

Hope Citadel Healthcare Community Interest Company

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hope Citadel Healthcare Community Interest Company on 5 April 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and patients who had difficulties understanding were encouraged to complain verbally and were supported in the process.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- All staff employed by the practice had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

Summary of findings

- Locally the practice is known as Middleton Health Centre and is part of a larger not for profit organisation called Hope Citadel Healthcare.

We saw several areas of outstanding practice including:

- The practice had increased the flexibility and length of its appointments to 13 minutes instead of 10 and could demonstrate the impact of this by reduced use of the accident and emergency services and positive results from clinical audits.
- The practice had a good skill mix of staff which included a nurse prescriber, counsellors and focussed care workers who organised a wide variety of health and social care related support in order to manage and improve the health and lives of patients in need of this. They were able to demonstrate the positive impact for this group of patients. For example some patients asked to speak to us and told us of their different personal experiences of how the practice had made a positive difference to their lives. These examples resulted in a reduction of inappropriate attendance at other services such as accident and emergency. We also saw evidence, through audit, of households becoming substance free and 65% of patients had better compliance with their medication.
- The focussed care team organised social activities such as weekly coffee mornings and craft classes for female patients, open days and boogie babies. They did this to build relationships with the patient population, reduce social isolation, help patients learn new skills whilst keeping informal contact with the practice and reduce inappropriate attendance at other acute services such as walk in centres or accident and emergency departments. Audit showed that families accessing focussed care presented 57% less often in the year following the support provided.
- All staff undertook 360 degree feedback and appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses to enhance individual development and skills for the benefit of patients.

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 assessed and well managed.
- All staff employed were offered immunisation against Hepatitis B.
- All staff employed had received a disclosure and barring service check.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. The practice had piloted working with family teams looking at troubled families “What can we learn from Rotherham?”, which meant looking at the child abuse scandal in Rotherham and learning lessons from that.
- The practice reduced inappropriate use of accident and emergency departments by increasing the length of appointment from 10 minutes to 13 minutes.

Summary of findings

- We saw evidence of a dramatic reduction in A&E attendance due to the focussed care worker who organised a wide variety of health and social care related support in order to manage and improve the health and lives of patients in need of this.
- Over a 12 month period the focussed care team saw a 10% decrease in patients identified as having some level of mental health problem.

Are services caring?

The practice is rated as outstanding for providing caring services. Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently positive.

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- The practice held a register of patients receiving focussed care. All patients on this register had personalised health and social care plans.
- We spoke to patients who gave examples of how the practice had made a positive difference to their lives.
- The practice provided food parcels to patients in need.
- Views of external stakeholders were very positive and aligned with our findings.

Outstanding



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- There were innovative approaches to providing integrated patient-centred care. The practice staff included counsellors and focussed care workers who provided social and medical care to its patients in need of this support.
- The practice organised social activities such as weekly coffee mornings and craft classes for female patients, open days, boogie babies and food parcels for patients in need.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a

Outstanding



Summary of findings

consequence of feedback from patients and from the patient participation group. For example the practice were due to start a trial of open access appointments each morning in response to patient feedback.

- Patients could access appointments and services in a way and at a time that suited them.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff and patients represented by the PPG.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- A counsellor regularly attended the practice to offer pastoral care to the GPs and staff.
- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group which influenced practice development.
- New GPs in the practice had an early appraisal as part of their induction process.
- All GPs and staff took part in 360 degree feedback as part of the appraisal process.

Outstanding



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 outstanding for the care of older people.

- Clinical staff were educated and mindful about polypharmacy issues including possible interactions, compliance issues and national guidelines. They worked closely with pharmacies, encouraging dosette boxes where required to reduce error. (Polypharmacy is the use of multiple medicines).
- Hampers were arranged by the staff for those patients in need of them and the practice worked closely with Age Concern and social care services.
- All elderly patients were offered double appointments if required.
- 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 planned and unplanned home visits and urgent appointments for those with enhanced needs.
- Patients aged over 75 had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with the relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice embraced the Gold Standards Framework for end of life care. This included supporting patients' choice to receive end of life care at home.

