

Clifton House Medical Centre

Quality Report

263/5 Beverley Road
Hull
HU5 2ST

Tel: 01482 341423

Website: www.cliftonhousemedicalcentre.co.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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	7
What people who use the service say	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Clifton House Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clifton House Medical Centre on 25 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said there was continuity of care although problems in making appointments was the main area of concern or complaint.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was a coherent and robust focus on training and development opportunities for staff, led by a dedicated human resources manager.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- All patients newly diagnosed with diabetes were referred to an 'expert diabetic clinic'. This service

Summary of findings

provided patients with individualised support and advice on diet and lifestyle and accompanied each patient on a supermarket trip to help them identify healthy food choices.

- The practice ensured new patients whose first language was not English had an interpreter with them during their first appointment.

- The practice provided an interpreter to parents whose children had received vaccinations outside of the UK. This helped to make sure children did not receive the same vaccine more than once.

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.

- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included designated lead staff for safeguarding adults and safeguarding children, the Mental Capacity Act (2005), information governance and a disaster recovery plan.
- Risks to patients were assessed and well managed including through learning from clinical emergencies and simulated evacuations.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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, including three-monthly reviews for reception and administration staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 higher than 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.

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 Clinical Commissioning Group to secure improvements to services where these were identified, particularly those with challenging social circumstances or with language needs.
- Practice staff demonstrated a detailed knowledge of the social and environmental factors that affected their patient group. This included the local economy and high levels of poverty and social isolation. As a result, clinical staff were able to provide targeted health promotion advice and guidance based on known local health risks, including drug and alcohol use.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, the practice had experienced an increase in complaints relating to the availability of appointments.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.

Good



Summary of findings

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

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. This included nurse visits to care homes during flu season to administer flu vaccinations and health checks and a preventative shingles vaccination.
- Patients were offered an annual medication review to ensure their regular prescriptions were appropriate and treatment needs were met.
- Staff monitored patients who were carers for older people and offered them support and care through annual health checks.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed, such as for those with multiple health problems or reduced mobility.
- Each patient was invited to an annual review to make sure the practice was meeting their needs.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- A multidisciplinary team of specialists met weekly to coordinate the care and treatment of patients with chronic or terminal conditions.
- The practice followed the Gold Standards Framework to provide individualised care for patients who received palliative care. Bi-monthly meetings attended by a multidisciplinary team assessed the needs of each patient.

Good



Summary of findings

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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice proactively offered cervical screening and followed up each patient to ensure they received appropriate follow up care.
- Dedicated information was provided for young people, including signposting to sexual health, domestic violence and drug and alcohol services. The practice offered chlamydia screening to young people and referrals to a nearby sexual health centre.

Good



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 sexual health services and access to drug and alcohol liaison teams.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- A dedicated GP was available for implant insertion and removal.
- Access to information was available through the practice website as well as two social media platforms. Prescriptions and appointments could be arranged online.

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 homeless people and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability, mental health needs or complex co-morbidities.
- The practice regularly worked with other health care professionals, including a crisis team and vulnerable adults team, 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 regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Staff had undertaken training in how to recognise and respond to cases of suspected modern-day slavery and female genital mutilation.
- Clinical staff always saw patients whose circumstances meant they were unlikely to keep to scheduled appointments, such as patients with alcohol or drug addiction.
- A link worker was in place for carers, who offered rapid one-to-one access to appointments through a dedicated phone line.

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).

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months. This was better than the national average of 88%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months. This was better than the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 289 survey forms were distributed and 111 were returned. This represented 38% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Patients said staff at all levels of the practice were friendly and welcoming. One patient commented they appreciated the proactiveness of reception staff in offering a private space to wait for the doctor when they felt anxious in the main waiting area.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

- All patients newly diagnosed with diabetes were referred to an 'expert diabetic clinic'. This service provided patients with individualised support and advice on diet and lifestyle and accompanied each patient on a supermarket trip to help them identify healthy food choices.
- The practice ensured new patients whose first language was not English had an interpreter with them during their first appointment.
- The practice provided an interpreter to parents whose children had received vaccinations outside of the UK. This helped to make sure children did not receive the same vaccine more than once.

