

Greenhead Family Doctors

Quality Report

15 Wentworth Street
Huddersfield
HD1 5PX

Tel: 01484 530834

Website: <http://www.drswybrew.nhs.uk>

Date of inspection visit: 10 February 2017

Date of publication: 21/03/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 7 |
| What people who use the service say | 10 |

Detailed findings from this inspection

| | |
|--|----|
| Our inspection team | 11 |
| Background to Greenhead Family Doctors | 11 |
| Why we carried out this inspection | 11 |
| How we carried out this inspection | 11 |
| Detailed findings | 13 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Greenhead Family Doctors on 10 February 2017. 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.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, some patients told us that it was sometimes more difficult to book a routine appointment in advance.
- The practice had good facilities and was well equipped, despite the limitations of the Victorian building, to treat patients and meet their needs. We saw that patients with mobility issues who found accessing the surgery difficult were visited at home or had their consultations arranged on the ground floor.
- There was a clear and visible leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Undertake a review of the approach to complaints resolution to assure themselves that patients are

Summary of findings

advised in writing that the practice has concluded their response and that further representations can be made to the Parliamentary and Health Service Ombudsman.

- Arrange appropriate awareness training on the Mental Capacity Act for relevant staff across the team who have yet to receive it.

- Continue to review the most appropriate arrangements for the secure storage of cleaning products.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. However, we have asked the provider to review the current storage arrangements of their cleaning products.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



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 below average compared to the national average. Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had a higher than average older population and oversaw care in 11 nursing homes. The provider had developed a referral protocol to support home visits for these locations.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an urgent appointment with a named GP and there was continuity of care. However, a small number of patients said that it was sometimes difficult to book a routine appointment in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However, we saw that letters did not consistently include reference to the Parliamentary and Health Service Ombudsman or formally confirm that the review of the complaint had been concluded by the provider.
- The practice maintained a register of patients known to be carers and the provider had appointed a carers champion.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw that a comprehensive policy had been drafted and we were sent evidence that a training update had been provided for staff in the week following our inspection.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas by the newly appointed practice manager who had undertaken a review of training needs across the practice.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A nursing home visit protocol had been developed to assist in identifying appropriate support to these patients.
- The practice maintained good links with local care homes and the multi-disciplinary care home support team.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 66% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that their diabetes was being well controlled. This was 5% lower than the local average and 4% lower than the national average. In addition, 73% of diabetic patients had received a foot examination to check for nerve or skin damage associated with their condition. This was 13% lower than both the local and national average. The provider had recently recruited a practice nurse with specialised skills in diabetes and was engaged in a programme of review to improve care for this patient group.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

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 accident and emergency (A&E) attendances. Immunisation rates were in line with or higher than local and national averages.
- 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.
- The practice's uptake for the cervical screening programme was 85%, which was the same as the CCG average of 85% and higher than the national average of 81%.
- A full range of contraceptive services including implants and coils was provided by a female GP at the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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. Telephone appointments and evening appointments were available.
- The practice was proactive in offering online services such as appointment booking and medication requests as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.

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).

- 84% of eligible patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was 1% higher than the national average
- 86% of patients experiencing a serious mental illness had an up to date care plan. This was 8% higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patients with mental health issues were actively supported with same day appointments for patients in need.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results were gathered before the current provider took over the practice on 1 August 2016. They showed the practice was performing significantly higher than local and national averages. Survey forms were distributed to 214 patients and 113 were returned. This represented a completion rate of 53% and comprised 4% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 99% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 100% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 26 responses which were all positive about the standard of care received. Patients described a friendly reception team and very caring clinicians. Staff were described as compassionate and responsive. Several patients commented that they sometimes had a long wait for a routine appointment. Many comment cards said that the new provider had managed the takeover in a very professional and reassuring way. Several told us they had been anxious that the retirement of previous provider might have an adverse impact on their care. We were consistently told that the GPs were providing an excellent service and that patients felt very well cared for.

We spoke with three patients during the inspection. All patients said they were highly satisfied with the care they received and thought staff were approachable, committed and caring. The practice regularly reviewed their responses to The Friends and Family Test and achieved good or high satisfaction in more than 91% of responses. (The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family).

Greenhead Family Doctors

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist adviser.

Background to Greenhead Family Doctors

Greenhead Family Doctors, 15 Wentworth Street, Huddersfield, HD1 5PX, provides services for 2,879 patients. The provider is situated within the Greater Huddersfield Clinical Commissioning Group and delivers primary medical services under the terms of a general medical services (GMS) contract.

Services are provided within a converted Victorian terraced building which is owned and maintained by the partners. The building has been adapted to provide ground floor level access for those with mobility difficulties and consulting rooms are available on the ground floor when required. Disabled patients with complex needs are also visited at home as required.

The population experiences higher than average levels of deprivation and is mainly White British. Greenhead Family Doctors is registered as a partnership between Dr Ramesh Edara and Dr Madhuri Navaluri. Dr Edara works full time and Dr Madhuri works slightly less; undertaking six clinical sessions per week. The practice also has two part time female practice nurses equivalent to 0.5 W.T.E, and a health care assistant who works 31 hours a week.

