Hollymoor Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hollymoor Medical Centre on 30 November 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded. Significant events were investigated and acted on when necessary.
- Risks to patients were assessed and well managed. There were safe systems for prescribing medicines. Clinical staff processes ensured that patients received safe and appropriate care and this was clearly documented.
- Staffing levels were monitored to ensure they matched patients' needs. Safe arrangements were in place for staff recruitment that protected patients from risks of harm. Senior staff were seeking to recruit a second salaried GP.
- Staff had received training appropriate to their roles and any further training had been identified and planned to enhance their skills and patient care.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their treatment. They said they were satisfied with standards of care they received.
- Most patients said they found it easy to make an appointment and there was continuity of care, with all urgent appointment requests accommodated the same day. Some patients told us they sometimes had difficulty in getting through to the practice by telephone and in making appointments.

Summary of findings

- Information about how to make a complaint was readily available and easy to understand. Complaints were dealt with in a timely way and appropriately.
- The practice had good facilities and was well equipped to assess and treat patients.
- There was a clear leadership structure and staff told us they felt well supported by senior staff. Management proactively sought feedback from patients which it acted on. The governance system monitored the quality of practice wide performance. The practice had a written five year forward plan dated September 2016 that took into account the probable future increase of registered patients.

We saw some areas of outstanding practice including:

- Patients who received end of life care were given a bypass telephone number to enable them to get through to the practice immediately.
- The advanced nurse practitioner had a special interest and qualifications in dementia care. The practice had introduced a monthly clinic for patients who had dementia. The service had been well received and had led to many requests for information.

However, there were areas of practice where the provider needs to make improvements.

The provider should:

- Ensure there are effective systems for managing the recall of patients for reviews and other interventions.
- Implement effective systems for the monitoring the actions taken form safety alerts.
- Respond and reply to feedback provided by 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?

Good

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording significant events. Staff knew of the incident reporting system and documentation from incident reports supported this assurance process.
- Risks to patients were assessed and well managed but not regularly monitored to identify trends and whether further actions were needed.
- There were appropriate health and safety arrangements to protect patients when they visited the practice.
- There was an infection control protocol and infection control audits were regularly undertaken to prevent unnecessary infections.
- An NHS pharmacist worked at the practice four days per week. They carried out medicine audits, provided GPs with prescribing guidance and carried out reviews of patients who had repeat prescriptions to check that they were still required.
- There were recruitment policies and procedure in place to ensure patients safety was protected.
- Staffing levels were regularly monitored to ensure there were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines were used routinely when planning patient care.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the national average.
- Patient's needs were assessed and care was planned, delivered and appropriately recorded in line with current legislation.
- Clinical staff carried out patient referrals to non-clinical services such as; Age UK, support for carers, housing needs and exercise groups to improve personal lifestyles.
- Staff had received training appropriate to their role and potential enhanced skills had been recognised and appropriate training planned.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to provide up to date, appropriate and seamless care for patients.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data published July 2016 showed that patients rated the practice in line with others in all aspects of care.
- All patients we spoke with told us they were satisfied with their care and some described the standard of care as high.
- Staff ensured that patients' dignity and privacy were protected and patients we spoke with confirmed this. Patients had their health care needs explained to them and they told us they were involved with decisions about their treatment.
- We saw that staff treated patients with kindness and respect and maintained confidentiality.
- Information for patients about the services available to them was easy to understand and accessible.
- Carers were encouraged to identify themselves. Clinical staff provided them with guidance, signposted them to a range of support groups and ensured their health needs were met.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where identified.
- Most patients told us it was easy to make an appointment and urgent appointments were available the same day. Some patients informed us that it was sometimes difficult to get through to the practice by telephone and difficulty in making appointments. The data published July 2016 showed that the practice was below average for these topics. Senior staff told us they were aware of the problem and were making improvements.
- The practice provided enhanced services. For example, assessment and early diagnosis of dementia and arrangements were made to support these patients.
- Patients who received end of life care were given a bypass telephone number to enable them to get through to the practice immediately.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand. Evidence showed that senior staff responded quickly and appropriately when issues were raised.

Are services well-led?

Good

The practice is rated as good for providing well-led services.

