

Ashcroft Surgery

Quality Report

Ashcroft Surgery
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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 Ashcroft Surgery on 16 August 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. We saw that development and learning was prioritised by the practice and staff had 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 during consultations with their GP.
- 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 we spoke with on the day said it was easy to make an appointment with their preferred GP. Urgent appointments were available the same day.
- 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. Staff told us that they would feel confident to raise any concerns with the lead GP or practice manager.
- The practice sought feedback from patients and the Patient Participation Group (PPG), which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had developed a medication monitoring template and a DMARD (disease-modifying antirheumatic drugs) initiation and monitoring template, which were in the process of being used district wide via the CCG.

Summary of findings

- The policies and protocols were available for public viewing via the practice website and were clearly written, in particular the bereavement policy and actions.
- One of the GPs had written the book 'The Essential Handbook for GP Training and Education' which is widely used throughout the UK.

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 for reporting and recording significant events. Learning was widely shared with the staff team and across the Bradford District group of practices. Staff we spoke with were aware of and knowledgeable regarding incidents and outcomes. We saw that action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. We saw evidence that the practice would meet with patients to address any concerns. 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. We saw evidence of multidisciplinary discussions at team meetings, where vulnerable children, adults and families were discussed.
- 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 at or above average compared to the national average. Results showed that rates for breast and cervical screening were at CCG and national averages. There were clear arrangements in place to recall patients for reviews and follow up appointments.
- Staff assessed needs and delivered care in line with current evidence based guidance, we saw evidence that guidelines were followed and shared with the staff team.
- The practice participated in CCG initiatives such as Bradford Beating Diabetes and could offer specialist support to patients requiring help with insulin management. This reduced the need for patients to attend the local hospital.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice held joint protected learning afternoons every week with other health professionals,

Summary of findings

where meetings, discussions and training would take place. Staff were up to date with their training and attend additional learning and development events which would improve patient care.

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked effectively and collaboratively with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice continued to attempt to reduce the number of patients who did not attend for appointments by ringing patients the day before their appointment to remind them of their consultation. They would also send a short message service (SMS) text message on the day.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with averages for the CCG for providing caring services, but rates were below national averages. For example, patients said nursing staff did not always treat them with care and concern or involve them in decisions about their care and treatment. However, patients we spoke with told us that they were treated with care and concern by the GP and that they would recommend the practice to someone who had just moved to the local area.
- Patients said they were treated with compassion, dignity and respect and their privacy was maintained during consultations.
- Staff told us that if families had experienced bereavement, their usual GP contacted them.
- 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.

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 Clinical Commissioning Group to secure improvements to services where these were identified. The practice liaised closely with the CCG and took part in CCG initiatives such as the Bradford Beating Diabetes programme.

Good



Summary of findings

- Patients said they always find it easy to make an appointment with a named GP and urgent appointments were available the same day.
- The practice held an extended hours clinic on a Monday until 8.45pm.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Two patient participation group (PPG) members told us that the practice were excellent at bereavement care.
- Information about how to complain was easy to understand and evidence showed the practice responded quickly to issues raised.
- Learning from complaints was shared with other practices, staff and stakeholders.
- We were told that young children would always be seen on the day as requested.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver patient focused high quality care. Staff were clear about the priorities of the practice and this was discussed and reviewed in meetings.
- There was a clear leadership structure and staff felt supported to develop and improve their skills by the GP and practice manager. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and patients from the Bradford District held regular joint meetings which were attended by GPs.

Good



Summary of findings

- There was a strong focus on continuous learning and 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 urgent appointments for those with enhanced needs.
- The practice offered home visits for older people and this was supported by a home visits protocol.
- Flu vaccinations were offered to older patients in their own homes by the practice nurse. The uptake for vaccinations in patients over 65 years old was 83% compared to 96% CCG and 94% national averages.

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. Nursing staff were encouraged to develop competencies and skills to lead in the management of long term conditions.
- Patients diagnosed with diabetes were offered longer, 20 minute appointments, so that they could discuss all aspects of their condition.
- Outcomes for diabetes related indicators were comparable to other practices. For example the percentage of patients on the register who had a flu immunisation in the preceding 12 months was 98% compared to the CCG average of 96% and the national average of 94%.
- All these patients had a named GP and a structured annual review 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.

