

Barnoldswick Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Barnoldswick Medical Centre on 22nd March 2016. The overall rating for the practice was requires improvement as arrangements to monitor and improve quality and identify risks were not in place.

The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Barnoldswick Medical Centre on our website at www.cqc.org.uk.

This announced comprehensive follow up inspection was undertaken on 20th July 2017. Overall the practice is now 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 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.
- The practice was above average for its satisfaction scores on consultations with GPs and nurses.
- The health and wellbeing of patients in relation to their caring responsibilities was reviewed when they attended for a consultation or health check. They were directed to the various avenues of support available to them.
- Information about the services provided 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 told us they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice facilities were well equipped to treat patients; however access was restricted due to the structure of the building.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas where the provider should make improvements:

- Develop clinical team work by holding regular clinical meetings with the practice nurses
- Consistently obtain written consent for minor operations
- Continue to identify and provide support for patients who are also carers.

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?

In March 2016 the practice was rated as requires improvement for providing safe services as risks were not always adequately identified and managed. Our inspection in July 2017 showed that improvements had been undertaken and the practice is now rated as good for providing safe services.

There was an effective system in place for reporting and recording significant events, however the systems in place to monitor trends and ensure timely review of these events required formalising to involve the whole staff group.

- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received 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 generally had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.
- The practice had effective systems in place for the management of repeat prescriptions.
- Repeat prescriptions were reviewed and organised monthly, weekly or daily as required. They were then passed to the GPs for action, and the patient was seen where necessary.

Good



Are services effective?

In March 2016 the practice was rated as requires improvement for providing effective services, as although clinical audits were carried out the evidence did not clearly show that audits were driving improvements in patient outcomes.

These arrangements had improved when we undertook a follow up inspection on 20 July 2017. The practice is now 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 and analysis of significant events demonstrated quality improvement.

Good



Summary of findings

- Staff were aware of updated policies which helped them to carry out their roles effectively.
- 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 including health visitors to understand and meet the range and complexity of patients' needs.

Are services caring?

In March 2016 the practice was rated as good for providing caring services. The practice is still rated as good for providing caring services.

- Data from the national GP patient survey (published in July 2017) showed patients rated the practice higher than others for several aspects of care. 94% of respondents stated that the GP was good at listening to them compared to a Clinical Commissioning Group (CCG) average of 88% and a national average of 89%.
- Carers were identified and staff ensured that their needs were assessed and monitored at consultations and health checks.
- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was accessible including a translation service suitable for patients who did not speak English as a first language.
- We saw staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

In March 2016 the practice was rated as good for providing responsive services. The practice is still rated as good for providing responsive services.

- Staff reviewed the needs of the practice population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example, the practice engaged with the medicines optimisation team to reduce the rate of prescribing.
- Patients told us said they found it easy to make an appointment either by telephone or in person. Data from the GP Patient Survey indicated 89% of patients who responded stated that the last time they wanted to see or speak to a GP or

Good



Summary of findings

nurse from the surgery they were able to get an appointment. (CCG average 83 % national average 84%) There was continuity of care, with the majority of appointments available the same day.

- The practice building and facilities were under discussion with the local CCG and NHS Estates as the structure and size of the building limited access and expansion.
- Information about how to complain was available in the reception area and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

In March 2016 the practice was rated as requires improvement for being well-led, as risks were not always fully managed, there was little evidence that audit activity was driving quality improvement and some policies were in need of review. The governance arrangements were not fully embedded and this had led to gaps in safe management of the service.

These arrangements had improved when we undertook a follow up inspection on 20 July 2017 and the practice is now rated good for being well led.

