made available to staff on induction and was displayed at the practice and staff knew and understood the values.
- The practice had a strategy and plans which reflected their vision and values and were reviewed appropriately.

Governance arrangements

The practice had a 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.
- Staff had access to practice specific policies which were up-to-date, regularly reviewed and implemented.
- A comprehensive understanding of the performance of the practice was maintained through a detailed performance monitoring and reporting system.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs and senior managers 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 GPs and managers were approachable and always took the time to listen to all members of staff.

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

The practice encouraged a culture of openness and honesty, with systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held regular team meetings, which were minuted, with action points recorded.
- 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 by the GPs and managers in the practice.
- Staff were encouraged to provide input to maintain and develop the practice.
- Staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. We noted that the practice list size had increased by 1,728 (29%) in the last year, with 3,517 new patient registrations. However, we also noted 1,837 patients had left the practice in the same period. The practice did not routinely audit the reasons why patients left. The availability of information about the reasons may provide valuable developmental feedback.

- The practice was working to develop and increase numbers of patients involved in its patient participation group (PPG) and through surveys and complaints received.
- Following feedback from patients we saw that the practice had made improvements, for example to the telephone software system to allow more calls to be answered at peak call times.
- The practice gathered feedback from staff through meetings, personal discussions and team events.

Are services well-led?

Good 

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

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

There was a positive and clear desire to deliver high levels of patient satisfaction. There was a focus on continuous learning and improvement at all levels within the practice.

The practice team was highly experienced and had demonstrated positive examples of forward thinking and a willingness to embrace innovative ideas and new technologies in order to improve outcomes for patients.

For example:

- Staff had been provided with training to help them deal with challenging situations and to manage risks.
- The practice had reviewed plans for expansion to deal with increased patient numbers.
- Issues and concerns were routinely and proactively discussed, with trend analysis examined and proposals developed and subject to senior management consideration.