Farrow Medical Centre

Quality Report

Farrow Medical Centre
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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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice:

We carried out an announced inspection visit on 4 November 2014 and the overall rating for the practice was good.

Our key findings were as follows:

- The practice provided good, safe, responsive and effective care for all population groups in the area it serves.
- Where incidents had been identified relating to safety, staff had been made aware of the outcome and action taken where appropriate, to keep people safe.
- All areas of the practice were visibly clean.
- Patients received care according to professional best practice clinical guidelines. The practice had regular information updates, which informed staff about new guidance to ensure they were up to date with best practice.
- The service was responsive and ensured patients received accessible, individual care, whilst respecting their needs and wishes.
- We found there were positive working relationships between staff and other healthcare professionals involved in the delivery of service.

We saw areas of outstanding practice including:

- An additional Saturday morning surgery is taking place during the winter months; November 2014 to March 2015, to help reduce weekend pressure on the local Accidents and Emergency department. The practice is working with GPs from eight other practices in meeting this initiative.
- Each patient aged 75 years and over and those patient who were at risk of hospital re-admission, has a named GP who they mostly see at an appointment. They also contact their patients personally with any follow up information about their treatment or care.
- The practice is providing a service to local hostels; including the homeless, and mother and child. The mother and child hostel was a short term facility which meant they should have been registered as temporary patients with the practice. To improve the care provision, availability and access to services, the practice registered them as permanent patients.

Summary of findings

- The practice is working with The National Institute of Clinical research to screen patients for Hepatitis B & C.
- When patients experiencing poor mental health turn up at the practice for a repeat prescription, they are accommodated instead of them having to give the standard 48 hours' notice.

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?

Good

The practice is safe. There were standard operating procedures and local procedures in place to ensure any risks to patient's health and wellbeing was minimised and managed appropriately. The practice learned from incidents and took action to prevent a recurrence. Medicines were stored and managed safely. The practice building was clean and well maintained and systems were in place to oversee the safety of the building.

Are services effective?

Good

The practice is effective. Patients' received care and treatment in line with recognised best practice guidelines. Their needs were consistently met and referrals to secondary care were made in a timely manner. The practice worked collaboratively with other agencies to improve the service for people.

Are services caring?

Good

The practice is caring. The patients who responded to CQC comment cards and those we spoke with during our inspection, gave positive feedback about the practice. Patients described to us how they were included in all care and treatment decisions and they were complimentary about the care and support they received.

Are services responsive to people's needs?

Outstanding

The practice is responsive. The practice was responsive when meeting patients' health needs. Additional Saturday morning surgeries were taking place during the winter months to help reduce weekend pressure on the local Accident and Emergency department. The practice is working with GPs from eight other practices in meeting this initiative. There were procedures in place which helped ensure staff respond to and learn lessons when things do not go as well as expected. There was a complaints policy available in the practice and staff knew the procedure to follow should someone want to complain.

Are services well-led?

Good

The practice is well led. The practice was meeting patient's needs in providing a service where the GPs and nurses had specific lead responsibility for areas of care, for example, safeguarding adults and children. Patients and staff felt valued and feedback was sought from patients and staff.

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 made provision to ensure care for older people was safe, caring, responsive and effective. All patients aged 75 years and over had a named GP and this included those at risk of hospital re-admission. There were systems in place to ensure that older people had regular health checks and timely referrals were made to secondary (hospital) care. Information was available to carers.

Good

People with long term conditions
There were systems in place to ensure patients with multiple conditions received one annual recall appointment wherever possible. This helped to offer the patient a better overall experience in meeting their needs. Healthcare professionals were skilled in specialist areas and their on-going education meant they were able to ensure best practice was being followed.

Good

Families, children and young people
The practice ensured care for mothers, babies and young people was safe, caring, responsive and effective. The practice provided family planning clinics, childhood immunisations and maternity services. There was health education information relating to these areas in the practice to keep people informed.

Good

Working age people (including those recently retired and students)
The practice ensured care for working age people and those recently retired was safe, caring, responsive and effective. The practice had extended hours, and additional Saturday morning surgeries to facilitate attendance for patients who could not attend appointments during normal surgery hours. There was also an online booking system for appointments.