The practice manager is supported by her assistant and 5 part time reception and administrative staff.

The practice at Greenhead Family Doctors is open Monday to Friday with telephone services from 8am to 6pm and access to the surgery from 8.15am to 6pm.

Surgeries run from 9.10am to 11.10pm and from 3pm to 5pm. A women's' clinic runs on Friday 12.30pm to 2.30pm and an extended hours clinic is offered on Monday and Tuesday 6.30pm to 7.30pm for pre-booked appointments. When the surgery is closed patients are advised of the NHS 111 service for non –urgent medical advice and are directed to a local out of hours provider, Local Care Direct.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 February 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, receptionists and the practice manager. We also spoke with patients who used the service.

Detailed findings

- Observed how patients were greeted on arrival at the surgery and also when phoning for an appointment.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw that the practice had an effective understanding of the scope of significant event reporting and captured learning from both clinical and non-clinical incidents. Incidents were comprehensively reviewed and supported the sharing of learning across the team. We saw evidence that lessons were effectively shared and action was taken to improve safety in the practice. For example, An administrative error involving a failure to alert a clinician to a hospital letter led to a new protocol being developed in consultation with the reception team. In another incident, a deceased patient could not have a death certificate immediately issued due to legal reasons. The provider liaised with the care provider concerned and established a register of patients with similar legal restrictions to prevent a delay in the issue of a death certificate in future situations.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child and adult safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the reception areas and clinical rooms to be clean and tidy. The newly appointed practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. The newly appointed nurse had requested a training update and this was being arranged by the provider. An IPC audit had recently been completed. We saw evidence that an action plan was in the process of development to implement required actions.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.
- Health Care Assistants were currently able to administer vaccines and medicines against a patient specific direction (PSD) or prescription. A PSD is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by a prescriber.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that cleaning products were kept in a

cupboard with a high latch to prevent accidental access by children. The practice told us they were currently reviewing the storage of their cleaning products to a location where they could be securely locked away.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and an on call clinician was always available to respond to any urgent queries from staff or patients.

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.
- Staff had 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. Medicines were stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and targeted checks of relevant 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 results (published before the new provider took over on 1 August 2016) showed the practice had achieved 88% of the total number of points available. This was 9% lower than the local and 8% lower than the national averages. The clinical exception rate for this provider was 6%, which was 2% lower than the local average and 4% lower than the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

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

- Performance for diabetes related indicators was lower overall than the national average. For example 66% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that their diabetes was being well controlled. This was 5% lower than the local average and 4% lower than the national average. In addition, 73% of diabetic patients had received a foot examination to check for nerve or skin damage associated with their condition. This was 13% lower

than both the local and national average. The provider had recently recruited a practice nurse with specialised skills in diabetes and was engaged in a programme of review to improve care for this patient group.

- Performance for mental health related indicators overall was lower than the national average. For example 86% of patients with a serious mental illness had a comprehensive care plan in place. This was 6% lower than the local average and 3% lower than the national average. However, the previous provider did not record any clinical exceptions in this patient group, which affected the QOF score. When compared to the actual number of patients with a care plan, the provider was 2% higher than the local average and 8% higher than the national average. The current provider had identified that there were a range of coding issues across QOF recording and we saw evidence that this was being reviewed in the areas of mental health and those with chronic lung conditions.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits commenced since the provider began services on 1 August 2016, both audits had identified improvements in clinical care.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice also worked with the local medicines management pharmacist and we saw evidence that searches and reviews were undertaken regularly by the pharmacist to improve patient care and cost efficiency.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a significant decrease in the prescribing of a group of medicines used to treat pain, which had increased risks to patient health associated with long term use. The practice had supported patients in accessing alternative medicines and management strategies.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had completed enhanced diploma training in the management of diabetes and was qualified in reviewing patients with long-term conditions. One of the GP partners had specialised training in family planning and was able to offer a full contraceptive service for patients.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The newly appointed practice manager had identified that training in mental capacity awareness was overdue for some staff and was making arrangements to implement this.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Minutes from these meetings were comprehensive and supported effective monitoring and information sharing between professionals.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Training in the MCA had been provided for GPs and we saw evidence of this. We received assurance that training was planned for other staff who needed it. However, staff we spoke to understood the principles of consent and who to address concerns to within the practice. 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 and recorded in the patient's record.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those at risk of developing a long-term condition were signposted to the relevant service.
- Advice on weight management and smoking cessation was offered by the health care assistant and practice nurse.