Clifton House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Clifton House Medical Centre

Clifton House Medical Centre is led by a team of four GP partners, including two male GPs and two female GPs. Two practice nurses, a treatment room nurse, a healthcare assistant and a phlebotomist are available daily. This is a teaching practice and supports medical students up to the third year of their qualification. The practice employs locum doctors occasionally to improve capacity. A practice manager, human resources manager, finance manager and assistant practice manager are in post and are supported by a number of teams, including a data quality team, prescription team and receptionists.

The practice has baby changing facilities and promotes a positive environment for breast feeding. Accessible toilets are available and patient wifi access is available in the waiting areas. Patients can check-in using a self-service kiosk, which provides guidance in multiple languages or at the manned reception desk. Clinical rooms are located on two floors and the self-service kiosk directs patients to one of two waiting areas.

A private room is available adjacent to the reception desk, which patients can use to request a confidential discussion with staff.

The practice serves a patient list of 9272 people, including 104 patients who are registered carers and is in an area of high levels of deprivation.

Appointments are from 8am to 6.30pm Monday to Friday.

Sixty six per cent of patients are of working age, compared to the England average of 67%. The practice has a higher number of patients with a long-standing health condition (66%) compared with a national average (54%).

We had not previously carried out an inspection at this 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 25 May 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff including doctors, nurses, healthcare assistants and non-clinical staff and spoke with patients who used the service.
- 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.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a root cause analysis of each significant event and shared learning through clinical governance meetings, multidisciplinary meetings and team meetings. The practice manager also included learning from significant events in the practice's internal staff newsletter. In the 12 months prior to our inspection, the practice reported 10 significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a blanket and privacy screens were made available in the practice as a result of learning when a patient collapsed in the entrance area.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. For example, staff had secured a visit from the local crisis team when they considered a patient to be at risk. GPs had demonstrated the ability to contact support teams in emergency situations, such as an urgent referral to a vulnerable adults team when they believed a patient to be at risk of abuse.

- GPs were trained to child protection or child safeguarding level three. Clinical staff had undertaken training to identify when patients may have been subjected to, or were at risk of, female genital mutilation (FGM). The practice manager had attended training on identifying patients and relatives who may be at risk of human trafficking or modern-day slavery and how to access urgent support.
- 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 and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Quarterly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local medicine management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant was trained to administer vaccines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. There were documented checks on fire safety equipment every three months and evidence of immediate corrective action where equipment failed. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. Hazardous waste was removed in a timely manner according to practice needs and was stored according to national safety guidance.

- 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.

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 and there were emergency medicines available in the treatment room.
- The practice had emergency oxygen with adult and children's masks and emergency drugs available. A first aid kit and accident book were available. There was no defibrillator in the practice and no risk assessment to mitigate this. We spoke with a GP partner who told us they would prepare one.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was reviewed annually by a dedicated member of staff.
- Four members of staff were designated fire wardens. A trained fire warden was available at all times the building was open to the public and staff in this role received specific training to lead an evacuation. A simulated fire evacuation had taken place in February 2016. The practice manager assessed each member of staff for their response. Staff evacuated the building according to their training and the procedure in place and learning from this was discussed with staff at a team debrief.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 97% of the total number of points available. Exception reporting was significantly lower than the national average in three out of 21 clinical domains, including atrial fibrillation (5.6% compared with 11%) and heart failure (1.2% compared with 9.3%). Exception reporting was significantly higher than the national average in five clinical domains, including asthma (11.1% compared with 6.8%) and primary prevention of cardiovascular disease (50% compared with 30%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effect.

This practice was not an outlier for any QOF clinical targets. Data from April 2014 to March 2015 showed:

- Performance for diabetes related indicators was better than the national average in four out of five indicators and worse than the national average in one indicator. For example, 98% of patients diagnosed with diabetes had a flu vaccine compared to the national average of 95%. 94% patients had a foot examination and risk classification compared with the national average of 88%.

