

Hunts Cross Health Centre


Quality Report

70 Hillfoot Road
Hunts Cross
Liverpool
L25 0ND
Tel: 0151 486 1428
Website: www.huntscrosshc.nhs.uk

Date of inspection visit: 21 January 2016
Date of publication: 03/03/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

| | Page |
|---------------------------------------------|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 6 |
| What people who use the service say | 9 |
| Areas for improvement | 9 |

Detailed findings from this inspection

| | |
|-----------------------------------------|----|
| Our inspection team | 10 |
| Background to Hunts Cross Health Centre | 10 |
| Why we carried out this inspection | 10 |
| How we carried out this inspection | 10 |
| Detailed findings | 12 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hunts Cross Medical Centre on 21 January 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 and untoward incidents.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients were treated with care, compassion, dignity and respect and they were involved in their care and

decisions about their treatment. They were given time at appointments and full explanations of their treatment. They valued their practice and felt confident with the skills and abilities of staff.

- The practice proactively sought feedback from staff and patients, which it acted on. For example the proposals to house its own pharmacy within the new build.
- The practice worked well with the patient participation group (PPG).
- Patients said they could usually get an appointment with a named GP and that there was continuity of care. Working patients expressed that they would like to have access to extended hours appointments for convenience.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour. The Regulation: Duty of Candour (Regulation 20 Health and Social care

Summary of findings

Act 2008 (Regulated activities) Regulations 2014) ensures that providers are open and transparent with people who use their services in relation to care and treatment.

There were areas of practice where the provider could make improvements. The provider should:

- Ensure patient safety and other relevant alerts and guidance are followed and actions taken are recorded.

- Add an automated external defibrillator (AED) to their emergency equipment in line with professional guidance and national standards.
- Consider the introduction of extended hours to support the needs of working patients.

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
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there had been unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and 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 people safe and safeguarded them from abuse.
- Risks to patients were assessed and well managed including the risks of infection and medication.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice around average or above for aspects of care rated. For example 90% of respondents to the patient's survey said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern compared to a national average of 85%.
- Feedback from patients about their care and treatment was very positive.

Summary of findings

- We observed a patient-centred culture, staff treated patients with kindness, respect and friendliness.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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.
- Patients said they could make an appointment with a named GP and there was continuity of care. However working patients had difficulty accessing appointments outside of normal working hours as the practice did not offer extended hours appointments in the evenings.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It had a clear vision, mission statement and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group who were involved in practice developments.
- There was a focus on continuous learning and improvement at all levels.

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.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, medicines reviews for the over 75s, dementia and end of life care.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was higher than the national average at 80%.
- It was responsive to the needs of older people, and offered home visits (including to their patients in care homes) and urgent appointments for those with enhanced needs. The practice worked with a specialist over 75s lay trainer and provided monthly tea parties for those lonely or isolated elderly patients.

Good



People with long term conditions

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

The practice maintained and monitored registers of patients with long term conditions for example cardiovascular disease, diabetes and chronic obstructive pulmonary disease. These registers enabled the practice to monitor and review patients with long term conditions effectively.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance indicators for management of diabetes were all above national average.
- Longer appointments and home visits were available when needed.
- Patients with a long term condition had a named GP and a structured annual review to check that their health and medicines needs were being met. Systems were in place to ensure patient recalls were highlighted.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

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

Good



- 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 with all of immunisations for children at 100% of those eligible at the practice.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was higher than the national average at 95%. (National average was 81%)
- The practice worked well with the multi-disciplinary team in the care of children and young people including midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



- 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. For example the practice offered morning appointments face to face or via the telephone and the practice nurse would accommodate later appointment requests after 6pm.
- Patient feedback told us that working patients sometimes found it difficult to get a convenient appointment as the GPs did not routinely offer extended hours appointments after 6pm.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and with alcohol or substance misuse.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice employed a counsellor and had rapid access to this service if required.
- It had told vulnerable patients about how to access various support groups and worked with voluntary organisations.
- Staff were familiar with patients from this group and knew and understood family dynamics.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients with dementia and 76% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (below the national average of 84%).
- 78% of people experiencing poor mental health (below the national average of 88%) had a comprehensive documented care plan in place.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- Staff had a good understanding of how to support people with mental health needs and dementia and had received training.
- Patients with poor mental health were given extended appointments.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing around average in the questions asked. There were 122 responses which represented a 36.4% completion rate for surveys sent out and 2% of the patient list. The results showed, for example:

- 82% of patients responding said they would recommend this practice to someone new to the area compared with a CCG average of 79% and national average of 77%.
- 91% said the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 89% and national average of 87%.
- 98% had confidence and trust in the last GP they saw or spoke to compared with a CCG average of 96% and national average of 95%.
- 92% said the last nurse they saw or spoke with was good at treating them with care and concern compared with a CCG average of 92% and national average of 91%.
- 66% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 59% and a national average of 60%.