- The GPs stated they 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 we saw that these had been reviewed and updated. There were regular staff team meetings; however the full team met rarely to share information and learning. All senior staff had clearly defined key areas of responsibility.
- 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 GPs 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.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group met regularly to discuss ways in which the needs of the local population might be better met. This included attempts to widen representation on the group.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. It offered home visits, longer appointments and urgent appointments on the same day. Health checks were available for the over 75 years.
- The practice was providing an enhanced service in shingle and pneumococcal vaccination to this group of patients. The practice proactively identified patients who were entitled to this vaccination and then contacted them. There were leaflets available at the reception regarding shingles vaccination.
- Staff sign-posted older patients who were at risk of social isolation to a befriending service run by a voluntary sector agency.
- The health care assistant carried out home visits to review those who were unable to attend the surgery.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to national averages, 77% of patients diagnosed with dementia had a face-to-face review, which was comparable with the national average of 84%.
- 20 minute appointments were given to patients aged over 75 years old as routine.
- The practice actively identified older carers during annual immunisation campaigns.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice requested that all newly registering patients completed a health questionnaire which helped to identify any long term conditions early in the relationship with the practice.
- Performance for diabetes related indicators was comparable to the national average. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less in the period April 2015 to March 2016 was 77%. (CCG average 82% National average 78%). The diabetic nurse specialist was regularly contacted for

Summary of findings

advice and diabetic patients with complex problems were referred to the external diabetes service. One of the practice nurses had attended training to initiate and manage patients on injectable insulin with the support of the diabetic nurse specialist. This meant that patients need not travel to the hospital for this treatment.

- Clinics were held in the practice for patients with heart disease, chronic obstructive pulmonary disease (COPD) and asthma. This was also an opportunity to provide flu and pneumonia vaccination and issue patients with rescue packs including antibiotics for respiratory conditions.
- A smoking cessation service was offered by a local pharmacy.
- Longer appointments and home visits were available when needed.
- All these patients had 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.
- The practice offered 24 hour ambulatory blood pressure monitoring and had blood pressure monitors to loan to patients.

Families, children and young people

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

- There were comprehensive 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 and those who did not attend secondary care appointments.
- Immunisation rates for all standard childhood immunisation programmes achieved the targets set for 2016/17 according to unvalidated figures provided by the practice.
- 87% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 82% and a national average of 82%. 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Good



Summary of findings

- Young people were signposted or referred to appropriate services such as Child and Adolescent Mental Health..
- The practice promoted the local “pharmacy first” scheme for patients who had minor ailments.

Telephone appointment availability had been reviewed to increase access for this population group.

Working age people (including those recently retired and students)

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

- 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 pre-bookable appointments from 8.30am and an on-call doctor available until 6.30pm.
- The practice was proactive in offering online services including repeat prescriptions as well as a full range of health promotion and screening that reflected the needs for this age group.
- Health checks were available for patients aged between 40-74years.
- Telephone consultations were offered daily. There was flexible timing for telephone call backs from the GP. Urgent extra appointments were always available to see clinicians at the practice during opening hours. Patients were directed to Pharmacy first, NHS 111, or the local walk in centre when appropriate.
- Smoking cessation advice was available at a local pharmacy. Community physiotherapists worked in the practice two days per week and the practice offered weekly minor surgery clinics.
- Telephone appointments were available for patients who were working and unable to attend the surgery.
- Travel advice and immunisation was offered by the practice nurse.

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. Alerts for direct access to GPs or nursing staff were added to records of these patients.

Good



Summary of findings

- The practice undertook health checks for patients with learning disabilities at an extended appointment when a nurse and a health care assistant wrote an individual care plan.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including hospice staff, palliative care nurses and district nurses. This included multidisciplinary integrated care meetings to ensure patients received safe, effective and responsive care.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Carers were identified during appointments with practice staff who carers were offered health checks and flu vaccination.
- Home visits were available if the patient could not attend appointments at the surgery.
- There were interpreter services available which could be booked for specific appointments for patients who did not speak English as a first language. During the inspection we saw no written information appropriate for patients who did not speak English; however this was rectified within two days following the inspection.

People experiencing poor mental health (including people with dementia)

The practice is rated as Good for the care of people experiencing poor mental health.

- 77% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was below the CCG average of 85% and the national average of 84%. Memory assessment was carried out either opportunistically or as part of the chronic disease review process.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months. This was above the clinical commissioning group average of 88% and the national average of 89%. 87% of patients with mental health conditions had their alcohol consumption recorded in the preceding 12 months. This was comparable with the CCG average of 90% and the national average of 89%.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as alcohol and drug services and registered patients who were resident at a local drug and alcohol rehabilitation service.
- Counselling and Improving Access to Psychological Treatment (IAPT) services were available within the practice.
- Staff had a good understanding of how to support patients with mental health needs and dementia. One of the receptionists had attended training in dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing well in comparison with national averages. A total of 259 survey forms were distributed and 100 were returned. This represented 0.9% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 71%.
- 89% 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 84%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% 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 77%.

