

Northfield Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Northfield Medical Practice on 2 December 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- The practice staff had a very good understanding of the needs of their practice population and were flexible in their service delivery to meet patient demands; such as providing flexible GP appointments when required.
- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs were accessible and supportive.
- There was evidence of an all-inclusive team approach to providing services and care for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was good access to clinicians and patients said they found it easy to make an appointment. There was continuity of care and if urgent care was needed patients were seen on the same day as requested.
- Patients' needs were assessed and care was planned and delivered following local and national care pathways and National Institute for Health and Care Excellence (NICE) guidance.
- The practice promoted a culture of openness and honesty. There was a nominated lead for dealing with complaints and significant events. All staff were encouraged and supported to record any incidents. There was evidence of good investigation, learning and sharing mechanisms in place.
- Risks to patients were assessed and well managed.
- There was a safeguarding lead in place and systems to protect patients and staff from abuse.
- 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. For example the practice had reviewed access to appointments and improved the telephone system.

Summary of findings

- Staff said they were proud to work at the practice and felt they delivered good, quality service and care to patients.
- The practice complied 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.)

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



- Risks to patients were assessed and well managed.
- There were systems in place for reporting and recording significant events and near misses. There was a nominated lead that ensured all incidents were recorded on the electronic reporting system. There was evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There was a nominated lead for safeguarding children and adults. Systems were in place to keep patients and staff safeguarded from abuse. We saw there was safeguarding information and contact details available for staff.
- A senior partner attended safeguarding and domestic violence meetings regularly.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control (IPC). They undertook IPC audits and regular checks of the building.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the needs of patients and delivered care in line with local and national pathway and NICE guidance.
- The practice was supported by the local CCG pharmacy advisor to ensure effective prescribing was undertaken.
- We saw evidence of appraisals and up to date training for staff.
- There was evidence of working with other health and social care professionals, such as the health visitors, midwife, palliative care nurses, district nurses, community matron and the mental health team, to meet the range and complexity of patients' needs.

Summary of findings

- GPs met daily to discuss referrals and to access a second clinical opinion to ensure the right referrals were made and best outcomes for patients.
- Clinical audits demonstrated quality improvement.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with local and national averages.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice comparable to other practices for the majority of questions regarding the provision of care.
- Comments we received from patients on the day of inspection were very positive about their care.
- We observed that staff treated patients with kindness, dignity, respect and compassion. Patients' comments aligned with these observations..
- Appropriately trained staff were available to act as chaperones for patients as required.
- The practice maintained a register of those patients who were identified as a carer and offered additional support as needed.
- It was apparent when talking with both clinical and administrative staff during the inspection there was a genuine caring and supportive ethos within the practice.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked with NHS East Leicestershire and Rutland (CCG) and other local practices to review the needs of their population.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- National GP patient survey responses and comments made by patients indicated appointments were available when needed.
- The practice offered pre-bookable and online appointments. All patients requiring urgent care were seen on the same day as requested.
- They provided access to extended hours services and telephone consultations and text message reminders.

Summary of findings

- The practice could evidence being responsive to demands on the appointment system. They continually audited demand and capacity of appointments.
- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.

Are services well-led?

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

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.
- The provider complied with the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- The practice promoted a culture of openness and honesty. Staff and patients were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services.
- Staff said they were proud to work at the practice and felt they delivered good, quality service and care to patients.
- The practice proactively sought feedback from patients through engagement with patients, the Patient Participation Group (PPG) and their local community.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Proactive, responsive care was provided to meet the needs of the older people in its population.
- Registers of patients who were aged 75 years and above and also the frail elderly were in place to ensure timely care and support were provided. Health checks were offered for all these patients.
- The practice worked closely with other health and social care professionals, via multi-disciplinary care teams. This helped housebound patients receive co-ordinated care and support and reduced hospital admissions.
- The practice worked with local nursing and care homes providing regular support and guidance.

People with long term conditions

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

Good



- The practice nurses had lead roles in the management of long term conditions, supported by the GPs.
- A GP led diabetes clinic was in place with trained nurse and a specialist community diabetes nurse to help ensure coordinated delivery of care.
- 94% of patients with diabetes had an HbA1C result which was within normal parameters, which was higher than both figures at 93% and 88%. (HbA1c is a blood test which can help to measure diabetes management.)
- Annual reviews were undertaken to check patients' health care and treatment needs were being met.
- 75% of patients diagnosed with asthma had received an asthma review in the last 12 months, compared to 73% locally and 70% nationally.
- 91% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months, compared to 89% locally and 90% nationally.