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. Vulnerable children, young people and vulnerable family groups were discussed and reviewed in a multidisciplinary meeting every month.
- Immunisation rates were relatively high 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. Children could be seen by the nurse outside of school hours until 6pm in the evening. The premises were suitable for children and babies.
- Patients at the practice were signposted to the pharmacy first scheme. This allows people who receive free prescriptions to go straight to their pharmacist to receive treatment without needing to visit their GP first to get a prescription.
- The percentage of women who had undergone a cervical screening test was 88% which was higher than the CCG average of 77% and comparable to the national average of 82%.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice offered joint eight week baby checks where mothers and babies could be seen at the same time.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice would contact patients by telephone the day before they were due to attend the surgery and send an SMS text message to remind them of their appointment on the day.
- Telephone consultations were available for patients who could not attend the surgery.
- The practice offered an extended hours clinic until 8.45pm on a Monday.

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 were aware of patients living in vulnerable circumstances including homeless people, travellers, carers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, long term conditions or those who required an interpreter.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Patients were able to access a benefits advisor at the surgery one morning per week.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. All the staff we spoke with on the day of inspection 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 most recently published QOF results showed that 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG and national average of 84%.
- Data showed that 93% of patients with a mental health issue had their smoking status recorded in their notes in the preceding 12 months, and the same percentage of patients had an agreed and documented care plan.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency when 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 national GP patient survey results were published in July 2016. The results showed the practice was better when compared to local and national averages. A total of 352 survey forms were distributed and 121 (34%) were returned. This represented 1.4% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and the national average of 73%.
- 90% 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 79% and the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.

- 78% 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 73% 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 16 comment cards and all were positive about the standard of care received. The doctors were described as very professional and patients said that they felt listened to and that hospital referrals were made very promptly.

We spoke with six patients during the inspection. All the patients said they were satisfied with the care they received, they were involved in decisions about their care and they were treated with dignity and compassion.

Ashcroft Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Ashcroft Surgery

Ashcroft Surgery provides services for 8,767 patients. The practice is located at:

Ashcroft Surgery

Newlands Way

Eccleshill

Bradford

BD10 0JE

The surgery is situated within the Bradford District Clinical Commissioning group and is registered with Care Quality Commission (CQC) to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

They offer a range of enhanced services such as childhood immunisations and acupuncture, improving patient access on line and enhanced services for patients with a learning disability.

There is a higher than average number of patients under the age of 39, in common with the characteristics of the Bradford District area. There are fewer patients aged over

45 than the national average. The National General Practice Profile states that 72% of the practice population is from a White background with a further 8% of the population originating from black, mixed or non-white ethnic groups. The practice has also identified that they have a growing number of patients who are from an Eastern European background.

Clinical sessions at the practice are covered by four partner GPs and two salaried GPs, four male and two female. The practice also has a four practice nurses and four health care assistants.

The clinical team is supported by a practice manager, an assistant manager and a team of administrative staff. The practice also benefits from the services of a pharmacist.

The practice catchment area is classed as being within one of the most deprived areas in England. People living in more deprived areas tend to have a greater need for health services. The practice informed us they had a high birth rate within their population and also high rates of illiteracy amongst some of their patients.

The practice is situated within a purpose built building with car parking available. It has disabled access and facilities.

Reception was open Monday to Friday 8am to 6pm except on a Thursday 1pm to 3.30pm when the practice was closed for training. (Only emergency telephone calls between 11.30am and 1pm and Thursday 11.30am to 4pm) with appointments available between these times. The practice also run an appointment based Monday evening surgery 6.30pm to 8.45pm.

When the surgery is closed patients can access the NHS 111 service for non –urgent medical advice.

Detailed findings

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 19 July 2016. During our visit we:

- Spoke with a range of staff including the lead GP, a locum GP, the practice manager, assistant practice manager, a practice nurse, the HCA, pharmacist and admin staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for and treated in the reception area.

- Reviewed templates and information the practice used to deliver patient care and treatment plans.
- Reviewed comment cards where patients 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 and were invited to meetings with the practice manager. They 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. There was a focus on shared learning within the practice and any lessons learned were discussed with the staff team and members.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice has a significant events recording system as they occur within the clinical system to ensure they capture these as early as possible.