The practice had undertaken a patient satisfaction survey in October 2016 which looked in detail at responsiveness. There were 194 respondents to this survey. 81% of respondents used the rating good or excellent in relation to the outcome of their appointment, 76% (rated good or

excellent) regarding their prescriptions being ready on time, 55% in relation to the speed at which the telephone was answered, 77% regarding overall satisfaction. Practice staff developed an action plan in response to this feedback which included having an additional telephone fitted so that more staff could take calls at busy periods, increasing the availability of nurse appointments online and monitoring the time taken to answer calls.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards all of which were very positive about the standard of care received. Patients commented that the GPs were approachable and they felt they were listened to. They said the environment was safe and hygienic and reception staff were very helpful and pleasant. The service was repeatedly described as very good.

We spoke with eight patients during the inspection. Of those patients, all said they were very satisfied with the care they received and the surgery was run efficiently. Patients told us they did not feel rushed in consultations and that staff talked things through with them. They commented that the surgery was clean and tidy.

Areas for improvement

Action the service **SHOULD** take to improve

- Develop clinical team work by holding regular clinical meetings with the practice nurses
- Consistently obtain written consent for minor operations
- Continue to identify and provide support for patients who are also carers

Barnoldswick 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 second CQC Inspector.

Background to Barnoldswick Medical Centre

Barnoldswick Medical Centre is in Barnoldswick, in East Lancashire. It provides Primary Medical Care to 11,642 patients under a General Medical Services (GMS) contract with NHS England and is part of East Lancashire Clinical Commissioning Group (CCG). The premises are owned by the GP partners and comprise a number of terraced houses which have been joined together. The building first became a GP surgery in 1915. The practice has been adapted and modernised where possible to increase the facilities available, and the practice are aware that the building has limitations in the delivery of modern healthcare. This is under discussion with the CCG and NHS Estates.

There are seven GP partners, five male GPs and two female GPs, five female nurses and two female health care assistants. They are supported by a practice manager, a reception manager and team of 15 staff. Barnoldswick is a training practice for GP trainees.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 8.30am to 6pm daily. Out of hours provision is provided by East Lancashire Medical Services.

Information published by Public Health England rates the level of deprivation within the practice population group as

six on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). East Lancashire has a higher prevalence of Chronic Obstructive Pulmonary Disease (COPD), smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

Why we carried out this inspection

We undertook a comprehensive inspection of Barnoldswick Medical Centre on 22 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, and well led services. We also issued two requirement notices to the provider in respect of good governance and safe care and treatment. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Barnoldswick Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up inspection on 20 July 2017 to check that action had been taken to comply with legal requirements.

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 20th July 2017. During our visit we:

- Spoke with a range of staff (GPs, practice manager, practice nurses, and reception staff) and spoke with patients who used the service.

Detailed findings

- Observed how staff interacted with patients and talked with carers and family members.
- 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

At our previous inspection on 22 March 2016, we rated the practice as requires improvement for providing safe services, as the arrangements for risk management were not implemented well enough to ensure patients were kept safe. For example, staff files did not contain evidence of identity checks, there was no risk assessment on the need for controlled drugs being stored in the practice and learning from incidents was not shared with staff.

These arrangements had improved when we undertook a follow up inspection on 20 July 2017. The practice is now rated as good for providing safe services.

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 support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Practice staff told us they carried out a thorough review of significant events at partner meetings to share learning and agree actions required and this was then cascaded to other staff through separate meetings and minutes. These discussions were clearly recorded. An overall log of events was maintained.

We reviewed safety records, incident reports, patient safety alerts, medicines safety alerts and minutes of meetings where these were discussed. We reviewed a number of examples where lessons were shared and action was taken to improve safety in the practice. For example a Medicines and Healthcare products Regulatory Agency (MHRA) alert had been received regarding the use of a specific pot to collect a smear sample. A search had taken place to identify any of the pots which were disposed of.

