

Hazelmere 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?

Requires improvement 

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 Hazelmere Medical Centre on 11 October 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- Staff members acting as a chaperone had not had a risk assessment or a Disclosure and Barring Service (DBS) check as required.
- New and amended NICE guidelines were discussed at the clinical quality meetings and protocols were changed accordingly.
- The practice had employed a pharmacist to provide support to the practice regarding patient medication reviews.

- Clinical audits were carried out to demonstrate quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice supported patients to live a healthier lifestyle.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice encouraged patients who were carers to identify themselves and provided details of other services that were available to provide support.
- The practice offered a range of in-house services, including wound clinics, phlebotomy and warfarin clinics.
- Staff from a residential home told us GPs were very responsive to the patient needs.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- The practice had a clear mission statement to improve patients' health and promote preventative measures and a healthy lifestyle.

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

The areas where the provider must make improvement are:

- Ensure staff acting as a chaperone have either a risk assessment carried out or a DBS check, as required.

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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed, monitored and managed.
- Staff members acting as a chaperone had not had a risk assessment or a Disclosure and Barring Service (DBS) check as required.
- Appropriate recruitment checks were carried out before employment.
- A comprehensive plan was in place in the event of a major disruption to the service.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- New and amended NICE guidelines were discussed at the clinical quality meetings and protocols were changed accordingly.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- The practice had employed a pharmacist to provide support to the practice regarding patient medication reviews.
- Clinical audits were carried out to demonstrate 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 other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice supported patients to live a healthier lifestyle.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice encouraged patients who were carers to identify themselves and provided details of other services that were available to provide support.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered a range of in-house services, including wound clinics, phlebotomy and warfarin clinics.
- Staff from a residential home told us GPs were very responsive to the patient needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had a clear mission statement to improve patients' health and promote preventative measures and a healthy lifestyle.
- There was a clear leadership structure and staff felt supported by management.
- There was a governance framework which supported the delivery of the strategy and good quality care.
- The practice proactively sought feedback from staff and patients, which it acted on.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 had a named GP.
- The practice had identified those patients that were housebound to ensure appropriate care and treatment was offered.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and had additional support from nurse specialists.
- Patients at risk of hospital admission were identified as a priority and care plans were implemented as appropriate.
- 77% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Longer appointments, home visits and telephone consultations were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- 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.

Good



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice offered contraception clinics, as well as pre-conception, ante-natal and post-natal care.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included the provision of early morning extended hours.
- The practice was proactive in offering online services, including online appointment booking and prescription requests.
- Patients were able to access medical record summary information online.
- A full range of health promotion and screening was offered that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, as well as annual health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities and had received training relevant to their role.

Good



Summary of findings

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).

- 96% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 89%.
- 79% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia and implemented care plans as appropriate..
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, including the Let's talk wellbeing service.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was generally performing in line with local and national averages. 228 survey forms were distributed and 112 were returned. This represented 1.5% of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the national average of 73%. This had been identified by the practice and action was being taken to address this.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 15 comment cards, 14 of which were positive about the standard of care received. Patient feedback said nursing staff were extremely helpful and compassionate and that the GPs were professional. Although 4 comment cards also said there were difficulties at times in getting an appointment to see a specific GP.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

- Ensure staff acting as a chaperone have either a risk assessment carried out or a DBS check, as required.

Hazelmere Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hazelmere Medical Centre

Hazelmere Medical Centre is a GP practice, which provides primary medical services to approximately 7,324 patients predominately living in Blaby and surrounding areas. All patient facilities are accessible. East Leicestershire and Rutland Clinical Commissioning Group (EL&RCCG) commission the practice's services.

The practice has two GP partners (one male and one female) and three salaried GPs. The nursing team consists of two practice nurses and a health care assistant. The practice also employs a pharmacist and is supported by a practice manager and a team of administrative and reception staff.

The practice is open between 8am and 6pm Monday to Friday, however telephone lines are closed from 12noon to 6pm on Thursdays and calls are transferred to the out of hours service. In addition to pre-bookable appointments that can be booked up to seven days in advance, urgent appointments and telephone consultations are also available for people that need them.

