

Marton Medical Practice

Quality Report

Whitegate Health Centre, Whitegate Drive,
Blackpool.

FY3 9ES

Tel: 01253 953070

Website: www.martonmedicalpractice.co.uk

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Marton Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Marton Medical Practice on 7 July 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure robust systems are implemented to ensure practice policies and procedures are reviewed and updated and relevant.

Summary of findings

- Continue to roll out annual infection control training to all staff.
- Review staff meeting arrangements to ensure all staff receive important updates and information as appropriate.
- Promote the availability of the chaperone service to ensure patients are aware.
- Risk assess the need for a practice defibrillator.

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.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were generally assessed and well managed. A defibrillator was available in the reception but was not for sole use of the practice. This arrangement should be risk assessed.
- The practice was clean and hygienic. Following the inspection practice nurses had completed Infection Control training. The practice should continue to roll out annual infection control training to all staff.
- A chaperone service was offered to patients. Notices should be visible to clearly promote this service to patients.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than 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 and information confidentiality.

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.
- 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.

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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity however the system to review and update these required strengthening.
- 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.
- Staff meetings for nursing, admin and reception staff and as a whole team were held informally and not documented.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients over the age of 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients at risk of hospital admission and in vulnerable circumstances had care plans.
- The practice maintained a palliative care register and held three monthly meetings attended by a multidisciplinary team to enable sharing of information relating to patients to improve palliative and end of life care

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 nursing team offered a 'one stop shop' approach which meant patients were cared for holistically. Rather than managing conditions separately nurses focussed on the needs of the patient and where possible dealt with their needs in one appointment.
- Longer appointments and home visits were available when needed.
- Performance for diabetes related indicators was generally better than the national average. For example, blood measurements for diabetic patients showed that 87% of patients had well controlled blood sugar levels compared with the Clinical Commissioning Group (CCG) average of 83% and national average of 78%. The percentage of diabetic patients who had received an influenza immunisation was 100%

Summary of findings

compared to the CCG average of 96% and national average of 94%. The percentage of diabetic patients with a record of a foot examination was 93% compared to the CCG average of 94% and national average of 89%.

- Patients were offered an insulin initiation and follow up telephone advice service which was run by a practice nurse and supported by the lead GP. This meant that only the most complex patients needed to be referred to the hospital services for diabetic patients.
- Patients had open access via a direct number to the practice nursing team. During practice hours this meant nurses provided supportive care and advice to help reduce anxiety and offer reassurance.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations
- 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 81%, which was comparable to the CCG average of 82% and 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.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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.
- 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.
- Extended hours surgeries were offered between 6pm and 8.45pm every Monday for working patients who could not attend during normal opening hours. Telephone consultations were also available.

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.
- 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.
- 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.

Good



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).

- Performance for mental health related indicators was similar to the national average. For example, 92% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average of 93% and the national average of 88%. Also 80% of patients diagnosed with dementia had their care reviewed in a face to face review, compared to the CCG average of 86% CCG and 84% nationally.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing generally in line with local and national averages. 328 survey forms were distributed and 102 were returned (a response rate of 31.1%). This represented 1.2% of the practice list.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 78% 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 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the 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 40 comment cards which were all very positive about the standard of care received. Patients praised the high level of service at the practice and the professionalism and friendliness of the staff. Patients also commented that they felt listened to by staff and they were treated with care and dignity.

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

The practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at the results of the FFT for 2016 to date, 15 patients had responded. This indicated that 80% of those patients were extremely likely or likely to recommend the practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure robust systems are implemented to ensure practice policies and procedures are reviewed and updated and relevant.
- Continue to roll out annual infection control training to all staff.
- Review staff meeting arrangements to ensure all staff receive important updates and information as appropriate.
- Promote the availability of the chaperone service to ensure patients are aware.
- Risk assess the need for a practice defibrillator.

Marton Medical Practice

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 Marton Medical Practice

Marton Medical Practice is based in Blackpool, Lancashire. The practice is part of Blackpool Clinical Commissioning Group (CCG) and delivers services under a Personal Medical Services contract with NHS England.

The practice is located on the first floor of the Whitegate Health Centre on the outskirts of the town. There is easy access to the building and disabled facilities are provided. There is a car park and disabled parking places. There are four GP partners working at the practice, two male and two female. The practice also employs a salaried GP. The practice is a teaching practice for medical students. There are four female practice nurses, one health care assistant and a practice pharmacist. There is a practice manager and a team of administrative and reception staff.