The practice's uptake for the cervical screening programme was 85%, which was the same as the CCG average of 85% and higher than the national average of 81%. There was a

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

policy to offer telephone reminders for patients who did not attend for their cervical screening test 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. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates data available on the day on inspection showed that completed childhood immunisations for 2 years old were 94% with 29 out of 31 of eligible children up to date. This was comparable with the

local average 95%-98% and national average 91%-95%. Immunisation rates for 5 year olds were 93% with 26 of 28 eligible patients receiving the most common immunisations. This was comparable with local average 93%-98%, national average 87%-95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. The practice had begun a targeted campaign of inviting eligible patients and had achieved a rate of 45% completed checks. 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 had been trained to recognise when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 26 patient Care Quality Commission comment cards we received were positive about the clinical care offered by the practice and all but one were positive about the reception service. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with three members of the patient participation group (PPG). They also told us they were highly 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. This data was gathered before the current provider took over the service from 1 August 2016. The practice results were significantly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 100% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 99% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 100% of patients 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%
- 100% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 100% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

Are services caring?

- Staff told us that interpretation and translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 73 patients as carers equal to 3% of the practice list. Written information was available to direct carers to the various avenues of support available to them and a carers champion had been appointed and publicity was made available within reception.

Staff told us that if families had suffered bereavement, the practice would make contact with them. 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.

- Routine appointments with a GP were 12 minutes in duration in recognition of a higher than average older patient population which comprised 30% of the patient list.
- There were longer appointments available for patients with a learning disability or with a medical condition that required a longer appointment.
- An extended hours clinic was offered on Monday and Tuesday 6.30pm to 7.30pm for patients unable to attend during the usual working day.
- Telephone appointments were available which could be booked two weeks in advance. Appointments and prescriptions could also be booked online.
- Patients were able to access reviews at home if their condition or circumstances made this appropriate for them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, interpretation and translation services available.
- Breastfeeding was encouraged, with a private space available for those that preferred this.
- A full range of contraceptive services were offered including implants and coils.
- A phlebotomy service was available from several members of the clinical team.

Access to the service

The practice was open Monday to Friday with telephone services from 8am to 6pm and access to the surgery from 8.15am to 6pm.

Surgeries run from 9.10am to 11.10pm and from 3pm to 5pm. A women's clinic runs on Friday 12.30pm to 2.30pm and an extended hours clinic was offered on Monday and Tuesday 6.30pm to 7.30pm for pre-booked appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. However, a small number of patients told us it could be difficult in arranging a routine appointment in advance.

Results from the national GP patient survey (data gathered before the current provider took over) showed that patient's satisfaction with how they could access care and treatment was significantly higher than local and national averages in relation to opening hours and access by phone.

- 94% of patients were satisfied with the practice's opening hours compared to the local and national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the local average of 75% and the national average of 73%.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them and that the new provider had managed the transition very positively.

The practice had a system in place to assess:

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

We spoke to reception staff and the management team and were told that the practice no longer offered a 'sit and wait' service, as had been the custom with the previous provider. Reception staff demonstrated that they had received training to identify how some patients might be in need of an urgent or emergency appointment and were working to manage expectations around urgent appointments in a sensitive and appropriate way. We had several patient comments given to us in praise of the revised system whilst several others preferred the sit and wait option, despite the long wait times associated with the previous system. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs? (for example, to feedback?)

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 and that this was publicised within the practice.

We looked at three complaints received since the provider took over on 1 August 2016. Overall the practice had recorded six incidents of complaint, including verbal and written complaints. The practice actively welcomed feedback from patients and other stakeholders and

maximised any opportunity to record data and learn from it. We saw that complaints were responded to in a timely manner and that the practice responded in a considered and open way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, following a complaint about changes to the appointment procedure, the patient was made aware of alternative methods to make an appointment. A complaint regarding a delayed home visit led to a written protocol to improve communication and the criteria for such visits. However, we saw that letters did not consistently include reference to the Parliamentary and Health Service Ombudsman or formally confirm that the review of the complaint had been concluded by the provider.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had consulted with staff in developing a mission statement and we saw evidence of this process, which was in the final stages of development. Staff we spoke with knew and understood the values underpinning the provider's ethos. Comprehensive customer care training had also been delivered to ensure all staff were aligned with the provider's approach.
- The practice had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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. Policy leads in areas such as safeguarding, infection control and chronic disease were identified and monitored.
- Practice specific policies were comprehensive, visibly implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was being developed and significant progress had been made. The practice had drawn up an action plan in response to areas identified since taking over the patient list and these included areas around medicines and chronic disease management.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff consistently told us the partners and practice management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

The practice gave affected people reasonable support, truthful information and a verbal and written apology

- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw evidence of how information was openly shared and opinions sought.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, and that they had become a close working team in a relatively short space of time. All staff were involved in discussions about how to run and develop the practice, and the partners and management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We saw evidence that improvements to the appointment system and workflow of administrative processes including 'Choose and Book' had been achieved in collaboration across the whole staff team.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), the Friends and Family test, surveys and complaints received. The PPG met regularly and worked in partnership with the provider in identifying improvements to the practice management team. For example, the practice had run a successful competition inviting patients to create a logo for the new provider and the waiting room had been refurbished. Patients we spoke with praised the new GPs and practice manager for the sensitive and enthusiastic way they had managed the transition from the previous provider who had been held in very high esteem.

- The practice had gathered feedback from staff through meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and sought ways to improve outcomes for patients in the area. For example, in developing an effective home visit protocol with local nursing homes and reducing the number of patient's dependant on opiate medicines.