Outstanding



People with long term conditions

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

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All the GPs in the practice were developing their roles to include a special interest with the aim of reducing referrals into other services.
- Longer appointments and home visits were available when needed.

Outstanding



Summary of findings

- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- The practice organised social activities such as weekly coffee mornings and craft classes for female patients, open days, boogie babies and food parcels for patients in need. They did this to build relationships with the patient population, reduce social isolation, learn new skills whilst keeping informal contact with the practice and reduce inappropriate attendance at other services such as walk in centres or accident and emergency departments.
- Care plans were in place for complex families and the practice worked closely with other agencies to resolve issues such as substance abuse, housing, relationship and mental health. The practice were able to evidence positive outcomes for this group of patients.
- 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.
- 82% of women aged between 25 and 64 had in their notes recorded that a cervical screening test had been performed in the preceding five years which was the same as the national average.
- 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.
- Same day appointments were available for children under the age of 12.
- The practice welcomed breast feeding mothers by offering them a dedicated area for this.

Outstanding



Summary of findings

Working age people (including those recently retired and students)

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

- The focussed care worker, employed by the practice, assisted families with housing issues and the completion of documentation. The practice provided evidence to show that 53% of housing problems were resolved after working with the focused care worker.
- Patients with difficulty reading and/or writing were encouraged to provide feedback, complaints and comments verbally and these were all logged and dealt with.
- 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 offered extended hours every Monday and Thursday evenings until 8pm and Saturday mornings until 12.30pm.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered “RU Clear” screening which is a confidential sexual health screening service and included emergency contraception.

Outstanding



People whose circumstances may make them vulnerable

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

- The practice staff included a focussed care worker who provided social and medical care to its patients in need of this support. The practice were able to provide evidence that a number of households had become substance free and that they had assisted women leaving domestic violence situations. Some patients who had received this care spoke with us and told us of their experiences of the support given to them and the dramatic difference it had made to their lives.
- The practice held a register of patients living in vulnerable circumstances including homeless people, military veterans, refugees, travellers and those with a learning disability.
- Patients of no fixed abode were able to use the surgery address to register with the practice.

Outstanding



Summary of findings

- The practice offered longer appointments for patients with a learning disability. For patients attending the focussed care worker, joint appointments with a learning disability practitioner were also offered.
- 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.

People experiencing poor mental health (including people with dementia)

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

- The practice offered counselling and CBT services and had good links with mental health services and crisis teams.
- Staff were trained to recognise mental health presentations and enable access to support services.
- Patients with mental health issues had care plans and where required access to drug and alcohol services within the practice.
- The practice was the lowest prescriber of benzodiazepines in the Heywood, Middleton and Rochdale CCG.
- The practice was able to provide evidence that the number of patients on the focussed care list with mental health issues had reduced by 10% after working with the focussed care worker and counsellor.
- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months which was above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Outstanding



Summary of findings

- The practice carried out advance care planning for patients with dementia and patients were offered and receiving services available to them such as referrals to memory clinics for assessment and care.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 and results showed the practice was performing in line with or above local and national averages. 394 survey forms were distributed and 85 were returned. This was a return rate of 22% and represented 3% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% 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%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% 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 42 comment cards which were all positive about the standard of care received. Some patients stated that they felt "it is unfair that registered patients do not have access to the full walk in service". This is a walk in service run by Hope Citadel at Middleton Health Centre and not available to patients registered with the GP practice.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some patients gave examples of the care and support offered by the practice in its focussed approach.

Outstanding practice

- The practice had increased the flexibility and length of its appointments to 13 minutes instead of 10 and could demonstrate the impact of this by reduced use of the accident and emergency services and positive results from clinical audits.
- The practice had a good skill mix of staff which included a nurse prescriber, counsellors and focussed care workers who organised a wide variety of health and social care related support in order to manage and improve the health and lives of patients in need of this. They were able to demonstrate the positive impact for this group of patients. For example some patients asked to speak to us and told us of their different personal experiences of how the practice had made a positive difference to their lives. These examples resulted in a reduction of inappropriate attendance at other services such as accident and emergency. We also saw evidence, through audit, of households becoming substance free and 65% of patients had better compliance with their medication.
- The focussed care team organised social activities such as weekly coffee mornings and craft classes for female patients, open days, boogie babies. They did this to build relationships with the patient population, reduce social isolation, help patients learn new skills whilst keeping informal contact with the practice and reduce inappropriate attendance at other acute services such as walk in centres or accident and emergency departments. Audit showed that families accessing focussed care presented 57% less often in the year following the support provided.
- All staff undertook 360 degree feedback and appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses to enhance individual development and skills for the benefit of patients.