- Senior staff had developed a five year forward plan dated September 2016. It included a proposal to accommodate the probable increase in the number of registered patients, investing in staff training and collaborating with other provider in sharing patient care.
- Staff were clear about the vision and their responsibilities in relation to this.
- There was a distinct leadership structure and staff were well supported by management.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- There were policies and procedures to govern activity and these were accessible to all staff.
- There was a strong focus on transparency between staff, continuous learning, utilising the knowledge and skills that clinical staff possessed and improvement at all staff 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

Good

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

- The advanced nurse practitioner had special responsibility for the care of older patients. They offered proactive, personalised care to meet the needs of older patients. Care plans were personalised so that they met individual patients' needs.
- The advanced nurse practitioner held monthly meetings with the district nurse to ensure that patients received appropriate and coordinated care.
- Staff kept up to date registers of patients' health conditions and information was held to alert staff if a patient had complex needs.
- Home visits were provided by the advanced nurse practitioner for those who were unable to access the practice.
- Patients with enhanced needs had priority access to appointments.
- Practice staff worked with other agencies and health providers to provide patient support. For example, Age UK.
- Older patients were offered annual health checks and where necessary, care, treatment and support.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A diabetes specialist nurse was employed by the practice for one session per week. They worked alongside the practice nurses who managed patients with diabetes and saw patients who had complex needs. This system also served to enhance the practice nurses skills. Data for 2014-2015 showed that the percentage of patients with diabetes in whom the last IFCC HbA1c (glucose blood test) was 64mmol/mol or less was 76%; which was comparable with the CCG average of 79% and the national average of 78%.
- Longer appointments and home visits were available when needed.

Summary of findings

- Patients with long-term conditions had structured annual reviews to check that their health and medicine needs were being met. Where necessary reviews were carried out more often. However, some improvements were needed for managing the recall of patients for reviews.
- Clinical staff worked with health care professionals to deliver a multidisciplinary package of care for patients.
- Where necessary patients in this population group had a personalised care plan in place and they were regularly reviewed.

Families, children and young people

Good

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.
- Alerts were put onto the electronic record when safeguarding concerns were raised.
- There was regular liaison and meetings with the health visitor to review those children who were considered to be at risk of harm.
- All children up to the age of 12 years were triaged and if necessary seen the same day.
- Patients and their children told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- A GP offered daily appointments for sexual health.
- Pre-bookable appointments were available outside of school hours from 7am each weekday.
- Childhood vaccinations were in line with the local and national averages.
- Data for 2015-2016 informed us that the cervical screening rate was in line with local and national averages and breast screening was 77% which was above average.

Working age people (including those recently retired and students)

Good

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

- Extended hours were available and telephone consultations for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.

Summary of findings

- Online services were available for booking appointments and ordering repeat prescriptions.
- Health promotion advice was available and there was a full range of health promotion material available in the practice. The practice website gave advice to patients about how to treat minor ailments without the need to be seen by a GP.
- Clinical staff held weekly smoking cessation clinics. External professionals held weekly substance misuse clinics at the practice with a GP in attendance.
- Staff actively encouraged patients to attend for health screening, such as, breast and bowel cancer.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability.
- Health reviews of patients who had a learning disability took place in their own home to reduce their anxiety. There was a high number of patients who had a learning disability and all had received their health check during 2014 to 2015.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- There was a process in place to signpost vulnerable patients to additional support services.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children.
- The practice had identified 2% of their patients as carers and maintained a register. Clinical staff offered them guidance, signposted them to support groups and offered them the influenza vaccination each year.

People experiencing poor mental health (including people with dementia)

Good

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

- Patients who experienced poor mental health were offered an annual physical health check.
- Data for 2014-2015 showed that 93% of patients who experienced poor mental health had agreed care plans in place;

Summary of findings

- GPs carried out assessments of patients who experienced memory loss in order to capture early diagnosis of dementia. This enabled staff to put a care package in place that provided health and social care support systems to promote patients well-being.
- In August 2016 the advanced nurse practitioner had commenced a monthly clinic for patients who had dementia. They told us this had been well received by patients.
- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experienced poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Referrals to other health care professionals were made when necessary such as mental well-being support.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed how the practice was performing in comparison with local and national averages. A total of 280 surveys had been distributed and there had been 118 responses, this equated to a 42% response rate and 1% of the practice total population.