- Performance for mental health related indicators was better than the national average. For example, 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months. This was better than the national average of 88%. 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months. This was better than the national average of 90%.
- The practice had a significant variation from the CCG and national averages for the prescription of antibacterial and hypnotic medicines. We explored this during our inspection and found prescriptions were issued appropriately to meet the needs of patients. In addition, GPs had completed an audit programme to identify where reductions in the prescription of anti-psychotics and antibiotics could be made safely. This resulted in a 50% reduction in the volume of diazepam prescribed and a 12% reduction in the prescription of antibiotics.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Five prescribing audits had been completed in the previous 12 months and were used to maintain the safety and robustness of prescribing practices.
- Medication audits had been completed to identify if the prescription of certain medications could be reduced. Infection control audits were used to ensure hand hygiene and environmental cleanliness processes were followed.
- One GP had completed a single cycle audit of patients diagnosed with dementia and their use of tranquilisers. This had not been repeated although a GP told us a second cycle was planned for later in 2016. The palliative care lead GP had undertaken an audit amongst patients diagnosed with osteoporosis and their use of vitamin D. One GP had completed an audit of a sample of 10 patient records, including a review of their diagnosis and follow-ups. All records were found to be adequate and there was no learning identified from these. Clinical audits reflected good practice and the needs of patients but there was limited evidence of learning or changes in practice as a result.

Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as:

- Staff proactively monitored patients who received anti-coagulation medicine. This included an effective recall system to ensure patients were checked regularly and had a reduction in dosage in line with national guidance when the patient reached 80 years of age.
- Staff had completed an internal peer review of patients who had been given a specialist referral. The review considered the appropriateness of the referrals based on patient outcomes.
- A monthly review of unplanned hospital admissions and accident and emergency attendances was used to identify patients who needed to be supported for the management of health conditions.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes or dementia. The healthcare assistant had undertaken training in wound management, administering the flu vaccine and the pneumococcal vaccine. This enabled the practice to provide a broader range of services to patients.
- Staff were given protected learning and training time on a monthly basis. Sessions were open to all staff regardless of role and were tailored to the needs of the patients using the practice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of 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. All staff had received an appraisal within the last 12 months, which were used to identify training needs. For example, senior reception staff and managers were supported to take a leadership development course and clinical staff had access to annual updates and development opportunities, such as flu vaccination and diabetes care for healthcare assistants.

- Clinical staff had established a clinical support group that met regularly to share learning, experiences and progress with appraisals and continuing professional development.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- A new human resources manager had recently been appointed. This member of staff took the lead for planning and coordinating staff training and supervision. All practice staff had up to date statutory and mandatory training including basic life support. Clinical staff had up to date training in anaphylaxis and infection control.

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 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.
- Reception and administration staff were alerted to specific patient needs through the electronic appointments system. For example, where a patient had a safeguarding need, reception staff could monitor who attended appointments with them and could make sure they had a chaperone where needed.

Staff worked together and with other health and social care professionals to understand and meet the range and

Are services effective?

(for example, treatment is effective)

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.

- Multidisciplinary meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Where patients were discharged from hospital, a GP prepared a care plan with 48 hours where needed. However, this was not a routine process and not all patients were contacted.
- The practice facilitated specialist input where it would help them to provide better care and treatment. For example, secondary care consultants had attended the practice to support GPs in providing individualised care to patients with complex needs related to diabetes.
- A retinal screening programme was in place that ensured patients were referred to specialist services in a timely manner.
- Staff from the Citizens Advice Bureau attended the practice weekly and offered a confidential drop-in service for patients as part of a GP Advice Project.
- Staff had identified a risk to patients who joined the practice after moving from an area outside of the UK. This was because they did not have access to medical records that would include details of previous immunisations, particularly for babies and young children. To reduce the risk, nurses ensured an appropriate interpreter attended appointments with parents to ensure any vaccines given would not counteract previously administered medicines.

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 (MCA) 2005. A policy was in place regarding the use of the MCA and the responsibilities of clinicians under the Deprivation of Liberty Safeguards.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Information on the practice consent policy was displayed in the waiting area and included details of implied consent for all patients over 16 years old.

- 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.
- Clinical staff were trained to act in a patient's best interests where they had complex needs, such as a patient who did not have the mental capacity to make their own decisions and refused to take medicine they needed. We saw appropriate action had been taken, including obtaining specialist input from a psychologist.

Supporting patients to live healthier lives

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

- Patients were signposted to services based on their individual needs. For example, a local diabetes support group was available and printed information was available for patients regarding colposcopy treatment, mental health support, HIV support and a sleep service for patients with special educational needs.
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were supported to access specialist local and community support services.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The practice engaged with patients with diabetes to follow nine key steps to improving or maintaining their health. This included scheduling regular appointments with an optician and making sure they attended for blood tests.
- Staff used a quarterly patient newsletter, the practice website and social media to promote initiatives to help patients to live healthier lives. For example, patients were directed to a smartphone application that could help them track their processed sugar intake and to local advice on weight loss.