Hope Citadel Healthcare Community Interest Company

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Hope Citadel Healthcare Community Interest Company

Middleton Health Centre is one of four GP practices in Greater Manchester run by Hope Citadel Healthcare CIC. Hope Citadel Healthcare CIC was set up with the aim of providing NHS services to those in under-doctored and deprived areas. They are a not for profit community interest company and offer whole person healthcare which they refer to as 'focussed care'.

They have been commissioned by the Clinical Commissioning Group (CCG) under an Alternative Provider Medical Services (APMS) contract. This enables them to deliver services through a wide range of providers specifically tailored to the needs of the local population. The practice work with their in-house counsellors, focussed care workers and external organisations such as the local council and social care to help with health and social care issues within the community.

The practice provides primary medical services in Middleton near Manchester from Monday to Friday. The practice is open between 8am and 7pm Monday to Friday. The first appointment of the day is 8am and the last appointment is 6.15pm Monday to Friday.

Middleton Health Centre is situated within the geographical area of Heywood, Middleton and Rochdale Commissioning Group (CCG) and is responsible for providing care to 2924 registered patients.

The practice consists of three male GPs and four female GPs, practice nurses, counsellor, focussed care worker and a health care assistant. The practice is supported by a practice manager and an administration and reception team.

When the practice is closed patients were directed to the out of hour's service.

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.

Detailed findings

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 5 April 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager, counsellor and focussed care worker and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. All staff were encouraged to report anything that they considered to be significant. The staff we spoke to were very aware of their responsibilities to raise anything out of the ordinary.

- 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 evidence that lessons were shared and action was taken to improve safety in the practice. For example, a recent incident referred to items that had been used from the emergency trolley but not documented on the appropriate form and this had been shared and learned from.

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 protection or child safeguarding level 3.

- 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five 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.

Are services safe?

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 and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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.
- The practice had a focussed care approach and undertook intensive needs assessments on patients, specifically those in crisis and provided the health, social and welfare support rather than signposting to other services. Data showed that this service reduced attendance at A&E departments and other welfare and counselling services.

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 97% of the total number of points available with an exception rate of 12%, the average exception rate for the CCG was 5% and the national average 9%

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was above the national average. For example the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 92% with an exception rate of 9% compared to the CCG average of 89% and an exception rate of 6% and national average of 88% and exception rate of 8%.
- Performance for mental health related indicators was above the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and

other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% with an exception rate of 12.5% which was better than the CCG and national averages of 88% both with an average exception rate of 12.6%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example the practice had undertaken a focussed care audit where presenting problems were identified and monitored over a period of time. From the information gathered a list of possible interactions was produced and interventions and referrals into other services and agencies were tracked for each household. This information was used to improve the patient lifestyle, educate the patient and give them an understanding of how to access services which helped them to help themselves.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings from a recent audit were used by the practice to improve services. For example, action taken as a result included appointing a diabetes lead and offering education sessions to other clinicians with the aim of improving patients outcomes when taking glucose lowering drugs and lipid modifying drugs.

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 including chaperone, safeguarding and customer care. All staff were trained in all aspects of the administration and reception duties.
- 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



Are services effective?

(for example, treatment is effective)

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. GPs and staff were encouraged to train and develop in other areas such as each GP developing a special interest in clinical areas with the aim of reducing referrals and one of the administration team training and becoming a Health Care Assistant.
- All staff undertook 360 degree feedback as part of the appraisal process.
- 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.

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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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, drug and alcohol cessation. These patients were referred within the practice to the focussed care worker and/or the counsellor.
- Weight management and smoking cessation advice was available from the practice.

The practice's uptake for the cervical screening programme was 82%, which was higher than the national average of 74%. 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 abdominal aortic aneurysm, 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 national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 97% and five year olds from 84% to 98%.