Some results (mostly relating to appointment access) were below the local and national averages for example:

- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.

- 88% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 65% describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 71% find it easy to get through to the surgery by phone compared with a CCG average of 75 % and a national average of 73%.
- Only 44% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- Only 47% felt they did not normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were positive about the standard of care received. All patients we spoke with and comments reviewed were very positive about the practice, the staff and the service they received. They told us staff were caring and compassionate and that they were always treated well with dignity and respect. Some patients commented that they found it difficult to get a convenient appointment outside of normal working hours as the practice did not offer extended hours services in the evenings.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure patient safety and other relevant alerts and guidance are followed and actions taken are recorded.
- Add an automated external defibrillator (AED) to their emergency equipment in line with professional guidance and national standards.
- Consider the introduction of extended hours to support the needs of working patients.

Hunts Cross Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to Hunts Cross Health Centre

Hunts Cross Health Centre is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 6200 patients living in the Hunts Cross area of Liverpool. The practice is situated in a purpose built medical centre. The practice has five GPs (two male and three female), a practice manager and deputy manager, practice nurses, administration and reception staff. They are also a teaching practice and had GP registrars working at the practice. Hunts Cross Health Centre holds a General Medical Services (GMS) contract with NHS England.

The opening hours of practice are:

Monday – Friday 8am – 6.30pm.

GP appointments are available 9am - 6pm (8am on a Friday)

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Liverpool Clinical Commissioning Group (CCG). The practice population is made up of a

mostly working age and elderly population with 41% of the patient population aged between 18 and 64 years old and 24.3% aged over 65 years old. Fifty six percent of the patient population has a long standing health condition and there is a higher than national average number of unemployed patients (7.5%).

The practice does not provide out of hours services. When the surgery is closed patients are directed to call NHS 111 who will direct patients to the most appropriate service including telephone advice, an appointment at an Urgent Care 24 centre or a home visit.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

Detailed findings

How we carried out this inspection

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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring System. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face, looked at survey results and reviewed comment cards left for us on the day of our inspection. We spoke with staff and patients including members of the patient participation group (PPG) at the practice on the day of our inspection.

Are services safe?

Our findings

Safe track record

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

- Staff told us, and we saw evidence, that they would inform the practice manager or GPs of any incidents. There was a recording form available on the practice's computer system and in hard copy.
- Staff told us there was an open and 'no blame' culture at the practice and that staff were encouraged to report adverse events and incidents.
- The practice carried out a thorough analysis of the significant events and reviewed them individually as required. They carried out a quarterly review of significant events that was documented and identified themes and trends.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. However we found that there was no documented action of patient safety alerts and there was no evidence to demonstrate that the alert advising of the safe use of window blinds had been actioned.

When there were unintended or unexpected safety incidents, people received support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the similar incidents happening again.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding and health and safety including infection control, medication management and staffing.

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. Staff had access to relevant practice and local safeguarding authority

policies and procedures. Contact details and process flowcharts for both child protection and adult safeguarding were displayed in the clinical areas. There was a clinical lead and deputy for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice had systems for identifying and alerting children and vulnerable adults who were at risk. The practice held regular safeguarding meetings with the multi-disciplinary team.

- A notice was displayed in the waiting room and in consultation rooms, advising patients that chaperones were available, if required. Clinical staff who had been trained to undertake this role acted as chaperones and had received a Disclosure and Barring Service (DBS) check. A chaperone is a person who acts as a safeguard and witness for a patient and healthcare professional during a medical examination or procedure. 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.
- Historic paper patient records and staff records were stored safely and securely.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and had received a basic level of infection control training. There was an infection control policy and related procedures in place. All staff had received update training. An infection control audit had been undertaken in September 2015 and we saw evidence that action was taken to address any improvements identified as a result. The practice had carried out a Legionella risk assessment and regular monitoring of water temperatures occurred.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice maintained patient safety (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- There was a recruitment policy and procedures in place. Recruitment checks were carried out. We looked at six staff files and these showed that generally appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service (DBS).