Patients can also access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest urgent care centres, as well as accident and emergency departments.

The practice is an approved training practice.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2016. During our visit we:

- Spoke with a range of staff, including GPs, nursing staff, pharmacist, practice manager and administrative and reception staff.
- Spoke with staff from residential homes the practice liaised with.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people

- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, were given an explanation regarding the incident and a written or verbal apology. Patients were also told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and discussed them at clinical quality meetings. The meeting minutes documented the learning outcomes and how they would be implemented.

Staff were aware of safety records and patient safety alerts as these were discussed at meetings within the practice as well as sent by email. Minutes of meetings we reviewed confirmed this. However, during our inspection, we noted the use of plug socket covers in some areas of the practice. Staff were aware of a recent Department of Health Estates and Facilities alert published in June 2016 and discussed whether this was relevant to the practice. During the inspection the practice sought further advice from an electrician and all plug socket covers were removed immediately.

Overview of safety systems and processes

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

- Policies were in place to safeguard children and vulnerable adults from abuse, which staff could access. Policies reflected relevant legislation, local requirements and outlined who to contact for further

guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and any ongoing safeguarding concerns were discussed between clinical staff at the clinical quality meetings. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, however these staff members had not had a risk assessment or a Disclosure and Barring Service (DBS) check if required. (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 visibly clean and tidy and noted the practice had an agreement with an external contractor to maintain the cleanliness of the premises. The healthcare assistant was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice and a GP partner had overall infection control responsibility. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. All results, including from the hospital, were checked and a note recorded on the patients' record before prescriptions were re-issued. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer

Are services safe?

medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure

enough staff were on duty and planned one month in advance. The number of prebookable appointments were adjusted according to demand, which was audited on a regular basis. If additional GP capacity was required to meet patient demand, locum GPs were booked.

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.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive service continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff informed us the most frequently used pathways in line with NICE guidance had a flow chart in place, which they could easily access.
- New and amended NICE guidelines were discussed at the clinical quality meetings and protocols were changed accordingly.
- The practice worked to local prescribing guidelines to ensure best practice was adhered to.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 77% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example, 96% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and

agreed care plan in place, compared to the national average of 89%. 79% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.

Patient reviews relating to QOF were linked to a patients' medication review to ensure the appropriate care and treatment was given. Housebound patients were also reviewed by the appropriate clinician and the district nurse, if appropriate.

The practice had employed a pharmacist to provide support to the practice regarding patient medication reviews. This ensured patients' reviews were carried out in a timely manner and there were no contra-indications in prescriptions. The pharmacist also carried out telephone consultations to assist with any medication queries.

There was evidence of quality improvement including clinical audit.

- The practice had completed 14 clinical audits over the last year, two of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and peer review.
- Findings were used by the practice to improve services and protocols were amended to reflect the findings and changes in practice.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff and locum staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Locum GPs were supported by GP partners and consultations were reviewed to check the quality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings and protected learning time events.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses, including providing 360 degree feedback. All staff had received an appraisal within the last 12 months.
- Staff told us they had protected time for training and if additional training was available and relevant to their role, they were encouraged to attend. One staff member told us how they were looking into completing training for an Assistant Practitioner role which the practice was supporting.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to e-learning training modules and in-house training. We noted that not all training was updated for all staff members, however records of meetings noted staff were continuously encouraged to carry out mandatory training as soon as possible

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Care plans were in place for patients identified as high risk of an unplanned admission to hospital. The care

plans were written in liaison with the patient and or their family and reviewed with the relevant healthcare professionals on a monthly basis. The patient also kept a copy of their care plan.

- Patients were contacted by their GP or nurse, as appropriate, once they had been discharged from hospital to review their particular needs and put into place any appropriate care or treatment.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. The practice also escalated to the clinical commissioning group if there had been no attendance from a district nurse or macmillan nurse.