Good

People whose circumstances may make them vulnerable
The practice ensured care for vulnerable people, who may have poor access to primary care was safe, caring, responsive and effective. They provided a service to local hostels and this included those for the homeless, and mother and child. The mother and child hostel was a short term facility which meant they should have been registered as temporary patients with the practice. To improve the care provision, availability and access to services, the practice

Outstanding

Summary of findings

registered them as permanent patients. The practice had arrangements in place, for longer appointments to be made available where patients required this and access to translation services when needed.

People experiencing poor mental health (including people with dementia)

Good

The practice ensured care for people experiencing a mental health problem was safe, caring, responsive and effective. The practice had access to professional support such as the local mental health team and psychiatric support as appropriate. When patients turn up at the practice for a repeat prescription they are accommodated, instead of them having to give the standard 48 hours' notice.

Summary of findings

What people who use the service say

We received two patient CQC comment cards where patients shared their views and experiences of the service, and one from a member of staff who had also been a patient at the practice. We also spoke with four patients on the day of our inspection.

Patients told us the reception staff were courteous, respectful and helpful. They said the doctors were compassionate and caring. They felt all staff communicated well with them; they were involved and felt supported in decisions about their care. However, although the comment cards and patients we spoke with said they had good, timely access when seeing a GP, one patient's experience was not as positive. They told us that on occasions, they had to wait a long time before seeing a doctor when the open access surgery was over running.

Outstanding practice

- Additional Saturday morning appointments are taking place during the winter months, between 15 November 2014 to March 28 2015; to help reduce weekend pressure on the local Accident and Emergency department. The practice is working with GPs from eight other practices in meeting this initiative.
- Each patient aged 75 years and over, including those patient identified at risk of hospital re-admission has a named GP who they mostly see at an appointment. They also contact their patients personally with any follow up information about their treatment or care.
- The practice is providing a service to local hostels; including the homeless, and mother and child. The mother and child hostel was a short term facility which meant they should have been registered as temporary patients with the practice. To improve the care provision, availability and access to services, the practice registered them as permanent patients.
- The practice is working with The National Institute of Clinical research to screen patients for Hepatitis B & C.
- When patients, experiencing poor mental health, turn up at the practice for a repeat prescription, they are accommodated instead of them having to give the standard 48 hours' notice.

Farrow 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 second CQC inspector, a GP and a practice manager.

Background to Farrow Medical Centre

The practice has four general practitioner (GP) partners, two salaried GPs and a registrar (six female and one male). Working alongside the GPs are two female practice nurses (one of whom is also a business partner,) and two female health care assistants. There is an experienced management team including, a practice manager and assistant manager, and administration/reception staff.

The practice has a Personal Medical Services (PMS) contract. PMS is a locally agreed alternative to General Medical Service (GMS) for providers of general practice. Their registered list of patients is 5,600.

The practice is also an accredited training practice and one of the GPs is a trainer for GP registrars.

In July 2014 the Practice re located from a small premise to a larger purpose built one. As a result a multi professional team are now based in the same building for example, Pharmacists. The practice population is also growing and services are changing to meet their needs.

Opening times are Monday to Friday 8am – 6.30pm and Saturday 9am - 11.30am. Surgery times: The practice has an open access surgery between 9 -10am Monday to Friday for acute problems and there are also pre-bookable appointments most mornings. The afternoon surgeries are between 3pm – 5.30pm for pre-booked appointments. An additional Saturday morning surgery is also available during the winter months, November 2014 to March 2015; to help reduce pressure on the Accident and Emergency department.

When the practice is closed calls are diverted to the Bradford Out of Hours service. Alternatively, urgent healthcare advice that is not a 999 emergency is provided by telephoning the Out of Hours NHS 111 service.

A wide range of practice nurse led clinics are available at the practice and these include: vaccinations and immunisations, cervical smears, and chronic disease management such as asthma, chronic obstructive pulmonary disease (COPD), diabetes and heart disease.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Detailed findings

How we carried out this inspection

Before visiting the practice, we reviewed information we hold about the service and asked other organisations to share what they knew about the service. We asked the surgery to provide a range of policies and procedures and other relevant information before the inspection.