- 52% of patients said they found it easy to get through to this surgery by telephone compared with the CCG average of 69% and the national average of 73%.
- 77% of patients said they found the receptionists at this surgery helpful compared with the CCG average of 86% and the national average of 87%.
- 88% of patients said last time they spoke with a GP they were good at giving them enough time compared with the CCG average of 86% and the national average of 87%.
- 95% of patients said the last appointment they got was convenient compared with the CCG average of 90% and the national average of 92%.
- 42% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

We asked senior staff about the lower than average results regarding helpfulness of receptionists and their experience of getting through to the practice by telephone. The practice manager told us that they were aware of the problem and that arrangements were being made to make improvements. This involved the conversion of a room and an extra telephone line and computer had been installed. They said that two reception staff had requested extra hours that could be used to open the extra telephone line.

During our inspection we spoke with six patients and they all said that they did not wait long from their appointment time to when they were seen.

All patients we spoke with described their care as good or excellent. One of those patients told us it was sometimes difficult to get through by telephone and to make an appointment.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards all were positive about the standard of care they received. Six patients said that it was difficult to make an appointment and one reported that they had difficulty getting through by telephone and making an appointment.

We also spoke with 11 members of the Patient Participation Group (PPG) who were also registered patients. A PPG are a group of patients registered with a practice who work with the practice via email to improve services and the quality of care. They told us they were very satisfied with the care they received.

Areas for improvement

Action the service SHOULD take to improve

- Ensure there are effective systems for managing the recall of patients for reviews and other interventions.
- Implement effective systems for the monitoring the actions taken form safety alerts.
- Respond and reply to feedback provided by patients.

Outstanding practice

- Patients who received end of life care were given a bypass telephone number to enable them to get through to the practice immediately.
- The advanced nurse practitioner had a special interest and qualifications in dementia care. The

practice had introduced a monthly clinic for patients who had dementia. The service had been well received and had led to many requests for information.

Hollymoor Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, specialist advisor.

Background to Hollymoor Medical Centre

Hollymoor Medical Centre is located in Northfield suburb of Birmingham. The practice holds a General Medical Services (GMS) contract, a nationally agreed contract commissioned by NHS England. There are 8,853 registered patients.

There is a higher than average proportion of patients of both sexes from new-born to 4 years old, female patients aged between 30 and 34 years and slightly higher than average females aged 85 or more registered with the practice.

The practice is managed by five GP partners (one male, four female) and they are supported by one experienced salaried GP. The practice employs two practice nurses who carry out reviews of patients who have long term conditions such as asthma and hypertension. They also provide cervical screening and contraceptive services. A third practice nurse is employed as a specialist in diabetes and provides a weekly clinic for patients who have complex needs. There are two health care assistants (HCAs) who carry out duties such as, phlebotomy (taking blood for testing), health checks and vaccinations. There is a practice manager, an office manager, a deputy office manager, a quality and targets continuity manager, three senior receptionists, six receptionists and two secretaries.

The practice employs an advanced nurse practitioner who provides care for older patients including home visits. They also carry out weekly visits to two care homes. In total the advanced nurse practitioner cares for 1962 patients who are 60 years of age or more. In August 2016 the advanced nurse practitioner established a monthly clinic for patients with dementia.

Weekly clinics are held for substance misuse by external professionals. These are supported by lead a GP from the practice.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, joint injections and vaccinations.

There is a large dedicated parking area for patients including disabled spaces. The premises are step free and suitable for access by wheelchair users. There is a toilet that is adapted for use by people who have restricted mobility. The premises include a lift for use by those who have restricted mobility. There are eight consulting rooms and a minor surgery suite.

The practice is a designated training practice for trainee GPs. These are qualified doctors who are learning the role of a GP.

The practice is open from 7am until 6.30pm every weekday with the exception of Wednesdays when the practice closes at 1pm.

Appointments times vary between GPs:

- From 7am until 12pm on a GP rota basis and from 8am until 12.30pm.
- From 1.30pm until 4.30pm and from 3pm until 6pm.
- Requests for home visits may be contacted by telephone to enable GPs to prioritise which patients should be visited first.

Detailed findings

The practice has opted out of providing GP services to patients out of hours. During these times GP services are provided by South Doc. When the practice is closed, there is a recorded message giving out of hours' details. The practice leaflet includes contact information and there are out of hours' leaflets in the waiting area for patients to take away with them. Information was also on the practice website.