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 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. A link health visitor attended safeguarding meetings and met with the GP lead for safeguarding once each month. Children on the child protection register were highlighted on records, with alerts for staff and clinicians. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.
- We saw notices in the waiting room advising patients that chaperones were available if required and patients told us they were aware of this service. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses monitored infection control and an annual audit of infection control had taken place in May 2017. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Repeat prescriptions were monitored by the GPs who either reauthorized the medication or requested a review of the patient. The prescription policy had been reviewed and updated. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw

Are services safe?

that prescription stationery was securely stored and appropriately monitored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files and found appropriate recruitment checks including checking identity had been undertaken prior to employment. The recruitment policy had been recently updated and included points to clarify that all checks were being carried out.

Monitoring risks to patients

Risks to patients were assessed and managed effectively.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control, management of legionella, and ongoing risk assessment as any issues were identified.
- All waste confidential data was stored in locked bins and shredded on site.

- 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 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. A sign on the door to this locked room ensured all staff could rapidly access appropriate emergency medication.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw that the location where this equipment was kept was clearly signposted. A first aid kit and accident book were readily available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan required an update to include emergency contact numbers for all staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 22 March 2016, we rated the practice as requires improvement for providing effective services as there were areas where improvements should be made. There was little evidence that audit was driving improvement in performance to improve patient outcomes. Patient medical records were not consistently updated to include all relevant clinical information and there were no records of communication with health visitors. Policies were in need of updating along with appropriate training for staff.

These arrangements had improved when we undertook a follow up inspection on 20 July 2017. The practice is now rated as good for providing effective services.

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 showed the practice had attained 98% of the total number of points available. This was above the clinical commissioning group (CCG) average (96%) and above the England average (95 %). The practice reported an overall exception rate of 10% which was above the clinical commissioning group (CCG) average (7%) and the national average (6%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable with local and national averages. For example the practice achieved 76% of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) The CCG average was 81% and the national average was 78%.
- The percentage of patients with diabetes, on the register, in whom the last measure of total cholesterol was 5mmol/l or less, was 84%. (CCG average 83% National Average 80%). The practice nurse specialising in diabetes ran weekly clinics in the practice and diabetic patients with complex problems were referred to the external diabetes service. One of the practice nurses had attended training to initiate and manage patients on injectable insulin with the support of the diabetic nurse specialist. This meant that patients need not travel to the hospital for this treatment.
- Performance for mental health related indicators was higher than the local average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months (CCG average 88% and national average 89%). The practice had an exception rate of 43% for this indicator (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend an appointment) which was higher than the CCG average of 12% and the national average of 13%. 87% of patients with mental health conditions had their alcohol consumption recorded in the preceding 12 months. This was comparable with the CCG average of 90% and the national average of 89%.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- There had been several two cycle clinical audits completed in the last two years such as an audit of patients prescribed with digoxin (a medicine used to treat heart failure). This had led to an alert being placed on the patient record to remind prescribers that annual monitoring must take place. Receptionists also checked on the due date when issuing repeat prescriptions.

Are services effective?

(for example, treatment is effective)

Following another audit the practice nurse reviewed the records of patients with atrial fibrillation (irregular heart beat) on a regular basis to ensure GPs were notified of those new patients who were not prescribed anticoagulants (blood thinners).

- Information about outcomes for patients was used to make improvements. For example following attendance at a cervical smear update the practice nurse had introduced reminder letters printed on coloured paper, text messages and encouraged online booking.
- Following NICE guidance the practice nurse had developed a spirometry protocol which included a list of contra-indicators.

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 topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurses attended clinical update sessions regularly for resuscitation, cervical smears, respiratory disease management and insulin initiation. Nurses had also studied to gain qualifications in nurse mentorship in order to host student nurses and had achieved a diploma in the management of cerebrovascular disease.
- Staff administering vaccines had received specific training which had 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 nurse 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, clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information

governance. Staff had access to and made use of e-learning training modules and in-house training. External speakers were invited to staff meetings and had provided education about services for carers and safeguarding children.

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 computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. Multi-disciplinary team meetings were held on a two monthly basis, where patients were selected and reviewed along with palliative care patients. Those who attended included palliative care nurses and district nurses.

