

Bartholomew Medical Group

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bartholomew Medical Group on 29 February and 1 March 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Weekly audits of a system read code ensured smooth passage of referral for patients, as a 'belt and braces' approach.
- Systems were in place to assess risks to patients however they were not always followed. Full recruitment checks had not been undertaken for staff prior to employment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments were usually available on the day they were requested.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. This means providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

We saw one area of outstanding practice:

The practice regularly used a dementia assessment tool to assess changes in patients at risk of dementia. The strengths of the assessment tool included: short administration and scoring time (8–10 minutes); assessment of multiple cognitive areas sensitive to dementia, high sensitivity in detecting early Alzheimer's disease, and a large range of scores in the mild impairment range, allowing detection of subtle changes over time. This had reduced onward referral rates to memory clinics by more than 50 per cent.

The area where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.

The area where the provider should make improvements are:

- Ensure the Practice Manager has access to key documents in the absence of the Business Manager.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice gave affected people reasonable support, truthful information and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However they were not always followed, full recruitment checks had not been undertaken for staff prior to employment.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings where governance was discussed.
- Staff retention rates were good with many staff having remained at the practice for more than ten years.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

- The practice proactively sought feedback from staff and patients, and it had a very active patient participation group which influenced developments in the practice.
- 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held regular discussions and reviews of patients who were at risk of unplanned emergency admission to hospital.
- A pilot scheme of consultation by Skype was shortly to be set up within the care homes visited by the practice.
- The dementia assessments undertaken by a healthcare assistant, reduced onward referral rates to memory clinics by more than 50 per cent. The impact of this reduced anxiety for the patient and their family.

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 held regular reviews of unplanned admissions
- Nationally reported data from 2014/2015 showed the percentage of patients with diabetes who had had a foot examination and risk classification in the preceding 12 months was 92%, compared with the national average of 88%.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Nationally reported data from 2014/2015 showed the percentage of patients with asthma on the register who had an asthma review in the preceding 12 months was 75%; this was the same as the national average.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the practices uptake for the cervical screening programme was 85%, compared with the 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, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- 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.
- Extended hours were offered and included early mornings, late evenings and Saturday morning opening.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered longer appointments to patients who did not speak English as their first language. Interpreter services were available.

People experiencing poor mental health (including people with dementia)

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

- Nationally reported data from 2014/2015 showed the percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 86%, compared with the national average of 84%.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record was 95%, compared with the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The dementia assessments undertaken by a healthcare assistant, reduced onward referral rates to memory clinics by more than 50 per cent. The impact of this reduced anxiety for the patient and their family.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice hosted an addictions clinic for people who had problems with over-the-counter medicines and alcohol dependence.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing the same as or below the national average. There were 276 survey forms distributed and 106 were returned, a response rate of 38.4%. This represented 0.6% of the practice's patient list.

- 43% found it easy to get through to this surgery by phone compared to the national average of 73%.
- 55% were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 75% described the overall experience of their GP surgery as fairly good or very good compared to the national average of 85%.

- 70% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients said staff were polite and helpful and described the service as good. Patients also commented that it could be difficult to get through by telephone first thing on a morning. The telephone system was in the process of being upgraded to address the problem.

We spoke to nine patients during the inspection including two members of the patient participation group and they also confirmed that they had received good care and attention and said staff treated them with dignity and respect.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary pre-employment checks for all staff.

Action the service **SHOULD** take to improve

Ensure the Practice Manager has access to key documents in the absence of the Business Manager.

Outstanding practice

We saw one area of outstanding practice:

The practice regularly used a dementia assessment tool to assess changes in patients at risk of dementia. The strengths of the assessment tool included: short administration and scoring time (8–10 minutes); assessment of multiple cognitive areas sensitive to

dementia, high sensitivity in detecting early Alzheimer's disease, and a large range of scores in the mild impairment range, allowing detection of subtle changes over time. This had reduced onward referral rates to memory clinics by more than 50 per cent.

Bartholomew Medical Group

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 Bartholomew Medical Group

Bartholomew Medical Group based in Goole Health Centre is located on the Goole Hospital site in Goole, East Riding of Yorkshire. The practice has a branch site on Swinefleet Road in Goole, the main practice and branch site were visited during the inspection. It is part of the East Riding of Yorkshire Clinical Commissioning Group. The total practice population is 15996.

The proportion of the practice population in the 65 years and over age group is slightly above the England average. The practice population in the under 18 age group is the same as the England average. The practice scored five on the deprivation measurement scale. The deprivation scale goes from one to ten, with one being the most deprived. The overall practice deprivation score is higher than the England average. People living in more deprived areas tend to have a greater need for health services.

The staff team comprises seven GP partners, three female and four male. The clinical practice team includes three nurse practitioners, five practice nurses, and three health care assistants. The practice is managed and supported by a Business Manager, a Practice Manager, Office Manager, Reception Manager and a team of secretaries, administration and receptionist staff.