We carried out an announced inspection visit on 4 November 2014. During our inspection we spoke with staff including GPs, practice manager, health care assistants, and administration and reception staff.

We spoke with four patients who used the service and observed how patients were being spoken with. We also reviewed CQC comment cards where patients had shared their views and experiences of the practice.

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

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

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Good

Are services safe?

Our findings

Safe track record:

The practice had systems in place to monitor all aspects of patient safety. Information from the Clinical Commissioning Group (CCG) indicated the practice had a good track record for maintaining patient safety. Staff we spoke with understood their responsibilities to raise significant events. This included the process to report them internally and externally where appropriate.

Information from the Quality and Outcomes Framework, which is a national performance measurement tool, showed that in 2012-2013 the practice was appropriately identifying and reporting incidents.

There were policies and protocols for safeguarding vulnerable adults and children. Any concerns regarding the safeguarding of patients were passed onto the relevant authority.

Learning and improvement from safety incidents:

We reviewed how the practice managed serious or significant incidents. They had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We saw incidents were investigated and that actions were implemented as a consequence to prevent recurrence. Staff we spoke with also confirmed they were aware of incidents that had taken place; they were discussed and learning shared with relevant staff.

Safety alerts were reviewed by the practice manager and relevant staff and then discussed at the clinical/ staff meeting, together with the action they had taken.

Reliable safety systems and processes including safeguarding:

We saw a proactive approach to safeguarding was followed by the safeguarding lead and referrals were made to the appropriate safeguarding agencies. On the day of the inspection we spoke with two GPs. They told us they had level two safeguarding training each year and the lead person had level three; this included adults and children. They were aware of the national and local guidelines and were able to give examples where they had identified patients at risk and the action they had taken in line with current protocols. Other staff had received safeguarding training relevant to their role and this included how to use processes for safeguarding vulnerable adults and children. They demonstrated an understanding of safeguarding patients from abuse and the actions to take should they suspect anyone was at risk of harm.

Systems were also in place within the electronic patient records, to alert staff when patients identified as vulnerable adults or children attended for consultation. Concerns regarding the safeguarding of patients was passed onto the relevant authorities as quickly as possible.

In the practice waiting room we saw posters offering the use of a chaperone during consultations and examinations. Staff told us they asked if patients would like to have a chaperone during an examination. Staff also told us when chaperones were needed the role was carried out by a trained member of staff.

Medicines Management:

A representative from the Bradford CCG Medicines Team visited the practice weekly and gave advice on safe, effective prescribing of medication. This included the checking and advising on medicines that needed regular monitoring and reviewing, such as Warfarin. They also monitored and audited medicines to ensure the practice followed good practice guidance, published by the Royal Pharmaceutical society.

There was an on-site pharmacy and as well as the GPs, the pharmacy monitored patient's medicines. Patients told us reviews of their medication had taken place six to 12 monthly or more often depending on their individual condition.

We saw emergency equipment was available in the surgery which included emergency medicines. The practice had arrangements for managing medicines to keep patients safe and correct procedures were followed for the prescribing, recording, storage, dispensing and disposal of medicines.

There were standard operating procedures (SOP) in place for the use of certain medicines and equipment. The nurses and health care assistants used patient group directives (PGD). PGDs are specific written instructions which allow some registered health professionals to supply and/or administer a specified medicine to a predefined group of patients, without them having to see a doctor for treatment. For example, flu vaccines and holiday immunisations. PGDs ensure all clinical staff follow the same procedures and do so safely.

Good

Are services safe?

Vaccines were stored in a locked refrigerator. Staff told us the procedure was to check the refrigerator temperature every day and ensure the vaccines were in date and stored at the correct temperature. The health care assistant showed us their daily records of the temperature recordings and the desired refrigerator temperature for storage was maintained.

Cleanliness & Infection Control:

We observed all areas of the practice to be clean, tidy and well maintained. The practice had an infection prevention and control (IPC) policy and a designated lead. A satisfactory infection control audit had taken place within the last three months.

The practice had access to spillage kits to enable staff to appropriately and effectively deal with any spillage of body fluids. Sharps bins were appropriately located and labelled.