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 implications of the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through completion of consent forms and these were held on care records. However, we saw that written consent forms for minor surgery were used inconsistently.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- Patients receiving end of life care were supported by the team following a palliative care template. The practice held meetings to discuss patients newly identified as nearing the end of life. Practice staff ensured they became familiar with these patients and their relatives, the district nursing team was involved and anticipatory medicines prescribed when appropriate.
- Smoking cessation advice was available from local agencies.
- Patients who attended for their annual learning disability health review had a physical health check, were screened for breast, cervical and testicular cancer where appropriate and received healthy lifestyle advice.
- The practice's uptake for the cervical screening programme was 87%, which was comparable with the CCG average of 82% and the national average of 82%. There were 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. Data highlighted that 62% of persons were screened for bowel cancer in the last 30 months; this was comparable with the CCG average of 58% and the national average of 58%.
- 76% of females aged 50-70 years were screened for breast cancer in the last six months which was higher than the CCG average of 71% and the national average of 72%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines for two year olds achieved 90% against a national target of 90% and immunisations for five year olds also reached 90% which was higher than the CCG average of 76% and the national average of 88%.

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

At our previous inspection on 22 March 2016, we rated the practice as good for providing caring services. The service is still rated good for providing caring services.

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.
- Staff were very welcoming greeting patients by name. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the six patient Care Quality Commission comment cards we received all 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 eight patients. The GPs were highly praised for their caring attitudes, and willingness to listen. Patients told us they felt fully involved in their care and staff were approachable, courteous and tried hard to be helpful.

We spoke with a representative of the Patient Participation Group (PPG) who said they felt the PPG meetings were valuable, and they were well consulted and fully informed.

Results from the national GP patient survey showed the practice was in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice also carried out their own internal survey in October 2016. The feedback from this was good with 77% using a rating of good or excellent regarding their satisfaction with the service. An action plan was drawn up in response to comments received which included more access to appointments online and improving telephone access.

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 and did not feel rushed 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 also saw that care plans were personalised.

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.

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

- Staff told us that there were a very small proportion of patients who did not speak English as a first language however translation services were available. Two of the GPs spoke languages used by the community so could assist where needed. Patients told us there were no leaflets in other languages other than English in use by the local population; however this was rectified within two days of the inspection. We were told that information leaflets were available in easy read format for people with learning disabilities which were downloaded from specialist websites.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. We saw a specific focus on dementia symptoms, management and avenues of support on one notice board.
- The practice's computer system alerted GPs if a patient was a carer. The practice had identified 106 patients as carers (0.9% of the practice list). Those identified were coded on the system so that the clinical staff could monitor their health and wellbeing in relation to their caring responsibilities when they attended for a

consultation or health check. Written information was available in leaflets and posters in the reception area to direct carers to the various avenues of support available to them. All registered carers were offered an influenza vaccination. Staff had regular contact with the local carer's service who had provided the practice staff with information about the various services available so that they could signpost patients.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 22 March 2016 we rated the practice as good for providing responsive services. The practice is still rated good for providing responsive services.

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 or complex issues which were determined by the explicit needs of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in them having difficulty attending the practice. Annual reviews and blood tests could be carried out at peoples home.
- During the last influenza campaign carer's link, fire services and well-being services had been in attendance to offer support and advice to patients.
- Same day appointments were available for patients with medical problems that required urgent attention and for children.
- Telephone consultations were available with the GPs.
- Patients told us they were rapidly referred to secondary services if appropriate.
- The practice was part of a Vanguard project (a nationally recognised scheme to improve and integrate services) working closely with a telehealth company. This meant that patients living in care homes could be assessed at their bedside via skype and prescriptions provided direct. Patients received a much quicker response and the GP could arrange a follow up visit if required.
- Patients were able to receive travel vaccinations available on the NHS. Those who required vaccinations only available privately were referred to other clinics.
- Where patients were diagnosed with dementia they were referred to the memory clinic and the family were referred to appropriate support services including social services and voluntary agencies such as The Alzheimer's Society. Staff had received training in dementia to help them support patients and their carers most effectively.
- The practice referred to a number of charitable organisations for assessment and support of patients' social needs. A room was regularly made available to the Veterans Service to see clients who were patients at the practice.
- Staff had been filmed as part of an Enterprise Initiative Learn Live (a government funded scheme to improve learning) to promote healthcare careers in schools.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services such as patients with visual or hearing problems had an alert placed on their record so that reception staff could support them effectively to make an appointment. A hearing loop was available in the reception area to help patients with a hearing loss.
- We saw a notice in the reception area explaining to patients why reception staff might request personal and medical information.