Families, children and young people

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

Good



Summary of findings

- The practice worked with midwives and health visitors to support the needs of this population group. For example, the provision, ante-natal, post-natal and child health surveillance clinics.
- 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.
- Immunisation rates were high for all standard childhood immunisations.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day access was available for all children under the age of five.
- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 84% of eligible patients had received cervical screening, compared to 79% locally and 76% nationally.

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 these patients 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 provided telephone consultations, online booking of appointments and ordering of prescriptions.
- Early morning and evening appointments were offered to increase flexibility for working patients.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.
- Health checks were offered to patients aged between 40 and 74 who did not have a pre-existing condition. The practice had completed 406 of these health checks which equates to 66% of invited patients who attended.
- Travel health advice and vaccinations were available.
- 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.

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



- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- We saw there was information available on how patients could access various local support groups and voluntary organisations.
- The practice nurse and health care assistant had recently completed updated training to provide annual reviews of care for patients with a learning disability.
- A GP Led substance misuse clinic was in place to provide accessible support and advice and offer a range of vaccinations and health screening.

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



- 77% of patients diagnosed with dementia had received a face to face review of their care in the last 12 months, which is comparable to the local and national averages 80% and 83%.
- Early diagnosis rates of dementia with ability to offer early intervention and support. Results indicate 71% compared to CCG average of 63%.
- The practice had developed comprehensive care plans for patients with patients diagnosed with dementia.
- 97% of patients who had a severe mental health problem had received an annual review in the past 12 months and had a comprehensive, agreed care plan documented in their record. This was higher than 94% local and national average of 90%.
- GP Led substance misuse clinic held at the practice to provide accessible support and advice and offer a range of vaccinations and health screening.
- Same day appointments / phone consultation were made for patients experiencing poor mental health.
- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey distributed 217 survey forms of which 116 were returned. This was a response rate of 54% which represented 1% of the practice patient list. The results published in July 2016 showed the practice was performing in line with local CCG and national averages, for the majority of questions. For example:

- 80% of respondents described their overall experience of the practice as fairly or very good (local CCG 84%, nationally 85%)
- 74% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (78%, both locally and nationally)
- 78% of respondents said they found the receptionists at the practice helpful (local CCG 86%, nationally 87%)

- 94% of respondents said they had confidence and trust in the last GP they saw or spoke to (local CCG 96%, nationally 95%)
- 98% of respondents said they had confidence and trust in the last nurse they saw or spoke to (local CCG 97%, nationally 97%)

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 48 comment cards. They stated they felt listened and staff were caring and committed to their work.

We saw that in the Family and Friends (NHS survey) the latest comments for November were positive where 78% of patients would recommend the practice to others; the results were displayed on the practice web site.

Northfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised a CQC Lead Inspector, practice manager and GP specialist advisor.

Background to Northfield Medical Centre

Northfield Medical Practice Villers Court, Leicester is a member of the NHS East Leicestershire and Rutland Clinical Commissioning Group (CCG). General Medical Services (GMS) are provided under a contract with NHS England.

The surgery is in a purpose built building over two floors, with all public areas and consulting and treatment rooms on the ground floor. There is a substantial car park with disabled parking bays and a disabled ramp to the front door.

The practice is located in an area of least deprivation in Blaby on the outskirts of Leicester. Information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice currently has a patient list size of 11,182. The average life expectancy of the practice population is comparable with both CCG and national averages for males at 80 years. Life expectancy for females is also comparable with CCG and national averages at 85 years (CCG 84 years and national average 83 years). Age groups and population groups within the practice population are comparable with CCG and national averages.

There are seven GPs and six registrars at the practice. Nursing staff consist of a two practice nurses and two health care assistants (HCA); all of whom are female. There are two assistant practice managers, and a team of reception and administrative staff who oversee the day to day running of the practice.

Northfield Medical Practice is a teaching and training practice. They are accredited to train doctors to become GPs (registrars) and to support undergraduate medical students with clinical practice and theory teaching sessions.

The practice has good working relationships with health and social services to support provision of care for its patients. Locally, they have close working links with three care and nursing homes. Regular visits are made by the clinicians to these sites.