The practice is open between 8am and 6.30pm, Monday to Friday. Extended hours are available until 8.45pm on Monday evenings.

When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111.

There are 8820 patients on the practice list. The majority of patients are white British. The largest population group within the practice are patients aged under 18 years, 20.4% as opposed to the CCG average of 20.7%. All population group age profiles are comparable to CCG averages.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Marton Medical practice was previously inspected using our old methodology in 2013.

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 07 July 2016. During our visit we:

- Spoke with a range of staff
- Spoke with five patients who used the service who were also members of the Patient Participation Group (PPG).

Detailed findings

- Reviewed the practice's policies and procedures.
- 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.
- There was no policy in place to support this process.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice also highlighted examples of good practice as significant events.

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. A practice nurse was the lead member of staff for safeguarding, who was a member of and attended the local safeguarding children's board meetings. 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 and nurses were trained to child protection or child safeguarding level 3. We saw evidence that staff received three yearly safeguarding training. Staff told us they received yearly updates from the safeguarding lead however this was not documented.

- A notice on the screen in the waiting room advised patients that chaperones were available if required. However this was a screen which displayed a variety of information, there was no static notice in the reception or consultation rooms to ensure patients saw that this service was available. Patients we spoke to did tell us that clinicians routinely offered them a chaperone when appropriate. Only clinical staff acted as chaperones and all had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Annual infection control audits were undertaken and we saw evidence that action was taken to address improvements identified as a result. A practice nurse was the infection control clinical. There was an infection control protocol in place. Staff told us that they had access to and had read this however staff had not received training, including the infection control lead. The lead told us they received updates from discussion with peers however they did not liaise with the local infection prevention teams to keep up to date with best practice. Following our inspection the practice sent us evidence that infection control training had been accessed by the practice nurses who planned to disseminate training to the rest of the practice team.
- 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). We checked the practice vaccine fridge and found vaccines were stored appropriately. However, fridge temperatures were only checked once a day and the plug was not isolated to ensure that it was not inadvertently removed or turned off. Processes were in

Are services safe?

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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed six 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. Interview notes were not routinely kept.

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).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises however this was located on the ground floor in the reception and was not for the sole use of the practice. Oxygen with adult and children's masks and 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 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 random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.5% of the total number of points available. The overall exception reporting figure was 9.5%, 1.6% lower than the CCG average but 0.5% higher 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).

Data from 2014/2015 showed that multidisciplinary review meetings of palliative care patients were not recorded. However we saw that this had been resolved. Palliative care meetings were now taking place every 3 months.

The practice conducted an annual audit into the care of patients receiving palliative care. Results from the 2015/2016 audit showed that 100% of patients achieved their preferred place of care, and 94% died in their preferred place of death.

- Performance for diabetes related indicators was generally better than the national average. For example, blood measurements for diabetic patients showed that 87% of patients had well controlled blood sugar levels compared with the CCG average of 83% and national

average of 78%. The percentage of diabetic patients who had received an influenza immunisation was 100% compared to the CCG average of 96% and national average of 94%. The percentage of diabetic patients with a record of a foot examination was 93% compared to the CCG average of 94% and national average of 89%.

- Performance for mental health related indicators was similar to the national average with 92% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average of 93% and the national average of 88%. Also, 80% of patients diagnosed with dementia had their care reviewed in a face to face review, compared to the CCG average of 86% and 84% nationally.

There was evidence of quality improvement including clinical audit.

- We looked at two clinical audits completed in the last two years where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit was conducted to assess if the Wells score was documented when deep vein thrombosis (DVT) was suspected according to NICE guidance. A Wells score is used to identify a patient's risk of DVT and pulmonary embolism. Results showed that following in house education recording increased from 59% to 73%. Further in house training was arranged, and plans were in place to reaudit.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. However there was no evidence that tasks conducted by the HCA had been assessed for competence. For example, the HCA was responsible for conducting electrocardiograms (ECGs) but there was no

Are services effective?

(for example, treatment is effective)

documented evidence that they had been assessed as competent. Following the inspection the practice forwarded us a competency framework template they would use to ensure this was now recorded.

- 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 and meetings. 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 in March 2015 and we saw plans were in place to re appraise members of staff in 2016 using a new approach.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Following the inspection the practice manager advised us that they had accessed online training for all members of the staff team.

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. GP's at the practice viewed every discharge letter and all

medication was reviewed by the practice pharmacist. 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.

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.