The practice is a teaching practice for medical students from the Hull York Medical School and a training practice for GP registrars. There are two GP registrars working at the practice.

The practice is open Monday to Friday 8am to 6pm (excluding bank holidays). Extended opening hours are provided on Monday evenings 6.30pm to 7.30pm, Wednesday mornings 7.30am to 8am and Saturday mornings 8.30am to 11.30am for booked appointments only. The practice offers appointments that can be booked in advance. Urgent appointments are available for patients that need them. The surgery is located immediately next to the out-of-hours provision for the area.

The practice provides a number of clinics, for example long-term condition management including asthma, diabetes and chronic obstructive pulmonary disease. It also offers childhood immunisations, minor surgery and travel vaccinations. It is a yellow fever centre. A clinic for over-the-counter medicines and alcohol addiction is hosted by the practice. The practice offers health checks to its patients, and also to patients who are not registered with them. The practice has a GMS contract with NHS England and it also provides some Direct Enhanced Services to its patients.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 February and 1 March 2016. During our visit we spoke to a range of staff which included the practice manager, nursing staff, administrative and reception staff and GPs. We spoke to nine patients who used the service including two members of the patient participation group. We reviewed 12 comment cards where patients shared their views and experience of the service.

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. It had introduced and developed systems as a result of learning from incidents

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a secretary sent an email to the hospital for an urgent referral but the referral letter was not attached to the email. When the hospital emailed the practice to inform the secretary, the email was not picked up, as the secretary was unavailable. Following this a group email account was set up for the secretarial team to minimise the risk of this happening in the future.

People affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.

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, with the exception of recruitment processes. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as a chaperone were trained for the role and had received a Disclosure and Barring Service check (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). Some reception staff had undergone chaperone training and were awaiting clearance from the Disclosure and Barring Service. They were not undertaking chaperone duties until the DBS checks were returned.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The nurse practitioners had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had not been undertaken prior to employment, for example, proof of identification and references.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a poster 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 achieved 99.9% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. For example the percentage of patients with diabetes who had had a foot examination and risk classification in the preceding 12 months was 92%, compared with the national average of 88%.
- The percentage of patients with high blood pressure whose blood pressure readings were 150 /90mmHg or less (within an acceptable range) was 88.4%, compared with the national average of 83.6%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record was 95%, compared with the national average of 88%.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months was 75%; this was the same as the national average.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits completed in the last two years, one of these was a two-cycle completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, to ensure all referral letters were forwarded to the relevant service the practice introduced an additional code to track referral letters. When a referral letter was typed the additional code was entered into the patients' record and only removed once the letter had been sent. The practice did a weekly search of additional codes to ensure all letters had been forwarded to the appropriate service.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, peer supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85%, this was 3% above the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were relatively high and were above or comparable to the CCG and national averages for children aged 12 months, two years and five years. For example, the immunisation rates ranged from 92% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice also offered NHS health checks to patients from other practices in the area. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average 91% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 85% said the last GP they spoke to was good at treating them with care and concern which was the same as the national average.

- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.

- The practice offered extended hours on Monday evenings, Wednesday mornings and Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open Monday to Friday 8am to 6pm (excluding bank holidays). Extended opening hours were provided on Monday evenings 6.30pm to 7.30pm, Wednesday mornings 7.30am to 8am and Saturday mornings 8.30am to 11.30am for booked appointments only. The practice offered appointments that could be booked in advance. Urgent appointments were available for patients that needed them. The surgery was located immediately next to the out-of-hours provision for the area.

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

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 43% patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 69% were able to get an appointment to see or speak to someone the last time they tried compared with a national average of 85%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Patients told us they did find it difficult to get through to the practice by telephone, the telephone system was in the process of being upgraded to address the problem.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was on the practice website and complaints leaflets were available in the reception area.

We looked at nine complaints received since March 2015 and found these were satisfactorily handled and dealt with in a timely way. We saw that patients were involved in the complaint investigation and the practice was open when dealing with the complaint.

Lessons were learned from concerns and complaints and action was taken as a result to improve the quality of care. For example, an alternative vaccine was sourced and administered to a patient, where they had concerns about a potential allergic reaction to the regular vaccine on offer.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy regarding how they would continue to deliver their vision, however the strategy and supporting business plan were not documented.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. The practice had an active Patient Participation Group. Staff told us that informal meetings were held daily as well as formal meetings monthly and any issues would be discussed. Staff told us that there was a supportive approach to staff development. Staff described the practice as having a friendly and open door culture.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had plans to introduce a system of 'Skype' consultations (a form of teleconferencing) within the care homes that it visited regularly. This would hopefully improve accessibility of care for all patients by reducing travelling time and increasing contact with a GP for residents.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that the information specified in Schedule 3 was available for each person employed. They had not established effective recruitment and selection procedures.</p> <p>This was in breach of regulation 19(1)(a) (b) (c) (2)(a) 3(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>