Equipment:

We saw equipment was available to meet the needs of the practice and this included: a defibrillator and oxygen, which were readily available for use in a medical emergency. Routine checks had been carried out to ensure they were in working order.

We saw that equipment had up to date annual, Portable Appliance Tests (PAT) completed and systems were in place for routine servicing and calibration of medical equipment where required. The sample of portable electrical equipment we inspected had been tested and was in date.

Staffing & Recruitment:

The practice had a recruitment policy which had a review date of July 2015. Records we looked at contained evidence that appropriate recruitment checks had been undertaken. For example, proof of identification, references, qualifications, and registration with the appropriate professional body. However, the nurse who had been employed by the practice since 2005 did not have a criminal record check/ Disclosure and Barring Service (DBS) check within their file. The nurse told the manager they had a copy of the information at home. Following the inspection we were provided with evidence to show the nurse had applied for an updated DBS check.

We saw annual appraisal of staff had taken place and staff told us the process was very supportive.

The practice had a skill mix of staff for their service needs and had arrangements in place to deal with any shortages of staff. They had reassessed and changed the shift patterns of staff which the practice manager told us had helped cover the rotas more effectively.

The GP partners told us they constantly reviewed the staffing levels and where able, covered absences without the use of locums. However when they did use a locum, they told us they used someone who they knew and was familiar with the practice. We saw the practice had a locum pack and this ensured the locum was aware of the practices policies and procedures which ensured the continuity of safe patient care. They also said that as the practice population increased, they were aware they would need more clinicians in response to the rising list size.

Monitoring Safety & Responding to Risk:

The practice had clear lines of accountability for patient care and treatment. Each patient with a long term condition and those over 75 years of age had a named GP. The GPs, nurses and practice manager also had lead roles such as safeguarding lead, medicine management lead and infection control lead. Each lead had systems for keeping staff informed and ensuring they were using the latest guidance. For example, safety alerts were circulated via email to staff and relevant changes were made to protocols and procedures within the practice. The practice manager and staff also told us the alerts were discussed at relevant staff meetings where the information was reinforced.

Areas of individual risk were identified. Information relating to safeguarding was displayed and staff had received relevant training.

Arrangements to deal with emergencies and major incidents:

We reviewed the 'Disaster handling and business continuity plan' for the practice. The plan identified how to deal with potential foreseeable risks and disruptions to the practice whilst monitoring the safety and effectiveness of the service. Staff told us they had access to this information and essential contact telephone numbers. We were also told each night the staff printed off the next day's appointments. If the computer system was not available the following day, then the staff would have the information they needed to continue with the service.

Good

Are services safe?

We found staff received annual cardiopulmonary resuscitation (CPR) training and staff we spoke with told us they were up to date with their training. Emergency medicines and equipment including oxygen, were accessible to staff. Systems were also in place to alert GPs and nurses in the event of an emergency. We saw the oxygen was stored appropriately however; we discussed the need for the appropriate signage to be displayed on the door where the oxygen was stored. The manager realised this had been an oversight when they recently moved into the new building and confirmed it would be addressed as a matter of urgency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment:

We found care and treatment was delivered in line with local CCG, recognised national guidance, standards and best practice. For example, the clinicians used National Institute for Health and Care Excellence (NICE) quality standards and best practice in the management of conditions such as diabetes. We were told any updates were circulated to staff and discussed at their twice weekly clinical meetings, as appropriate.

The practice also held multiple clinics where appropriate, to meet the needs of the practice population. These included those patients with long-term conditions, such as diabetes and chronic obstructive pulmonary disease (COPD). The GPs told us they were reviewing the call/recall system for patients with long term conditions to ensure the system was effective. Other clinics included: new patient assessment, childhood immunisation and monitoring, antenatal and post natal clinics and general health checks.

The practice had registers for patient needing palliative care, diabetes, asthma, and COPD. This helped to ensure each patient's condition was monitored and ensured their care was regularly reviewed. Additionally regular palliative care meetings were held and they included other professionals involved in the individual patients care.

The practice used leaflets in various languages and these assisted patients to make informed decisions about their care or treatment.