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.
- Training records confirmed staff had received training in the Mental Capacity Act 2005 as well as Deprivation of Liberty Safeguards (DoLS).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- The practice referred patients for smoking cessation and to a local First Contact Scheme, as appropriate.

Are services effective?

(for example, treatment is effective)

- Weight management advice was also offered by the practice and patients were given information leaflets and discussed the use of food diaries.
- Patients receiving end of life care, carers and those at risk of developing a long-term condition were identified and signposted to the relevant service for additional support and advice.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 74%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 98% which was comparable to the CCG average of 94% to 97% and five year olds from 95% to 98%. Which was comparable to the CCG average of 90% to 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Fourteen of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patient feedback said receptionists were helpful and staff were respectful. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback said GPs provided advice regarding healthy lifestyles and how to manage their medical conditions. Patients felt involved in decision making about the care and treatment they received.

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 88 patients as carers (1.2% of the practice list). The practice had a poster in the waiting area to encourage patients who were carers to identify themselves, provided them with a named contact in the practice and provided details of other services that were available to provide support.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and 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 reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, baby changing facilities, a hearing loop and translation services available.
- The practice provided online facilities to request and book appointments, as well as repeat prescriptions.
- The practice offered a range of in-house services, including wound clinics, phlebotomy and warfarin clinics.
- The practice offered contraception clinics, as well as pre-conception, ante-natal and post-natal care.

Access to the service

The practice was open between 8am and 6pm Monday to Friday, however telephone lines were closed from 12noon to 6pm on Thursdays and calls were transferred to the out of hours service. In addition to pre-bookable appointments that could be booked up to seven days in advance, urgent appointments and telephone consultations were also available for people that needed them.

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

- 68% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had reviewed the survey results and put an action plan into place, including promoting on line services to prevent an increased demand in accessing the practice by telephone.

Four of the 15 comment cards we received told us patients felt at times they had difficulty in getting an appointment to see a specific GP.

We spoke to staff from a residential home, who informed us the GPs were very responsive to the patient needs. The homes would contact the practice in the morning and a GP would ring back around lunchtime and if a visit was required, this would be carried out in the afternoon.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Staff were knowledgeable about the complaints process and how they would support a patient to raise a concern or complaint.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including a patient information leaflet.

We looked at all complaints received in the last 12 months and found they were responded to in a timely manner and with an explanation of the investigation into the patients' complaint. The practice also recorded verbal complaints to ensure trend analysis could be carried out. Lessons were learnt from individual concerns and complaints and discussed at clinical quality meetings.

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 mission statement to improve patients' health and promote preventative measures and a healthy lifestyle.

The practice had supporting business plans which reflected the mission statement of the practice and staff were aware of their responsibility in achieving the practices' aims.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice intranet site.
- A comprehensive understanding of the performance of the practice was maintained and reviewed on a regular basis.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice supported affected people and provided an explanation into the incident, as well as a verbal or written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. We saw staff were reminded at team meetings to ensure mandatory training was completed. Meeting minutes also showed patient comments were discussed and staff were asked to think of ways to develop processes that impacted them, for example scanning of incoming mail.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The PPG met regularly and discussed and raised issues with the practice to improve patient services. The group also discussed ways to promote the group and attract new members. For example, the PPG had asked the practice to include the next meeting date for the group on prescriptions. The practice had also contacted a local supermarket to raise funds using the green token scheme for a new piece of medical equipment which would benefit the patients registered with the practice.
- The practice had reviewed the most recent staff survey results and noted they were below national average regarding patients' satisfaction to see or speak to the GP they preferred. The practice were aware they had a high locum GP use which would contribute to this, however had recently established a stable GP team, therefore were hoping to see an improvement in the 2017 results.
- The practice gathered feedback generally from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give

Are services well-led?

Good 

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

feedback and discuss any concerns or issues with colleagues and management. Staff told us the practice implemented staff ideas if possible, including a cycle to work scheme and new uniforms for the nursing team.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person did not have a system in place to demonstrate employees acting as chaperones were of good character.</p> <p>This was in breach of regulation 19(1)(a)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>