Why we carried out this inspection

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

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

How we carried out this inspection

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

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

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

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

Before the inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 30 November 2016. During our inspection we spoke with a range of staff including five GP partners, a salaried GP, the clinical pharmacist, the advanced nurse practitioner, a practice nurse and a health care assistant (HCA). We also spoke with the practice manager, the office manager, and a receptionist. We spoke with six patients and 11 Patient Participation Group (PPG) members who were also registered patients. We observed how people were talked with and reviewed the personal care or treatment records of patients. We reviewed 32 comment cards where patients shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

The practice demonstrated an effective system for reporting and recording significant events and we saw examples which had been reported, recorded and shared with some staff.

- 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. Staff were aware of the requirements within the Duty of Candour and clinical staff encouraged openness and honesty. We saw an example where this had been complied with when communicating with a patient.
- There had been nine significant events recorded during 2015. The practice carried out a thorough investigation of the significant events and took appropriate action when necessary. These had been reviewed regularly and shared with relevant staff to identify trends or if further action was required.
- When there were unintended or unexpected safety incidents, patients received reasonable support, clear information, a verbal and written apology and were told about any actions taken.
- Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and provided an accurate overview of safety.
- Patient safety alerts were sent to all relevant staff and if necessary actions were taken in accordance with the alerts such as; individual reviews of patients who may have been prescribed a particular medicine. We saw that prescribing changes had been made where necessary following an alert to protect patients from inappropriate treatment. Whilst these were circulated with relevant staff there was no system to routinely monitor them to identify whether further actions were required.
- We reviewed safety records and incident reports and saw that appropriate actions had been taken to minimise risks to patients. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, an injection had been administered at an inappropriate time for the patient. A written protocol was developed and cascaded to all staff to prevent a recurrence.

Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding, health and safety and medicines management. That included:

- Arrangements for safeguarding adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating allegations. There was a lead member of staff for safeguarding and all GPs had received appropriate (level three) training. All other staff had received training that was appropriate to their role. GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities in relation to safeguarding processes. We saw documentation which confirmed that appropriate action had been taken.
- A notice was displayed in the waiting room and in each consulting room advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone a disclosure and barring check (DBS). (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). Only clinical staff were permitted to act as chaperones. Staff we spoke with demonstrated that they would carry out the role appropriately.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The lead nurse followed by the acting practice manager were the infection control leads and liaised with the local infection prevention teams to keep up to date with best practice. All staff had received training in infection control and regular refresher training to keep them updated. There was an infection control protocol for staff to follow. An infection control

audit was carried out annually; we saw that any actions identified had been addressed. The latest audit was dated November 2016. Patients informed us that clinical staff washed their hands and wore personal protective equipment (PPE) prior to commencing procedures.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Patients who received high risk medicines were monitored at recommended intervals by blood test results and health reviews to check that the medicine dosage remained appropriate. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice also had Patient Specific Directives (PSDs) that permitted health care assistants (HCAs) to administer medicines by injection and vaccinations.
- Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Practice staff had access to written policies and procedures in respect of safe management of medicines and prescribing practices. When hospitals requested a change to a patient's prescription, the changes were checked by a GP for accuracy before the prescription was issued to the patient.
- A clinical pharmacist worked at the practice four days per week. They carried out a range of audits, gave GPs guidance to promote appropriate prescribing and reviews of patients who were receiving repeat medicines.
- We reviewed three personnel files including the latest recruit and found that 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 DBS checks. We saw that appropriate checks were carried out when the practice used locum GPs and that a role specific induction was provided.
- There were systems in place to ensure test results were received for all samples sent for analysis and the practice followed up patients who were referred as a result of abnormal results.

Monitoring risks to patients

- There were procedures for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. There were up to date fire safety risk assessments, staff carried out regular fire drills and weekly fire alarm testing.
- 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 (COSHH), clinical waste and legionella. (Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.)
- Staff told us the practice was well equipped. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated in accordance with the supplier's instructions.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Non-clinical staff absences were covered by other staff re-arranging shifts or working extra shifts. GPs were covered by any of three locum GPs who were familiar with the practice. Senior staff were seeking to recruit another salaried GP to promote continuity of care.

Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training. There were appropriate emergency medicines available in the treatment room including those required to treat patients if they had adverse effects following minor surgery.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.
- 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. A copy of this was kept off site for eventualities such as; loss of computer and essential utilities.

Good

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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (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 sample checks of patient records.
- The practice had an enhanced service for patients who presented with memory problems. This helped to ensure timely diagnosis of dementia and appropriate support plans.
- Patients who had an unplanned hospital admission were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission.
- Regular multidisciplinary meetings were held where very ill patients were discussed and their care need reviewed to promote coordinated care and treatment. The community nursing team and a representative from the local hospice attended the meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 practice's overall QOF achievement for 2014-2015 was 95%.

The practice's total exception rate was 7%; which was 2% below the clinical commissioning group (CCG) and 3% below the national average. Exception reporting is the exclusion of patients from the list who meet specific criteria. For example, patients who choose not to engage in screening processes or accept prescribed medicines.

QOF data published in October 2015 showed the practice was performing in line with CCG and national averages during 2014-2015;

- The review rate for atrial fibrillation (irregular heart beat) was 97% which was comparable with the CCG average of 98% and the national average of 97%. The practice exception reporting rate was 9% compared with 7% for the CCG and 6% nationally.
- The review rate for patients who experienced poor mental health who had agreed care plans was 93% which was comparable with the CCG average of 89% and the national average of 88%. The practice exception rating was 7% compared with the CCG average of 11% and the national average of 13%.
- Performance for chronic obstructive airways disease (COPD) related indicators was 78% the CCG average was 87% and the national average 90%. The practice exception reporting rate was 18% compared with 12% for the CCG and 11% nationally.
- Performance for dementia patients who had an agreed care plan was 86% which was comparable with the CCG average of 82% and the national average of 84%. The practice exception rating was 4% compared with the CCG average of 7% and the national average of 7%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90 mm Hg or less was 83% which was comparable with the CCG average of 83% and the national average of 84%. The practice exception reporting rate was 2% compared with the CCG average of 4% and the national average of 4%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c (glucose blood test) is 64mmol/mol or less in the preceding 12 months (01/04/2014-31/03/2015) was 76% which was comparable with the CCG average of 79% and the national average of 78%. The practice exception reporting rate was 2%; compared with the CCG of 10% and 12% national average.

We asked the practice manager why the results for COPD were significantly lower than average. They told us that there was a high failure to attend rate of those patients. They said they were aware of the problem and a plan of

Good

Are services effective?

(for example, treatment is effective)

action had been put into place. It involved monthly searches, contacting patients and requesting they attend a review, increased capacity for reviews and the introduction of new appointment slots for the two lead GPs.

There was evidence of quality improvement including clinical audits. They included:

- An audit dated 2015 regarding the management of gout had been repeated in August 2016. This demonstrated that effective changes had been made to patient care.
- Another audit concerned the review rate of patients following obesity surgery. As a result staff contacted patients to invite them for a review, where this had not been done.
- An audit regarding use of antibiotics was dated November 2016 and the results were noted as unacceptable. An action plan was developed that included monthly audits of antibiotic prescribing with the results discussed with all partners and the clinical pharmacist. A template was developed for management of sore throat symptoms that included an evidenced based strategy for prescribing.
- On-going audits regarding GP prescribing were carried out by the pharmacist and changes were recommended where necessary.
- We saw that there were inconsistencies in how patients, who needed to be reviewed, were recalled including poor use of available technology.

Effective staffing

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

- The practice had an induction programme for newly appointed staff that was role specific. This included a dedicated induction for locum GPs. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, policies and procedures and confidentiality.
- The practice had a training programme in place designed to enhance specific skills. For example, the advanced nurse practitioner was undertaking a masters' degree and a health care assistant (HCA) told they had requested and it had been organised for them to attend an update course on suture and clip removal, which is a type of surgical procedure.
- The learning needs of staff were identified through a system of 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 on-going support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. They told us they could ask for additional support at any time. All staff had received an appraisal within the last 12 months.
- The practice held regular protected learning time when all staff discussed clinical issues, safeguarding, patient care, operational matters and training. Senior staff invited speakers to these events to talk about specific health conditions to enhance their knowledge and skills.