Management, monitoring and improving outcomes for people:

We found there were mechanisms in place to monitor the performance of the practice and the clinician's adherence with best practice to improve outcomes for people.

We saw the practice had a system in place for monitoring patients with long term conditions (LTC) and this included learning disabilities. Care plans had been developed and they had incorporated NICE and other expert guidance. Examples of conditions where templates were used included the wheezy child, and hypertension.

The practice had a list of patients who had a LTC and who had not responded to the practice request for them to attend a review. The receptionist opportunistically reminded patients when they attended the practice for other appointments and also telephoned them to rearrange their missed review.

Additionally the clinicians monitored their performance against the local Quality and Outcomes Framework (QOF) targets. We saw evidence that audits, learning, updates and action taken were monitored and shared at their clinical meetings. Other clinical audits we saw and which were carried out by the practice included, vitamin B12 prescribing in gastric bypass patients (October 2014), avoiding unplanned admissions to hospital (October 2014), diagnosis of diabetes (October 2013). Audit cycles had also been completed and learning, updates recorded. We saw Folic acid prescribing in pregnancy had been audited and this related to patients who required a 5mg dose. The GPs had been dissatisfied with the results of their re-audit and further reviewed their practice as a result. They told us they intend to carry out a re-audit to ensure the pregnant women received the appropriate dose.

Effective staffing:

Staff employed to work within the practice were appropriately qualified and competent to carry out their roles safely and effectively. This included the clinical and non-clinical staff.

Staff confirmed and records demonstrated that new staff were provided with induction training and were monitored during their first few weeks in post. They were able to access relevant up to date policy documents, procedures and guidance. There was an up to date 'locum pack' containing local protocols, procedure and guidance for locum doctors to follow.

Staff had annual appraisals where they identified their learning needs. The practice ensured all staff kept up to date with both mandatory and non-mandatory training; training received included: fire awareness, safeguarding adults and children and basic life support. Staff also confirmed they received training specific to their roles and this included, cytology update training, wound management, heart disease, diabetes, and COPD.

Working with colleagues and other services:

We saw evidence the practice staff worked with other services and professionals to meet patients' needs and manage complex cases. There were regular meetings with

Good

Are services effective?

(for example, treatment is effective)

multi-disciplinary teams within the locality. This included district nurses and health visitors. Multidisciplinary meetings were held to discuss patients on the palliative care register and support was available irrespective of age.

The practice had systems in place for recording and following up information from other health care providers. This included out of hours services and secondary care providers, such as hospitals. We were informed by staff that all clinical correspondence, including blood test results were reviewed by the GP who ordered them. When the GP was on holiday there was a buddy system to ensure the information was followed up in a timely way.

We spoke with practice staff about the formal arrangements for working with other health services, such as the podiatry service. They told us how they referred patients to this service and were able to do this electronically before the patient left the surgery.

Information Sharing:

The practice had details on their website informing patients of how their records were held on a computerised, secure, clinical system. The information explained the facility and how the practice could share their records with other medical providers of care. The information also stated that it was the patient's choice and they could opt out of the scheme whenever they wished, by completing a form.

Consent to care and treatment:

We found the healthcare professionals understood the purpose of the Mental Capacity Act (2005) and the Children Act (1989) and (2004). All staff we spoke with understood the principles of gaining consent including issues relating to capacity. Clinical staff were able to confirm how to make 'best interest' decisions for people who lacked capacity and how to seek appropriate approval for treatments such as vaccinations from children's legal guardians.

Health Promotion & Prevention:

All new patients were encouraged to complete a registration form, a health questionnaire and attend a New Patient Medical appointment with the healthcare assistant. Once registered with the practice patients were able to see their GP of choice.

The practice nurse was responsible for the recall, monitoring and health education for people with long term conditions (LTC) and these included conditions such as diabetes, hypertension and COPD.

The practice website promoted information about how to become healthy. Posters relating to health and advice were seen in the waiting room and included smoking cessation clinics, and improving mental health. The practice leaflet informed people about the NHS 111 Freephone advice and information about medical conditions, carers' resources, advice and counselling service with regards to alcohol intake and Samaritans offering support for those in distress. The GPs and staff actively supported these services and where appropriate, gave out contact details and information to patients.