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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% and the national average of 82%. 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 97% (the same as CCG figures) and five year olds from 91% to 97% (87% to 97.3% CCG figures).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 40 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Staff 'going the extra mile' and 'nothing too much trouble' was a recurring theme.

We spoke with five members of the patient participation group (PPG). They also told us they were very 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 local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

92% 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 in line with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- 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.
- Information leaflets were available in easy read format.
- The practice had produced letters with yellow backgrounds for those patients with impaired vision.

Are services caring?

- Easy read invitation letters were used to invite patients with a learning disability for annual reviews.
- A direct contact number for patients with long term conditions was available to contact nurses for advice and support.

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 293 patients as carers (3% of the practice list). 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 and offered 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. The practice palliative care audit from 2015/2016 showed that 94% of families were contacted by the practice to offer condolences and 97% of families received bereavement support.

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.

- The practice offered extended opening hours on a Monday evening until 8.45pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- The practice had produced letters with yellow backgrounds for those patients with impaired vision.
- Homeless people were encouraged to register at the practice and use the local Salvation Army address as their address to allow the practice to register them and contact them when needed.
- The practice had developed easy to read invitation letters for patients with a learning disability to invite them for review.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- 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.
- The practice was located on the first floor and was accessible by a ramp from the street below, and there was a lift and staircase from the ground floor.
- The nursing team offered a 'one stop shop' approach which meant patients were cared for holistically. Rather than managing conditions separately nurses focussed on the needs of the patients and where possible dealt with their needs in one appointment.
- We saw evidence of good working relationships with other health care services within the same building and

beyond. One patient commented that a nurse had noticed their mother walking differently and immediately arranged an x-ray within the health centre and results to be checked that day.

- A breathlessness clinic at the practice meant that patients complaining of shortness of breath were assessed using ECG, spirometry, blood test, blood pressure check and chest x-ray. The information was used by a GP to establish a diagnosis and to assess future management of the condition.
- HIV screening was available to all new patients and offered to all practice patients when routine blood tests were conducted.
- Patients were offered an insulin initiation and follow up telephone advice service which was run by a practice nurse and supported by the lead GP. This meant that only the most complex patients needed to be referred to the hospital services for diabetic patients.
- The practice participated in a number of meetings in the wider community including monthly meetings with the CCG, LGBT (Lesbian, Gay, Bi-sexual, Transgender) forum meeting and with the local hospice. The practice had a good awareness and understanding of the needs of their practice population and tailored the services they offered accordingly.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered until 8.45pm each Monday. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for people that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 78% of patients stated the last time they wanted to see or speak to a GP or nurse they were able to get an appointment compared to the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

The GP contacted the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation of the visit according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We saw that a patient complaints procedure was available to help patients understand the complaints system. However this leaflet required updating to include up to date information relating to support organisations and did not state the role of the commissioner regarding complaints.

We looked at complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and treated with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and practice leaflet. Staff knew and understood the values.
- The practice had 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.
- Practice specific policies were available to all staff. However, these were not always being followed. For example, the infection control policy stated that all staff should have annual training but the practice confirmed that this did not occur. The vaccine storage protocol stated that a nurse was responsible for the temperature checks of the fridge however this task was conducted by the HCA. Some policies were not dated so it was unclear when they should be reviewed. We found evidence that some policies contained out of date information.
- 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 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 told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support 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. The only documented team meetings were GP meetings which were held weekly. We were told that meetings involving other practice staff such as nurses were held however these were not documented. No formal full team meetings were held and information was disseminated informally. Staff told us they were given relevant information regarding significant events, complaints and other important updates however this was not formally recorded which meant staff who were unable to attend these meetings may not have received important information.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us they 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

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) which had formed in 2011, and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had recently held an 'ideas and issues forum' and encouraged patients to tell them what they thought about the practice. As a result of this the volume on the patient call screen was increased. Feedback from the PPG had also led to the practice introducing letters on yellow paper for patients with a visual impairment.

- The practice had gathered feedback from staff through informal staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- The practice had developed a standardised feedback questionnaire which was given to all medical students leaving the practice. We saw the feedback from students was consistently positive and described the supportive nature of mentors and the rest of the staff team.
- Following the inspection the practice held a significant event meeting based on the initial feedback from the inspection team. The practice took action and planned to improve areas where issues were identified. For example, the practice aimed to review all policies and procedures prior to the publication of the report. Also infection control training was accessed for practice nurses and online training was sourced.

Continuous improvement

There was a 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.