The practice is open Monday 8am to 7pm, Tuesday, Wednesday and Friday 8am – 6:30pm and Thursday 8am-7:30pm.

In addition to pre-bookable appointments that could be booked in advance, the practice has daily urgent appointments in place and 'sit and wait' appointments at the end of each surgery.

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 and inspection programme. 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and NHS Leicester and Rutland CCG, to share what they knew about the practice. We reviewed the latest 2015/16 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 2 December 2016. During our visit we:

- Spoke with a range of staff, which included GPs, practice nurses, health care assistants, the assistant practice managers, administrative and reception staff.
- Observed in the reception area how patients, carers and family members were treated.
- Looked at templates and information the practice used to deliver patient care and treatment plans.
- Spoke with a representative from the Patient Participation Group (PPG).

- Reviewed CQC comment cards and spoke with patients regarding the care they received and their opinion of the practice.

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 are provided for specific groups of people and what good care looks 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, recording and investigating significant events and near misses.

- There was a culture of openness, transparency and honesty.
- The practice was aware of their wider duty to report incidents to external bodies such as the CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- Staff told us they would inform the practice manager of any incidents. The incidents were discussed at the clinical meeting and team meetings.
- We looked at some incidents in detail and saw there was good evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- There was a system in place to ensure all safety alerts were cascaded to staff and actioned as appropriate.
- When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, and a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was a nominated lead for ensuring all significant events and near misses were recorded. We saw there was evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.

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, when the practice had failed to meet a 'six week' checks for a new born baby, the staff promptly completed and investigatory audit. Procedures were reviewed and improved upon. The staff then periodically re-audited to ensure that the new procedure was working successfully.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Arrangements which reflected

relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare.

Staff had received training relevant to their role and could demonstrate their understanding of safeguarding. A dedicated member of staff acted in the capacity of safeguarding lead for adults and children and clinical staff had been trained to the appropriate level. The GPs met regularly with the health visitor who also regularly attended the practice and any child safeguarding issues or concerns were communicated to them.

A notice was displayed in the waiting and consultation rooms, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Suitably trained staff acted as chaperones and had received a Disclosure and Barring Service check (DBS). (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. There was a nominated lead for infection prevention and control (IPC) who could evidence an organised and knowledgeable approach. They undertook regular checks of the building and we saw evidence that an IPC audit had taken place and action had been taken to address any improvements identified as a result. There were spillage kits available in the practice, which could be used to deal with the spillage of bodily fluids, such as blood.

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out by the CCG pharmacy advisor to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

Prescription pads and blank prescriptions 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

Are services safe?

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.)

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references and DBS checks.

Monitoring risks to patients

The practice had procedures in place for assessing, monitoring and managing risks to patient and staff safety. We saw evidence of:

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and fire safety.
- A health and safety policy.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked flexibly to cover any changes in demand, for example annual leave, sickness or seasonal.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff were up to date with fire and basic life support training.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

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 peoples' 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. We saw minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2015/16) showed the practice had achieved 100% of the total number of points available, with 10 % exception reporting. Exception reporting was comparable 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). Data showed:

- 94% of patients with diabetes had an HbA1C result which was within normal parameters, which was higher than both locally and nationally figures at 90% and 88%. (HbA1c is a blood test which can help to measure diabetes management.)
- 92% of patients with diabetes had received a foot examination and a risk classification for potential problems, which was higher compared with 88% locally and 88% nationally.
- 84% of patients with hypertension had a blood pressure reading which was within normal parameters, compared to 83% locally and nationally.

- 77% of patients with dementia had received a face to face review of their care, compared to 74% locally and 84% nationally.
- Of those experiencing poor mental health 97% had an agreed care plan in place which was higher than the national average of 88%.

The practice used clinical audit, peer review, local and national benchmarking to improve quality. We saw several clinical audits for example; the practice had completed epilepsy and sore throat audits. The audits had been undertaken in 2015 and repeated again within 12 months. The audits could demonstrate where improvements had been identified and further improvement were required. The results were shared with the other clinicians.

The practice had also undertaken prescribing audits in line with the quality improvement in practice programme.