We saw information was available in different languages and this included on line services. There were translation services available and staff were also able to assist with interpreting in a range of languages.

Good

Are services caring?

Our findings

We received two completed patient CQC comment cards where patients shared their views and experiences of the service, and one from a member of staff who had also been a patient at the practice. We also spoke with four patients on the day of our inspection.

Respect, Dignity, Compassion & Empathy:
Staff were familiar with the steps they needed to take to protect people's dignity. We observed that staff were careful when discussing patients' treatments so that confidential information was kept private.

There was an interview room should patients like to speak in private with a member of staff. All consulting rooms were private and patients who completed the CQC comment cards told us their privacy and dignity was always respected.

Care planning and involvement in decisions about care and treatment:
The patients we spoke with said they had been involved in decisions about their care and treatment. They told us their treatment was fully explained to them and they understood the information. They also told us they felt listened to and supported by staff.

Staff recognised when patients who used the practice and those close to them needed additional support to help them understand or be involved in their care and treatment. Members of the staff team were multi-lingual and had access to further interpretation services, when needed.

Staff told us how patients were referred for secondary (hospital) care. When a referral was identified, the practice always tried to book an appointment with the involvement of the patient. They respected the patient's wishes. They used the choose and book system and arrangements were made before the patient left the surgery, wherever possible.

Patient/carer support to cope emotionally with care and treatment:
We saw information in the practice about advocacy, bereavement support and counselling services. Staff were also aware of contact details for these services when needed.

The patients we spoke with on the day of our inspection told us staff were caring and understanding when they needed help and provided support when required. The CQC patient comments cards also confirmed that all of the practice staff were supportive.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs:
Patients we spoke with told us the practice was providing a service that met their needs. Due to the needs of the population and the increase in patients, in July 2014 the practice re located from a small premise to a larger purpose built one. As a result a multi professional team were now based in the same building for example pharmacists, and the services offered were also changing to meet their patient's needs.

The practice was negotiating to run an anticoagulation clinic. In doing so it was hoped it would remove some of the barriers to people starting treatment as they currently had to travel elsewhere.

Tackling inequity and promoting equality:
To facilitate attendance for patients the practice offered open access clinics so patients could be seen the same day. This also allowed for flexible access for vulnerable population groups and working age people, including those in full time education. This was monitored and workloads of staff were adjusted to meet the service needs.

The practice provided a service to local hostels; including the homeless, and mother and child. The hostel for the mother and child was a short term facility which meant the patients should have been registered as temporary with the practice. To improve the care provision, availability and access to services, the practice registered these patients as permanent residents.

Patients who needed extra support because of their complex needs were allocated double appointments. They had individual tailored care plans to meet their needs for example, patients with learning disabilities or those who had long term conditions such as diabetes.

When patients experienced poor mental health turned up at the practice for a repeat prescription, they were accommodated, instead of them having to give the standard 48 hours' notice.

The practice worked with The National Institute of Clinical research to screen patients for Hepatitis B & C to improve the health of their practice population.

The GPs held reviews for their nursing home patients. Each patient aged 75 years and over, and those identified at risk of re-admission to hospital had a named GP who they mostly saw at an appointment. They also contacted their patients personally with any follow up information about their treatment or care.

Access to the service:
The surgery opening times were detailed in the practice leaflet which was available in the patient waiting room and on their website. The opening times were weekdays between 8am – 10am open access; for acute problems where an appointment was not necessary. There was information explaining that at busy times patients should be prepared to wait to see the doctor and patients were seen in order of arrival.

Pre-booked appointments were available for doctors and nurses, weekdays between 3pm – 5.30pm and appointments were available to book 4 - 6 weeks in advance.

An additional Saturday morning surgery was available during the winter months to help reduce weekend pressure on the local Accident and Emergency department. The practice was working with GPs from eight other practices to meet this initiative.

Home visits were also available where appropriate, and included visits to patients who were house-bound.