The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 76% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample

Are services effective? (for example, treatment is effective)

taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0% to 99% and five year olds from 86% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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 very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients said they found nurses to be very kind and knowledgeable. They said they felt welcomed because nurses recognised them and remembered them.
- One patient commented they appreciated the proactiveness of reception staff in offering a private space to wait for the doctor when they felt anxious in the main waiting area.

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us they particularly like the consistency of care such as being able to see the same GP when they wanted to.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 86% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice manager had completed an audit of patient experience according to the GP patient survey and Friends and Family Test between January 2015 and May 2016. To

Are services caring?

address key issues raised of problems making appointments, a recruitment drive was continuing to appoint additional clinical staff. Reception staff were also offered customer service and conflict management training.

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

- 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. In response to an increase in the diversity of the local population, the practice provided a visual guide to languages, using national flags, at reception. This meant patients could identify their first language using the flags, which enabled staff to find the most appropriate interpreter. Interpreters were booked to accompany patients to their first healthcheck when joining the practice.
- Information leaflets were available in easy read format and nine different languages, including those most spoken in the local community.
- A local expert patient programme was available and patients were encouraged to explore the benefits of joining this. This group enabled patients with similar long term conditions to meet and share their strategies for managing their condition.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 104 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Where families had suffered bereavement, their usual GP contacted them to offer support. 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. Not all patient deaths were reviewed and GPs completed this on an individual basis when they felt learning could be achieved from it.

- A receptionist was a designated 'champion' for carers. This member of staff ensured carers were supported to manage their own health and helped them access other support services, including counselling and financial help.
- A counsellor was available in the practice on a weekly basis and offered a talking therapy service to help patients with anxiety.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability, complex conditions and multiple co-morbidities.
- 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 required same day consultation. Staff also ensured patients with needs relating to mental health, safeguarding and drug or alcohol use were seen the same day.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and hearing loops available in key areas.
- The practice had clinical rooms over two floors but there was no step-free access to the first floor. Staff made sure this did not disadvantage patients with reduced mobility by ensuring a full range of facilities were available on the ground floor that clinical staff could use to treat patients.
- A monthly multidisciplinary team meeting took place that included district nurses, Macmillan cancer specialist nurses and the long-term care team. Tissue viability nurses were able to attend when needed. This meeting was used to coordinate care for patients with chronic or terminal illness.
- An area of the waiting room was provided for young people. This included information, guidance and signposting to sexual health services and services to help with bullying, alcohol use and domestic violence. The practice also encouraged young people to discuss any health problems by reassuring them they could talk in confidence.
- Patients told us they felt the practice was responsive to their individual needs. For example, one patient visited the practice to ask if any of the GPs was able to provide

care for them for a specific long-term condition. The practice manager invited them to meet a GP to discuss their needs and identify if this was a suitable practice for them.

- Regular clinics were led by appropriately-trained staff that enabled patients to access a range of services in the practice. This included a daily phlebotomy clinic and a weekly memory clinic.
- Patients newly diagnosed with diabetes were referred to an 'expert diabetic clinic'. This service provided patients with individualised support and advice on diet and lifestyle. Patients were also accompanied on a supermarket trip to help them identify healthy food choices.

Access to the service

Appointments were available from 8.30am to 6.30pm Monday to Friday. Extended hours appointments available on evenings and Saturday mornings had been temporarily suspended due to a shortage of GPs. Staff told us these would be resumed on appointment of another GP. In addition to appointments that could be booked up to ten days in advance, one GP each day was a designated on-call doctor to provide urgent and emergency appointments.

The practice used social media to communicate with registered patients with important information about the service, such as a change in opening times or the availability of appointments over holiday periods.

Clear information was provided in the waiting area that directed patients to the most appropriate service out of hours or for emergency care. This included alternatives to attending accident and emergency and where to seek treatment for minor injuries.

Staff actively sought to reduce the number of appointments cancelled by patients at short notice as well as the number of patients who did not attend scheduled appointments. A notice in the waiting area was updated weekly with the number of cumulative appointments that were wasted because patients did not attend and staff used this to demonstrate to patients the impact this had on others. Senior reception staff told us this made a difference in reducing the number of patients who did not attend and was supplemented by a discussion with the GP the next time the patient was seen. Staff had conducted an audit on

Are services responsive to people's needs?