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 were health and safety policies and procedures in place and a health and safety law poster was displayed. The practice had undertaken general environmental, COSHH and fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were sufficient staff and a rota system in place for all the different staffing groups to ensure that enough staff were on duty at all times.

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 and panic buttons in reception and treatment rooms.
- All staff received annual basic life support training.
- The practice did not have an automated external defibrillator (AED) available on the premises as recommended by professional guidelines and national standards.
- There was oxygen available with adult and children's masks and a first aid kit and accident book available.
- There were emergency medicines available in the treatment room.
- 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. Staff were fully aware of the business continuity plan and had a summary of procedures available to them.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

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.
- Latest guidance and protocols were disseminated through the team by various means such as one to one meetings, staff meetings and update training.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Services provided were tailored to meet patients' needs. For example long term condition reviews were conducted in extended appointments. The practice used coding and alerts within the clinical electronic record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the palliative care register or those vulnerable adults and children at risk. The GPs used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital and the referrals were monitored to ensure an appointment was provided within two weeks and patients attended.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96.1% of the total number of points available, compared to a national average of 94.2%. 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 above the national average.
- The percentage of patients with atrial fibrillation who are currently being treated with anticoagulation therapy or antiplatelet therapy was above the national average
- Performance for mental health related indicators was above or around the national average.
- Cervical smear screening uptake for women was above the national average.
- Childhood immunisation rates were higher than average.

Clinical audits demonstrated quality improvement. The practice had a quality improvement plan with an annual audit programme.

- We looked at a sample of four clinical audits completed in the last two years; these were all completed audits where the improvements made were implemented and monitored. All of these audits (atrial fibrillation treatment, lithium monitoring, minor surgery and diabetic care) demonstrated that improved outcomes for patients had been achieved.
- Medication audits including antibiotic prescribing and asthma medication were undertaken on a regular basis with the medicines management team from the CCG.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff, including GPs, trainees and locum GPs.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during training sessions, one-to-one meetings, appraisals and facilitation and support for the revalidation of doctors. All staff had an annual appraisal and the GPs had recently been re validated.

Are services effective?

(for example, treatment is effective)

- The practice was a training practice and occasionally had medical students and trainee GPs working at the practice. We spoke to two GP registrars who told us they were fully supported by the GP trainers and the team in their training and development.
- Staff received training that included: safeguarding, infection control, equality and diversity, basic life support and information governance awareness amongst other topics. Staff had access to and made use of e-learning training modules and training events. We saw evidence that demonstrated all staff were up to date with their relevant training and role specific 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. These included with the health visitor, district nurses, Macmillan nurses and mental health liaison team.

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 (MCA). GPs and other clinical staff had received training in consent and the MCA.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance including Gillick competency.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Consent was obtained and recorded for minor procedures such as joint injections.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then offered in house support and signposted to the relevant support services. A health trainer supported the practice in healthy living and lifestyle promotion with their patients.

The practice had a system for ensuring results were received for samples sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 96%, which was higher than the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Bowel cancer screening rates were around or slightly higher than the national average.

Childhood immunisation rates for the vaccinations given were high with all childhood immunisations given attaining 100% of eligible children. Child non-attenders were followed up. Flu vaccination rates for the over 65s were 80% (higher than the national average of 73%), and at risk groups 57% (higher than the national average of 55%).

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

Are services effective?

(for example, treatment is effective)

who had not visited the practice for some time presented with minor ailments they were given a full health check and those attending for flu vaccinations were checked and referred for appointments as necessary.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard. Doors were locked during intimate examinations.
- Reception staff and clinical staff all knew the patients and their families very well. They knew when patients wanted to discuss sensitive issues or appeared distressed and they would offer them a private room to discuss their needs.

All of the 24 patient CQC comment cards we received were very positive about the caring aspect of the service experienced. Patients said they felt the practice offered an excellent service and staff were kind, helpful, caring and treated them with dignity and respect.

We also spoke with six patients including two members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. Patient comments told us that staff were caring and compassionate and listened to them. They provided them with options of care and gave appropriate advice and treatment for their specific condition.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Results showed for example:

- 91% said the GP gave them enough time (CCG average 89%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).

- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 84% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients' comments told us that health issues were discussed with them and they felt very much involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey were above or around average for questions about patient involvement in planning and making decisions about their care and treatment. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 92% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.
- 90% said the last nurse they saw was good at listening to them compared to the CCG average of 92% and the national average of 91%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw information and contact details relating to this in the reception and administration areas.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Discussions with staff demonstrated they were knowledgeable about support services and how patients could access them.