A recent example of this was the development of a “non-visible haematuria” (blood in the urine) pathway. A case discussion from an individual patient highlighted the need to improve the current system. A team discussion led to the development of a protocol-driven template. This template identified if there were any previous recorded entries of non-visible haematuria in the patient's medical record and positively prompted the staff to repeat the test and follow the protocol. This process had worked well and a further follow-up team discussion had led to another modification which was to extend this feature to other clinical areas such as the monitoring requirements for shared care drugs.

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:

- Staff could clearly demonstrate and explain their role in safeguarding vulnerable children and adults from abuse. All staff had received training relevant to their role. We saw that GPs were trained to child safeguarding level three and that some staff were trained to level two. GPs had also attended Prevent training and awareness training relating to female genital mutilation (FGM). Prevent is part of the Government counter-terrorism strategy. It is designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming terrorists themselves. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The policies reflected relevant legislation and local requirements. A GP was the lead member of staff for safeguarding. The practice staff discussed safeguarding concerns each month in a multidisciplinary meeting. A notice in the waiting room and in clinical rooms advised patients that chaperones were available if required. Patients told us that they were aware of this service. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nursing team managed infection prevention and control (IPC) and liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training.
- 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). We saw there had not been a recent cold chain audit undertaken. This was discussed with the practice who said they would act on this. 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

Are services safe?

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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber and had a good understanding of these. (PSDs are written instructions for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed four 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The 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, infection prevention and control and legionella (legionella is a bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Nursing staff told us they had enough time to see patients and to cover for each other. We were told that the lead GP would hold additional clinics when needed.

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. A further emergency call system was available which also alerted staff to the area where the issue had occurred.
- 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 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 had been used by the staff following a power cut.

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. We saw evidence that guidelines were discussed in clinical meetings.
- The practice monitored that these guidelines were followed through, audits and random sample checks of patient records.

The practice had undertaken an audit on the diabetic recall system. It had been identified that not all diabetic patients were being recalled appropriately. As a result of the findings of that audit, after discussion with the wider team, the practice took a range of actions which included:

- All patients with a diagnosis of diabetes were coded on their electronic record and a recall date allocated.
- Updating the diabetic protocol to ensure all newly diagnosed patients had a review and recall date.
- Used an improved template, in line with guidance, to record all diabetic reviews.
- A specific training session was delivered to the clinicians to aid and improve understanding of medicines and targets in relation to diabetes.

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 had achieved 90% (the CCG average of 96% and the national average of 95%) of the total number of points available with 9% clinical exception reporting, which was in line with the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

These figures are comparable to CCG and national averages. The practice showed us that their QOF scores had continued to improve in 2015/16, although this data was yet to be verified or published.

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

- Performance for diabetes related indicators was comparable to CCG and national averages. For example, the percentage of patients with diabetes on the register who had a flu vaccination in the preceding 12 months was 98%, compared to the CCG average of 96% and the national average of 94%.
- Overall, performance for mental health related indicators was slightly lower than CCG and national averages; data showed that the percentage of patients who were diagnosed with dementia and had their care reviewed in a face to face consultation in the preceding 12 months was 80% (CCG and national average 84%).

There was evidence of quality improvement including clinical audit.

- There were numerous audits that were completed in the last two years that had been completed by the pharmacist. We reviewed two completed audits where the improvements made were implemented and monitored. We saw that outcomes from some audits included inviting patients to return for reviews.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurse we spoke with described a comprehensive mentor and support package, which was used with relevant staff. They discussed access to training and updates including training in diabetes and sample taking, which allowed her to enhance her skills.

Are services effective?

(for example, treatment is effective)

- 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 and attending learning events. Training undertaken had also included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings, one to one discussions and reviews of practice development needs. Staff confirmed that they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system 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 on-going 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, safeguarding concerns or those nearing the end of life.

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. When a patient with a learning disability was found not to have the ability to consent to a required blood test, the practitioner completed the necessary Department of Health forms and referred the patient to local learning disability services for additional support.
- 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. The practice offered additional support and information to those requiring intimate screening procedures and uptake results reflected this.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- A benefits advisor was available one morning per week.

The practice's uptake for the cervical screening programme was 88%, which was better than the CCG average of 77% and the national average of 82%. The practice had been commended by the CCG for their uptake of cervical screening. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and the practice nurse would also ring patients to explain why the procedure was important and to encourage patients to attend. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for all patients they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast

Are services effective?