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.
- Patients who had complex needs had care plans and these were regularly updated. The assessments and care planning included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that these patients were discussed during the multi-disciplinary team meetings.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. All GPs had received MCA and Deprivation of Liberty Safeguards training. 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.
- GPs we spoke with understood the Gillick competency test. It was used to help assess whether a child had the

maturity to make their own decisions and to understand the implications of those decisions. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- The process for seeking consent was monitored through records and audits to ensure the practice met its responsibilities in respect of legislation and national guidelines. Written consent was obtained before each minor surgery procedure commenced.

Supporting patients to live healthier lives

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

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. All eligible patients who had attended the practice had received advice on obesity and smoking cessation. Patients were signposted to relevant services.
- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.
- The uptake for the cervical screening programme (2015-2016) was 80%, where the CCG average was 80% and the national average 82%. The practice exemption rate was 6% compared with 13% for the CCG average and 7% for the national average.
- Patients who had not attended reviews were contacted and given the opportunity to make an appointment.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening:
- Data showed us that 77% of eligible female patients had attended for breast screening during a 36 month period, where the CCG 69% and the national average 72%.
- Also 51% of eligible patients had undergone bowel screening in the last 30 month period, where the CCG average was 50% and the national average 58%.
- Newly registered patients received health checks. Their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also reviewed to check they were still needed.
- Childhood immunisation rates for the vaccinations given were comparable with the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 97%, the CCG average was 88% to 94% and the national average was 88% to 95%.Practice data for five year olds was from 84% to 96%, the CCG average was 83% to 96% and the national average was 82% to 95%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and the NHS health checks for patients aged 40–74 years. The practice had carried out 327 health checks during the last 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice had a quarterly newsletter. It provided information about influenza vaccinations, the dementia clinic, shingles vaccinations and the appointments system.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients and treated them with dignity and respect. This included face to face contact and on the telephone.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consulting and treatment room doors were closed during consultations.
- Reception staff told us they responded when patients wanted to discuss sensitive issues or appeared distressed by offering them a private room to discuss their needs.
- The 11patients we spoke with who were members of the Patient Participation Group (PPG) were complimentary about the way in which all staff communicated with them.
- All of the 32 patient comment cards we received were positive about the service they received. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.
- The seven patients we spoke with described their care as good or excellent.

Results from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 82% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 92% of patients said the nurse was good at listening to them compared to the CCG average of 89% and national average of 91%.
- 90% of patients said the nurse gave them enough time compared to the CCG average of 89% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 96% and national average of 97%.
- 90% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published July 2016 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:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.

Good

Are services caring?

- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

We saw a range of health promotion advice and information leaflets about long term conditions in the waiting area that provided patients with details of support services.

Staff told us that translation services were available for patients who did not have English as their first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations including a bereavement service. Following a bereavement a GP contacted the family/carer and offered them support and if necessary referral to a counselling service.

The practice's computer system alerted GPs if a patient was also a carer. There were 172 carers on the register which equated to 2% of registered patients. There was a notice board and the practice leaflet asked patients to identify themselves if they were carers. Clinical staff signposted carers to various support groups and offered them annual influenza vaccinations.

Good

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.

- Providing they were urgent; all patients who requested same day appointments were seen by the duty GP.
- There were longer appointments available for people with a learning disability and patients with other long-term conditions.
- Seriously ill patients were provided with a by-pass phone number so that their calls were answered as a priority.
- There were extended hours available to improve patient access.
- Home visits were triaged to enable GPs to prioritise them.
- Patients who were at risk of unplanned admission to hospital were closely monitored.
- Practice nurses had received specialist training and saw patients with a range of conditions such as; wound care, asthma and smoking cessation.The practice employed a diabetes nurse specialist who held weekly clinics for those patients with complex needs.
- The advanced nurse practitioner made weekly visits to the two assigned care homes and was the first point of contact by the homes staff. Designated GPs made monthly visits to the two assigned care homes and liaised with the advanced nurse practitioner.
- A GP provided shared care to the weekly substance misuse clinic that was hosted weekly at the practice.
- The advanced nurse practitioner was responsible for the care of older patients. This included home visits to those patients who were unable to get to the practice. Care plans had been developed for patients who needed them. The advanced nurse practitioner held monthly meetings with the district nurse to help ensure patients received joined up care.
- The advanced nurse practitioner had a special interest in dementia care. In August 2016 they introduced a monthly clinic for patients who had dementia. The advanced nurse practitioner told us that the service had been well received and had led to many requests for information.
- The practice employed a specialist who reviewed records to ensure that appropriate patient coding was applied. This helped to ensure that patients were reviewed correctly.
- There was step free access to the premises and facilities for patients with a disability.