The practice's computer system alerted if a patient was also a carer and patients told us they were well supported if they were. The practice had identified and held a register of carers. The practice had a designated carer's champion. The practice had a carers support group and organised tea

parties and social events at the local church hall. Written information was also available for carers to ensure they understood the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice identified its patient population needs and worked with patients and the local clinical commissioning group (CCG) to improve outcomes for patients in the area.

The practice is situated in a purpose built medical centre which complied with disability access requirements.

There was an active patient participation group (PPG) and we spoke with two members on the day of inspection. The group worked well with the practice and represented patients' views well. We were given examples of how improvements had been made as a result of feedback from patients. For example, design of the reception area and involvement in design of the extension facilities.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability and poor mental health.
- There were longer appointments available for people with multiple diseases/conditions.
- Routine, regular home visits were available for older patients, vulnerable patients and those who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and ground floor treatment rooms available.
- Online booking of appointments and ordering of repeat prescriptions was available.
- There was access to translation service for patients whose first language was not English.
- In house services for health promotion, carers support, phlebotomy and mental health were provided.

The practice had dedicated clinical leads for the various patient groups and conditions.

Access to the service

The opening hours of the practice were:

Monday to Friday 8am – 6.30pm. GP appointments were available 9am - 6pm (8am on a Friday). The practice did not offer extended hours.

Appointments and repeat prescriptions could be booked online. There was good availability of appointments and these were pre bookable as well as urgent and on the day appointments.

Results from the National GP Patient survey showed that patient's satisfaction with how they could access care and treatment was, in some questions asked; lower than local and national averages. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 71% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 65% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 44% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Generally patients' comments told us they had no issues with accessing appointments, waiting times or getting to see a preferred GP. However working patients expressed concern that convenient appointments outside of normal working hours were not available. The practice offered morning appointments and until 6pm in the evening for GPs. The practice nurses would extend their hours to after 6pm if required. However the practice did not routinely offer extended hours GP appointments to address the needs of working patients. They were aware of feedback from working patients requesting better access and reviewed the arrangements at business meetings.

Patients had access to both male and female GPs. The practice was also a teaching practice and had medical students and trainee GPs occasionally working there. Patients told us they were able to see a GP of their choice and survey results told us that 66% of those patients with a preferred GP usually got to see or speak to that GP (compared to the CCG average of 59% and national average of 60%).

The practice did not provide an out of hours service; this was provided by the local out of hours service provider (Urgent Care 24) and accessible by contacting NHS 111. Information was available about how to access out of hours advice on the website and in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

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.
- We saw that information was available to help patients understand the complaints system for example information in the waiting/reception area and a specific information leaflet regarding how to make a complaint.

- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at nine complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. They demonstrated openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Complaints were reviewed individually to ensure all actions had been taken and reviewed annually in order to help identify themes and trends.

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 statement of purpose, mission statement and philosophy which it displayed on the website.
- Staff were able to articulate the values and vision.
- The practice had plans in progress to extend the building and to implement new services and service developments.

Governance arrangements

The practice had an overarching governance policy which outlined the structures, policies and procedures in place.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice policies and procedures that were implemented, staff were familiar with and that they could all access.
- A system of reporting incidents without fear of recrimination.
- Staff learnt from incidents and complaints.
- Systems for monitoring performance against targets including QOF and patient surveys.
- Audits based on local and national priorities which demonstrated an improvement on outcomes for patients.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. This included a number of documented clinical, multi-disciplinary and business meetings.
- Proactively gaining patients' and staff feedback through a functioning patient participation group, surveys, face to face discussions, appraisals and meetings. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal.

- Arrangements for identifying and managing risks such as fire, security and general environmental health and safety risk assessments.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners and management were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs and manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents including reporting of adverse medicine reactions. When there were unexpected or unintended safety incidents the practice gave affected people support, truthful information and a verbal and written apology.

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

- Staff told us and we saw examples of regular clinical and team meetings taking place.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or one to one and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.
- Staff were involved in discussions about service development in the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through various surveys, the NHS friends and family test and complaints received.

Are services well-led?

Good 

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

- The practice had also gathered feedback from staff through meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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 pilot schemes to improve outcomes for patients in the area. The planned extension of the health centre would enable more services and service developments to be introduced. Succession planning was evident.