The practice had an effective referral system in place. GPs met daily to discuss referrals and give an opportunity for reflection and secondary opinion to confirm the referral was in the best interests of the patient. This did not include two week urgent referrals which were dealt with on the same day. During the visits we saw figures that confirmed that since the introduction of the referral meeting the level of referrals had reduced.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- The learning and development needs of staff were identified through appraisals, meetings and reviews of practice performance and service delivery. Staff had received an appraisal within the preceding 12 months.
- Staff were supported to access e-learning, internal and external training. They were up to date with mandatory training which included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Staff who administered vaccines and the taking of samples for the cervical screening programme had received specific training, which included an assessment of competence. We were informed staff kept up to date with any changes by accessing online resources or guidance updates.

Are services effective?

(for example, treatment is effective)

- The GPs were up to date with their revalidation and appraisal.
- The practice nurses were up to date with their nursing registration.

Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients. They could evidence how they followed up patients who had an unplanned hospital admission or had attended accident and emergency (A&E); particularly children or those who were deemed to be vulnerable.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a monthly basis.

Care plans were in place for those patients who had complex needs, were at a high risk of an unplanned hospital admission or had palliative care needs. These were reviewed and updated as needed. Information regarding end of life care was shared with out-of-hours services, to minimise any distress to the patient and/or family. We received up to date information on the visit that confirmed that the practice had achieved 70% (compared to 54% nationally) of patients having their preferred end of life place achieved.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as the Fraser guidelines. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- who required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who acted in the capacity of a carer and may have required additional support

These patients were then signposted or assisted to the services relevant to them.

The practice also liaised with a range of services, these included, substance misuse, and mental health services, midwives, health visitors, cancer support nurses and hospice liaison.

We were informed (and saw evidence in some instances) that the practice:

- Had the highest result for cancer detection in the CCG at 63% (nationally 49%)
- Encouraged its patients to attend national screening programmes for bowel and breast cancer. The uptake rate for cervical screening was 85%, compared to 79% locally and 73% nationally. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Breast screening of females aged 50 to 70 in the last 36 months was 83% (CCG 80%, nationally 72%).
- Bowel screening of patients aged 60 to 69 years in the last 30 months was 64% (CCG 64% and nationally 58%).
- The practice carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged 24 months and under ranged from 98% to 100% and for five year olds they ranged from 96% to 100%.
- Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. The practice had undertaken 406 of these checks in the preceding 12 months.
- Provided sexual health advice and contraception services, such as coil fittings and implants.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- There was a private area available should patients in the reception area want to discuss sensitive issues or appeared distressed.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations to ensure confidentiality was maintained.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.

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

Data from the national GP patient survey showed respondents rated the practice comparable to CCG and national averages for many questions regarding how they were cared for. For example:

- 88% of respondents said the last GP they saw or spoke to was good at listening to them (local CCG 91%, nationally 89%)
- 89% of respondents said the last nurse they saw or spoke to was good at listening to them (local CCG 90%, nationally 91%)
- 86% of respondents said the last GP they saw or spoke to was good at giving them enough time (local CCG 88%, nationally 87%).
- 89% of respondents said the last nurse they saw or spoke to was good at giving them enough time (local CCG 91%, nationally 91%)
- 81% of respondents said the last GP they spoke to was good at treating them with care and concern (local CCG 85%, nationally 85%).

- 87% of respondents said the last nurse they spoke to was good at treating them with care and concern (local CCG 90%, nationally 91%).

Care planning and involvement in decisions about care and treatment

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

- The 'choose and book' service was used with all patients as appropriate.
- Interpretation and translation services were available for patients who did not have English as a first language

Data from the national GP patient survey showed respondents rated the practice comparable to CCG and national averages for many questions regarding how they were treated. For example:

- 81% of respondents said the last GP they saw was good at involving them in decisions about their care (local CCG 85%, nationally 85%)
- 80% of respondents said the last nurse they saw was good at involving them in decisions about their care (local CCG 82%, nationally 85%)
- 87% of respondents said the last GP they saw was good at explaining tests and treatments (local CCG 87%, nationally 86%).
- 83% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (local CCG 88%, nationally 90%)

Patient and carer support to cope emotionally with care and treatment

The practice maintained a carers' register and the patient electronic record system alerted clinicians if a patient was a carer. All carers were offered a health check and influenza vaccination. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (under 1% of the practice list).

The practice recognised the low numbers of carers that had been identified and were taken action to identify more patients who may require support. As a result the practice had;

- Created a separate carers section on their web site.
- Installed a dedicated carer's noticeboard in the waiting room

Are services caring?