(for example, to feedback?)

patients who had not attended for scheduled appointments and found that there was an increased risk of this where the patient had a booked interpreter to accompany them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. This was reflected in the approach of reception staff and GPs we spoke with who told us they adhered to a policy as far as possible of finding a way to slot patients in at short notice when they needed to be seen. However, the practice had recorded a significant increase in the number of complaints relating to unavailability of appointments in the preceding three years. Plans were in place to address this, including an ongoing recruitment programme for new clinical staff.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 in the waiting room, patient information leaflet and the practice website.
- The practice had a process for tracking and monitoring minor complaints and verbal concerns from patients. This supplemented the formal complaints policy to enable the practice to learn from minor issues. The practice manager audited both the minor and formal complaints policies. Between January 2016 and May 2016, the practice recorded 41 minor complaints or concerns and two formal complaints. 72% of the complaints related to appointment bookings or prescriptions. To address this the practice had started recruitment for additional clinical staff to meet demand and increase capacity. In addition, GP time off was reduced and the practice employed short-term locums to cover peaks in demand. The dedicated prescription team worked with patients to help them understand the electronic prescription system and turnaround times, which formed a significant part of the complaints raised in this area.

We looked at five complaints received in the last 12 months and found the practice manager or lead GP had investigated and responded accordingly. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, complaints relating to delays in prescriptions led to increased support for the prescription team and a dedicated workspace for them to reduce the risk of errors.

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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice leadership team was focused on establishing a co-ordinated and holistic care service that would take into account each patient's physical, social and mental health needs. This formed the overriding approach to helping patients to understand the complexity of local health services available to them. Staff identified this as a priority to support patients who had recently moved to the area and who did not speak fluent English.
- In addition, the practice was recruiting for a salaried GP, a healthcare practitioner and a nurse practitioner. This would help to increase capacity and enable the practice to offer a wider range of appointments.

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 available to all staff.
- A comprehensive understanding of the performance of the practice was maintained by the whole team.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A weekly support meeting took place, which staff used to ensure care and treatment plans were adequate for patients with complex needs, including those with safeguarding needs.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. 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. This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- The practice held regular team meetings and staff were given time each month to discuss practice after protected learning and training time.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the senior team. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Where staff experienced difficulty, the leadership team provided structured support. For example, managers had sourced a confidence-building course for one member of staff, with regular opportunities to discuss progress.
- The practice manager attended monthly meetings for all practice managers in the CCG. They used this as a strategy to share learning from incidents, complaints

Are services well-led?

Good 

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

and staff achievements to improve their own practice's performance. This also helped the manager to remain up to date with changes in local services, such as when changes had been made to cytology provision.

- Senior staff fostered an environment and culture in which staff were rewarded for good work, encouraged to develop professionally and supported to maintain a healthy work life balance. This included an internal newsletter in which examples of good practice were highlighted, an award for 'employee of the month' and the provision of a relaxation room.

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 had gathered feedback from patients through the formation of the Clifton House Engagement Group, which acted as a patient participation group (PPG), through feedback from an electronic patient survey available in the waiting room and complaints received. The PPG met every three months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, members of the PPG had met with the local Healthwatch team to discuss potential improvements to the premises. As a result the practice manager had organised new flooring to be installed.
- Members of the PPG told us they appreciated the attention to detail and respect they received from the practice manager. For example, the manager consistently followed up issues raised and reviewed the

actions taken at each meeting. The practice manager arranged for guests to attend PPG meetings to help members discuss specific issues questions. For example, a member of the prescription team and representatives from Healthwatch had previously attended.

- Improvements to the information provided to patients had been made following feedback from the PPG. The group had identified the amount of information on display in waiting areas was overwhelming and reduced the ability of patients to find information they wanted. As a result the practice colour-coded noticeboards based on the type of information included, such as specifically for young people.
- A new human resources manager had conducted a one-to-one consultation with every member of staff on appointment. This process was used to provide support during a period of change in practice manager and to identify areas of need. For example, staff highlighted the issue of patients who did not attend scheduled appointments as a concern. This led to an audit by the reception team leader to identify the reasons this occurred and how they could reduce it. The human resources manager followed up on every request or suggestion made by staff and every individual we spoke with said this had been a positive process that helped to establish a strong team.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and encouraged staff to establish pilot programmes or improvements in the service that would meet the needs of the local population.