Access to the service

The practice opening times were 8am to 6.30pm Monday to Friday; appointments were available 8.30am to 6pm. In addition, pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were available for people that needed them on the same day.

Results from the national GP patient survey (July 2017) showed that patient's satisfaction with how they could access care and treatment was comparable or better than the national averages:

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 87% said their experience of making an appointment was good (national average 73%)

A range of appointments was available during the day and times were frequently changed in response to demand. Staff were promoting online appointments which were steadily increasing and patients received a reminder to attend appointments by a text message. The comment cards we received and discussions with patients and members of the Patient Participation Group (PPG) also indicated there was a good choice of appointments. On the

Are services responsive to people's needs?

(for example, to feedback?)

day of our inspection the next routine appointment available was in seven working days. People told us on the day of the inspection that they were able to get appointments when they needed them.

Reception staff were trained to take information from patients by telephone to assess whether a home visit was required and to assess the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system which included a guidance leaflet in the reception area. We looked at twelve complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, and responses demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. These were discussed at staff meetings and between practice manager and the GPs.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 22 March 2016, we rated the practice as requires improvement for providing well led services, as the governance arrangements were not fully embedded and this had led to gaps in safe management of the service. For example, the identity of staff was not always checked during the recruitment process and the policies and procedures were not always reviewed and updated.

These arrangements had significantly improved when we undertook a follow up inspection on 20 July 2017. The practice is now rated as good for providing well led services.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had an effective plan reflecting the vision and values.

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 had been updated, were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, and recording risks.
- Staff files now included evidence of identity checks and we saw an updated recruitment policy.

Leadership and culture

On the day of inspection the GPs 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. Each senior member of staff had an area of responsibility within the practice. For example one of the GPs each led on safeguarding, dementia and cancer. The practice manager led on complaints and health and safety. The practice nurses led on diabetes, asthma, heart disease and infection control. Staff told us the GPs were very 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 GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular partner, administrative and nurse meetings and we saw the minutes of these. There was no evidence of full staff team meetings and nursing staff were invited to attend meetings with GPs to discuss clinical issues when relevant. This meant that staff did not discuss incidents and complaints together. Staff told us there was an open culture within the practice and felt confident and supported in raising issues of concern.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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

- The practice had a well-established patient participation group (PPG). Representatives told us they felt able to voice their views and suggestions and had supported the practice regarding the need for new premises. They told us that members from different age groups and backgrounds might better represent the needs of the community.
- The practice collected feedback through surveys, complaints and verbal comments received. For example in response to patient feedback we saw that more telephone consultations and urgent appointments had been made available, online repeat prescriptions were available as were texted reminders for appointments.
- The practice had gathered feedback from staff through staff training sessions and through staff meetings, appraisals and discussion. For example, nurses told us they had highlighted that not all patients with COPD had a pneumonia vaccination. It was agreed to change policy to offer these vaccinations on diagnosis of COPD rather than wait for them to be reviewed. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. For example receptionists had noticed that some patients required assistance at the step between the two levels of the waiting area. A hand rail had been fitted to assist people. Following attendance at a dementia update session the practice nurse created a dementia resource pack specifically for new employees.
- The GP partners and practice manager met weekly to review progress in areas including new initiatives, staffing, QOF, CCG and CQC issues and to listen to feedback from other meetings and education sessions. All actions were brought forward and reviewed by the practice manager.
- Action plans were produced following any surveys carried out. The GPs, practice manager and practice nurses attended two monthly CCG facilitated meetings and the locality steering group to benefit from peer review, to discuss enhanced services and share learning. One of the GPs was a part time clinical director at the local hospital so could disseminate new techniques and ideas to the practice staff.

The practice had meetings with the CCG development team and engaged with the NHS England Area Team. For example all of the elements of the cancer local improvement scheme had been met in 2016/17 which involved following best practice advice on early referrals, care pathways and prevention including bowel screening. Staff also met with the CCG pharmacist to discuss good practice, optimisation and complex cases.