- Altered how they communicate with patients to encourage carers that caring is seen as a normal part of family life and thereby sought to reduce any stigma that could be attached to identifying themselves as carers.
- Ensure support was offered to carers directly by the practice and they were signposted to support groups in the area.

We saw notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations. We also confirmed information was available on the practice website.

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. At the time of our inspection there were 139 patients on the palliative care register which equates to 1% of the practice population.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the local CCG to identify and secure provision of any enhanced services or funding for improvements. Services were provided to meet the needs of their patient population, which included:

- Home visits for patients who could not physically access the practice and were in need of medical attention
- Urgent access appointments for children and patients who were in need
- Emergency appointments available sit and wait session at the end of morning and afternoon surgeries.
- Duty nurse and duty GP in place each day to ensure further flexibility of appointments.
- Telephone consultations
- Longer appointments as needed
- Travel vaccinations which were available on the NHS
- Disabled facilities, a hearing loop and translation services were available.

The practice demonstrated a comprehensive understanding of their practice population and individual patient needs.

Access to the service

The practice is open Monday 8am to 7pm, Tuesday, Wednesday and Friday 8am – 6:30pm and Thursday 8am-7:30pm.

The surgery times were as above with same day surgery available for urgent appointments. The surgery closed for lunch between 1-2pm.

Data from the national GP patient survey showed respondents rated the practice comparable to other local and national practices. For example:

- 78% of respondents were satisfied with the practice opening hours (local CCG 74%, nationally 76%).
- 61% of respondents said they could get through easily to the surgery by phone (local CCG 67%, nationally 73%).
- 93% of respondents say that the last appointment they got was convenient (local CCG 92%, nationally 92%)
- **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.
- There was a designated responsible person who handled all complaints in the practice.
- The practice kept a record of all written and verbal complaints
- All complaints and concerns were discussed at the practice meetings.
- Information was available to help patients understand the complaints system. For example

Information was available and displayed in the waiting area and was also available via the practice website.

There had been ten complaints received in the last 12 months. We found they had been satisfactorily handled. Lessons had been learned and action taken to improve quality of care.

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 and comprehensive strategy to provide high quality, safe, professional holistic primary health care services to our patients. .

There was a statement of purpose submitted to the Care Quality Commission which identified the practice values, for example to work in partnership with patients, their families and carers towards a positive experience and understanding, involving them in decision making about their treatment and care.

There was a strong patient centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

Governance arrangements

There were good governance processes in place which supported the delivery of good quality care and safety to patients. There was:

- A good understanding of staff roles and responsibilities. Staff had lead key areas, such as safeguarding, dealing with complaints and significant events, data and recall of patients, and infection prevention and control.
- The practice had moved forward putting in place a strong management structure and extending delegated roles within the team. It had also recognised that the nursing team needed extending to provide greater opportunities for flexible appointments.
- Practice specific policies implemented, updated, regularly reviewed and available to all staff.
- Regular clinical and team meetings where practice performance, significant events and complaints were discussed.
- GPs met daily to discuss referrals and to work collaboratively to ensuring the right referral were made and best outcomes for patients.
- A senior partner was the chair for the local GP hub which consisted of nine practices in the area.
- One of the senior partners was an active member of the local CCG and attended regularly to keep updated with guidance.

- A programme of clinical audits were in place, which was used to monitor quality and drive improvements.
- There were comprehensive arrangements for identifying, recording, managing and mitigating risks.
- Business continuity and comprehensive succession planning in place, for example the recruitment and development of staff.

Leadership and culture

There was a clear leadership structure in place and staff told us the partners were approachable and they felt respected, valued and supported.

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The culture of the practice was one of openness, honesty and supportive of patients and staff who worked there. Patients said they felt it was 'a friendly and welcoming practice'. Staff said they felt very supported and proud of the service they provided

The practice 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). When there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through day to day engagement with them
- Members of the patient participation group (PPG) who they met with regularly.
- We saw evidence that the practice had reviewed the patients' surveys and put in place an action plan. Following patient feedback the practice had introduced a new telephone system and made more appointments available by restructuring responsibilities and the appointment of more clinical staff.
- Complaints and compliments received

Are services well-led?

Good 

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

- Staff through meetings, discussions and the appraisal process. Staff told us they were able to raise any concerns with the management team and there was an open and transparent culture within the practice

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. For example:

The practice helped lead and worked with other GP practices in the area to form a local Hub to deliver future health services and to meet local need.