(for example, treatment is effective)

cancer screening. 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 carried out immunisations in line with the public health childhood vaccination programme. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 100% compared the CCG averages of 82% to 98% and

five year olds from 91% to 100% which was comparable to the CCG averages of 91% to 98%. Data showed that at 12 months old 100% of children had received the appropriate vaccinations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had a clear recall system to ensure that patients were invited to attend reviews.

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.

Of the 16 patient Care Quality Commission comment cards we received, all were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful and treated them with dignity and respect.

We were able to speak with six members of the patient participation group (PPG) on the day of our visit. The PPG told us that the practice was committed to delivering the best quality care and that the team was friendly and supportive and listened to patients.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% 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%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern which above the CCG average of 85%. The national average is 85%.

- 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 91% national average of 91%.
- 86% 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. We saw evidence that care plans were personalised.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 82% 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%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the 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 and that staff were also available to translate for patients. The team was reflective of the patient population.
- Information leaflets were available, a small number of leaflets were available in different languages. Several informative health promotion and educational videos were also available on the practice website.

Are services caring?

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. We observed that the majority of practice information was displayed in an area which patients would access on their way into and out of their appointment. It was not in an area where patients sat and waited for their appointment. The practice told us that they had plans to renovate a small area in a more central position to improve the visibility of information.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 173 patients as

carers, (2% of the practice list). The practice was proactively inviting carers for health checks. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. In recognition of religious and cultural observances, the GP would respond quickly, in order to provide the necessary death certification to enable prompt burial in line with the families' wishes.

The bereavement policy was reviewed recently. As a result the practice would contact the family and explain what is needed, for example when to collect the death certificate. The practice also sent a bereavement card to the family. The card was handmade and a helpful insert included which signposted patients to other support services. The patient's own doctor added a personal message and made the decision regarding the need for a visit, dependant on the needs of the family.

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 an extended hours clinic on a Monday until 8.45pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those requiring long term condition reviews.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice including those with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Children were seen as a priority by the GP.
- 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening.

Since 1988 the practice had delivered acupuncture services. One of the GPs had completed an appropriate diploma qualification and saw patients at the surgery. This used to be a funded service mainly for pain management, however, due to the withdrawal of funding the practice continued to deliver this service, mainly for shoulder pain, knee pain and migraine.

Access to the service

Reception was open Monday to Friday 8am to 6pm except on a Thursday 1pm to 3.30pm when the practice was closed for training. (Only emergency telephone calls between 11.30am and 1pm and Thursday 11.30am to 4pm) with appointments available between these times. The practice also run an appointment required Monday evening

surgery 6.30pm to 8.45pm. Pre-bookable appointments could be booked up to two weeks in advance, urgent 'on the day' appointments were also available for people that needed them.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary and a protocol to support this.
- 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.

- Its 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. There was information available on the website and forms available from reception staff with a leaflet available. The practice told us that the majority of complaints from patients were verbal and we saw that these were documented and acted upon.

We looked at complaints received in the last 12 months and found that these were managed in a timely manner

Are services responsive to people's needs?

(for example, to feedback?)

with openness and transparency, and to the satisfaction of the patients. We saw that apologies were given when necessary and that lessons were learnt from individual concerns and complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in reception and the staff room and staff knew and understood the values. Staff were able to confidently discuss the priorities of the practice and their role in good customer service.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had firm plans to improve patient access and liaised with stakeholders regularly to ensure that services continued to meet the needs of the practice population.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained, there was a clear recall procedure for patients that was continually reviewed.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- One of the GPs had written the book 'The Essential Handbook for GP Training and Education' which is widely used throughout the UK.

Leadership and culture

On the day of inspection the lead GP in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The practice told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP, supporting GPs and the practice manager were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings. These meetings also offered additional learning opportunities for staff.
- 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 members were recognised for their hard work in achieving targets. Staff said they felt respected, valued and supported, particularly by the managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice had been a training practice for 25 years, having three full time registrars at the time of our inspection. Also two advance practitioner trainees were already working at the practice. Also the practice aim to ensure that all staff when recruited are happy to be involved in training

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG told us that the new telephone system was installed as a result of consultation with the group.
- The practice had gathered feedback from staff through discussion, staff meetings and appraisals. Staff told us

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

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example there were numerous audits that were completed in the last two years by the pharmacist. We reviewed two completed audits where the improvements made were implemented and monitored. We saw that outcomes from some audits included inviting patients to return for reviews.