Access to the service

The practice was open from 7am until 6.30pm every weekday with the exception of Wednesdays when the practice closed at 1pm.

Appointments times varied between GPs:

- From 7am until 12pm on a GP rota basis and from 8am until 12.30pm
- From 1.30pm until 4.30pm and from 3pm until 6pm.

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.

Routine appointments could be pre-booked up to four weeks in advance in person, online or by telephone. Requests for repeat prescriptions could be made in the same ways.

Results from the national GP patient survey published July 2016 showed the level of patients' satisfaction with how they could access care and treatment. For example:

- 52% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 50% of patients said they were able to get an appointment to see or speak with someone last time they tried compared to the CCG average of 70% and the national average of 76%.
- 51% of patients described their experience of making an appointment as positive compared to the CCG average of 70% and national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 74% reported they were satisfied with the opening hours compared to the CCG average of 77% and national average of 80%.

Of the 32 comment cards we received six patients reported that it was sometimes difficult to get and appointment and one commented that it was difficult to get through by phone. We spoke with six patients and one patient told us they sometimes experienced difficulty in making an appointment.

We asked the practice manager about the lower than average results regarding difficulty in making appointments and phone access to the practice. The practice manager told us that they were aware of the problem and that arrangements were being made to make improvements. They told us that a room had been converted to an office and an extra telephone line and computer had been installed. The practice manager said they had identified two reception staff who were willing to work extra hours for the extra telephone line.

Listening and learning from concerns and complaints

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

- Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information about how to make a complaint was available on the practice's website, in the practice leaflet and in the waiting area.
- There had been nine formal complaints received during 2015. We saw that complaints had been dealt with in an effective and timely way. We saw that complaints were dealt with in a timely way with openness and transparency. Complaints were discussed with staff to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents. Complaints had been reviewed by senior staff for the purpose of identifying trends or whether further action was needed.
- We noted that comments posted in NHS Choices had not been responded to. The practice manager told us they were unable to access them.

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

Senior staff had a vision to deliver quality care and promote positive outcomes for patients. The practice had a written five year forward plan dated September 2016 that took into account the probable future increase of registered patients.

- Clinical staff met regularly with other practices through the Local Medical Council (LMC) meetings to share achievements and to make on-going improvements where possible.
- Senior staff had considered future needs that included the proposed transfer of secondary care services to primary care and how these could best be delivered.
- The proposed new housing scheme (800 nearby homes) had been taken into account and proposals to extend the premises and the number of consulting rooms were being considered by the clinical commissioning group (CCG).

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 staff were aware of their own roles and responsibilities.
- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals disseminated best practice guidelines and other information.
- All staff attended monthly team meetings to discuss operational issues, patient care and how to further develop the practice.
- Practice specific policies were implemented and were available to all staff.
- Staff were seeking to increase the number of permanent GPs through the recruitment of a salaried GP.

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 to help ensure that when things went wrong with care and treatment:

- The practice prioritised safety, on-going service improvements and compassionate care. The partners were visible in the practice and staff told us they were approachable at all times.
- Practice staff gave affected people reasonable support, truthful information and a verbal and written apology.
- Staff kept written records of verbal interactions as well as written correspondence.

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

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

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

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) 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, piped music in communal areas to help ensure that discussions could not be overheard.
- The practice had gathered feedback from staff during one to one discussions, through staff away days and generally from staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, clinical staff had introduced post hospital discharge reviews for all patients aged 75+ years.
- The Friends and Family Test (patient survey led by the CCG) results for November 2016 stated that 48 out of 50 respondents said they would recommend the practice to others. One patient was unsure and another stated they would not recommend the practice. All except one comment were positive about the service patients received. The one negative comment concerned the appointment system.

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. For example, development of the advanced nurse practitioner role for patients who had dementia.

Senior staff were continually considering ways of managing GPs workloads. For example, the increased role of the advanced nurse practitioner and employment of a diabetic nurse specialist had been focussed to support GPs whilst ensuring it did not detract from patient care.