Nurse/Healthcare staff appointment could be booked routinely for a variety of conditions and health promotion, including: Asthma, COPD, Hypertension, Cardiac disease, Diabetes, Family Planning, Travel and Childhood Vaccines, Health Checks.

Repeat prescriptions were available to re-order either in person, posted, faxed and the local pharmacist provided a collection and delivery service. Information relating to this was available in the practice leaflet and on their website.

Listening and learning from concerns and complaints:
The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs.

We reviewed a record of complaints for the practice and saw that there were systems in place for reporting and receiving complaints. We were told the outcomes of complaints, actions required and lessons learned were shared with the staff during their team meetings.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

The complaints procedure was available to patients in the practice booklet and in the waiting room. The patients we spoke with were happy with the care they received at the practice and they knew how to make a complaint should they need to. They also felt they would be listened to.

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:
There was an established management structure within the practice. The practice manager, GPs and staff were clear about their roles and responsibilities and the vision of the practice. They worked closely with the local CCG and were committed to the delivery of a high standard of service and patient care.

Monitoring took place, and this included audits to ensure the practice was achieving targets and delivering safe, effective, caring, responsive and well led care to a high standard at all times.

Governance Arrangements:
The practice had effective management systems in place. The practice had policies and procedures to govern activity and these were accessible to staff. We saw the policies incorporated national guidance and legislation, were in date; reviewed and updated. We found clinical staff had defined lead roles within the practice. For example, the management of long term conditions, safeguarding children and adults, and medication prescribing. Records showed and staff confirmed that they had up to date training in their defined lead role.

The practice held meetings where governance, quality and risk were discussed and monitored.

One of the lead GPs regularly met and worked with the local CCG, and the practice used the Quality and Outcomes Framework (QOF) to measure their performance.

Leadership, openness and transparency:
The practice was committed to on-going education, learning and individual and team development of staff. The performance of staff was the subject of monitoring and appraisal at all levels; which reflected the organisational objectives. There were leading roles within the team for different aspects of the service. For example, vaccinations/ immunisation programme.

There was good communication between staff. The practice had a proactive approach to incident reporting.

Staff we spoke with told us that all members of the management team were approachable, supportive and appreciative of their work. They were encouraged to share new ideas about how to improve the services they provided. For example through monitoring and listening to staff, the shift pattern had been changed which had improved staff cover for the service. Staff also spoke positively about the practice and how they worked collaboratively with colleagues and health care professionals.

Practice seeks and acts on feedback from users, public and staff:
Although the local community were kept informed in the building of the new practice premises and were invited and involved in the opening in July 2014, staff told us the service had struggled to form a patient participation group. However with the opening of the new premises and space to hold meetings, staff encouraged patients to become more involved and join their patient participation group. As a result they had planned to hold meetings four times a year. The practice encouraged feedback about their service. They had a comment and suggestion box and this month (November 2014,) were asking patients to complete the Family and Friends Test (FFT) feedback survey with a view to improve the service.

We saw extracts of minutes of a meeting held in January 2014 relating to 'Case for Change' patient survey carried out by NHS England. The information showed 27 practices were surveyed in Bradford City CCG area. Farrow Medical Centre was one of two practices out of 27 that were achieving the NHS targets in relation to access of appointments; they achieved 92%; convenience of making an appointment 92% and overall patient experience of making an appointment 91%. (Farrow Medical Centre also had the highest response rate of 30% of patients completing the survey.) The minutes of the meeting showed the outcome of the survey and actions the practice discussed to improve the service. In addition the meeting minutes showed the data had been taken into consideration relating to access to appointments both open and pre- bookable, and the impact on the existing service and the expansion of the service when moving to the new premises.

Management lead through learning & improvement:
We saw there was a robust system in place for staff appraisals and staff had mandatory training and additional training to meet their role, specific needs. Mandatory training included: fire safety awareness, safeguarding vulnerable adults and children. The practice had clear expectations of staff attending refresher training and this

Are services well-led?

Good

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

was completed in line with national expectations. Staff we spoke with told us they felt supported to complete training and could request additional training which would benefit their role.

Staff were able to take time out to work together to resolve problems and share information which was used proactively to improve the quality of services. We saw minutes of meetings where issues had been discussed and proposed action as a result.