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

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 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average or the same as its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 93% 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%.

- 95% 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 85% 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.

Personalised care plans were in place for complex families receiving focussed care. The care provided by the practice was holistic and took account of public health determinants such as employment or housing status which affected physical and mental health.

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 above local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 88% 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%.
- 95% 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.

Patient and carer support to cope emotionally with care and treatment



Are services caring?

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 83 patients as carers (3% of the practice list). Carers packs were offered to carers which included information available to direct carers to the various avenues of support accessible to them. Flu

vaccinations and health checks were also offered to carers. The practice worked closely with the local hospices and were able to offer respite care by referring into the hospices.

Staff told us that if families had suffered bereavement, their usual GP contacted 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.

- The practice were open Monday to Friday with appointments between 8am and 6.15pm.
- The practice offered emergency appointments on bank holidays for patients that needed them on the day.
- There were longer appointments available for patients with a learning disability.
- Appointments had been increased from 10 minutes to 13 minutes, double appointments were given to patients on the focussed care list and telephone consultations were available for patients that required them.
- The practice provided counsellors and focussed care workers which was in response to the very significant social deprivation. The practice realised that they had to work on the social determinants of health first before patients could engage with the more traditional primary care services.
- The practice organised social activities such as weekly coffee mornings and craft classes for female patients, open days, boogie babies and food parcels for patients in need. They did this to build relationships with the patient population, reduce social isolation, help patients learn new skills whilst keeping informal contact with the practice and reduce inappropriate attendance at other services such as walk in centres or accident and emergency departments. 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, a hearing loop and translation services available.
- The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the

patient participation group (PPG). The group asked for more information about services to be available in the waiting room and the practice responded by introducing noticeboards and a television screen. A sexual health drop in clinic was also introduced so that local young people could have access to contraception and advice.

Access to the service

The practice was open between 8am and 7pm Monday to Friday. Appointments were from 8am to 6.30pm daily. 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.

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

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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.

This was determined by a GP during a telephone triage. 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.

Hope Citadel ran a Walk In service based at Middleton Health Centre. Patients registered with the practice told us that they were unhappy that they were unable to access this service during Monday to Friday, except for children under the age of two years. The practice were unable to change this situation as it was a stipulation in their contract with NHS England.

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, in leaflets and posters in the waiting areas, to help patients understand the complaints system

We looked at 10 complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way with openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends. The common complaint was that patients were unable to attend the walk in service provided by Hope Citadel Healthcare at the same location. The reason for this was that the contract with the NHS England stipulated this as they wanted to encourage attendance at their own GP service and encourage continuity of care.

Are services well-led?

Outstanding



(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 throughout the surgery and staff knew and understood the values.
- The practice had a robust 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

There was a clear leadership structure with named members of staff in lead roles. There was a board of directors with overall management of the company and a board of non-executive voluntary directors who helped to lead and mentor the practice staff. There were leads within the practice for infection control, safeguarding, dementia, focussed care and chronic disease and staff knew who they were. All the staff we spoke with were clear of their responsibilities to maintain patient care. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns

- Staff told us the practice held regular team meetings.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- GPs and staff were encouraged to take up the pastoral support offered to them.

Staff said they felt respected, valued and supported, particularly by the GPs and management in the practice. All staff were involved in discussions about how to run and develop the practice, and management encouraged all members of staff to identify opportunities to improve the service delivered by the practice

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 a log of verbal interactions as well as written correspondence.

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

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) and through surveys and complaints received and the Family and Friends test. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had held education events for patients and had more planned for the coming year.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

Are services well-led?

Outstanding



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

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.

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. The practice had introduced the focussed care model of working offering an holistic approach by integrating health, emotional, psychological and socio-economic needs.

The practice had a cycle of improvement and were planning to

- Develop a lead diabetes role and nursing competencies in diabetes and be able to initiate insulin to its diabetic patients.
- Encourage all GPs to develop a special interest in clinical areas with a view to reducing referrals.
- Improve clinician confidence of anticoagulant prescribing and monitoring amongst clinical team by one of the GPs to undertake further training.
- Further review of access and appointments.
- Work towards becoming a training practice starting with FY2 trainees.