

# Bramhall Health 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bramhall Health Centre on 19 October 2016. Overall the practice is rated as good. 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. Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies in the practice and staff were trained in basic life support.
- Systems were in place to reduce risks to patient safety. For example, infection control practices were good and there were regular checks on the environment. However, some additional checks were required to fire safety and electrical safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Staff had generally been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, not all staff had been provided with safeguarding training.
- Staff felt well supported in their roles and had undergone a regular appraisal of their work.
- Feedback from patients about the care and treatment they received from clinicians was positive overall. Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Improvements had been made to the appointments system in response to feedback from patients. Urgent appointments were available the same day and routine appointments could be booked in advance.

# Summary of findings

- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Complaints had been investigated and responded to in a timely manner.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice provided a range of enhanced services to meet the needs of the local population.
- Carry out a risk assessment with regards to the decision not to carry emergency medicines on home visits.
- Ensure a system is in place for the regular check of equipment carried in GPs' bags.
- Ensure all required health and safety related checks are carried out at appropriate intervals.
- Formalise the process for the induction of non-clinical staff.

Areas where the provider should make improvement are:

- Review the procedures for patient specific directions (PSDs) to ensure they support the safe administration of medicines.
- Ensure the system for managing safety alerts clearly demonstrates the actions taken.

- Review the information provided to patients about the complaints process.

**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



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice.
- Staff were aware of their responsibilities to ensure patients received reasonable support, truthful information, and a written apology when things went wrong. They were told about any actions to improve processes to prevent the same thing happening again.
- Action had been taken in response to safety alerts for the sample we looked at. However, there was no system to ensure the provider had an overview of the actions taken in response to safety alerts.
- All clinical staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns. However, not all non-clinical staff had been provided with safeguarding training.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection. Infection control audits were carried out and action was taken to improve practices as a result.
- A range of health and safety related checks were carried out on the premises and on equipment. However, there was no record that electrical equipment had been checked.
- Systems for managing medicines were effective overall and a supply of emergency medicines was maintained at the surgery. However, GPs did not have a supply of emergency medicines for home visit purposes and guidance to support health care assistants in administering vaccines required more detail.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those locally and nationally.

# Summary of findings

- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.
- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided.
- Clinical audits were carried out to drive improvement in outcomes for patients.
- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- A system for staff appraisal and professional development was in place and staff had undergone an up to date appraisal of their work.

## Are services caring?

The practice is rated as good for providing caring services.

- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. Overall, they gave us positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national patient survey showed that patients generally rated the practice comparable to others locally and nationally for aspects of care.
- Information about the services provided was made readily available to patients.
- The practice maintained a register of patients who were carers in order to tailor the services provided and signpost them to support services.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG) and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.

Good



# Summary of findings

- Improvements had been made to the appointments system in response to feedback from patients. Patients we spoke with said they did not find it difficult to get an appointment. Urgent and routine appointments were available the same day and routine appointments could be booked in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Complaints had been investigated and responded to in a timely manner and learning from complaints had been shared across the practice. The information provided to patients about the complaints process required development.

## Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- There were systems in place to govern the practice and support the provision of good quality care.
- The practice had a number of policies and procedures to govern activity and regular governance meetings were held.
- The partners encouraged a culture of openness and honesty and they were aware of and complied with the requirements of the duty of candour.
- The practice used feedback from staff and patients to make improvements to the service.
- There was a focus on continuous learning, development and improvement linked to outcomes for patients.
- The provider was aware of the challenges to the service and future developments for the service had been considered.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to those of patients locally and nationally.
- GPs carried out daily visits to a local care home to assess and review patients' needs and to prevent unplanned hospital admissions.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- Older patients had access to a named GP and a structured annual review to check that their health and medicines needs were being met.
- Staff worked with relevant health and social care professionals to deliver a multi-agency approach to care and treatment for those people with the most complex needs.

Good



### People with long term conditions

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

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Regular, structured health reviews were carried out for patients with long term conditions.

Good



# Summary of findings

- Data from 2015 to 2016 showed that the practice was performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions such as diabetes.
- Patients with multiple long term conditions were offered a single appointment to avoid additional visits to the surgery and home visits were available for patients when these were required.
- The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions. This included these patients having a care plan and a regular review of their medicines.
- Patients were provided with advice and guidance about ill health prevention and the management of their health and were signposted to support services.
- Regular multi-disciplinary meetings were held to discuss patients with complex needs and patients receiving end of life care.
- Regular clinical meetings were held to review the clinical care and treatment provided and ensure this was in line with best practice guidance.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances.
- A GP was the designated lead for child protection.
- Staff we spoke with had appropriate knowledge about safeguarding and they had ready access to safeguarding policies and procedures. However, not all staff had been provided with safeguarding training.
- Family planning and contraceptive services were provided.
- Child surveillance clinics were provided for 6-8 week olds.
- Immunisation rates were comparable to the national average for all standard childhood immunisations. Opportunistic immunisations were given to encourage uptake.
- The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they had identified to relevant professionals.
- Babies and young children were offered an appointment as priority and appointments were available outside of school hours.

Good





# Summary of findings

- The premises were suitable for children and babies and baby changing facilities were available.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided extended hours appointments to accommodate this population group.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group. Screening uptake for people in this age range was comparable to or above national averages.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- The practice worked with other health and social care professionals in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was accessible to people who required disabled access and facilities and services such as a hearing loop system (used to support patients who wear a hearing aid) and translation services were available.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Good



# Summary of findings

## People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were similar to or better than those locally and nationally.
- The practice had a designated lead for mental health.
- The practice referred patients to appropriate services such as psychiatry and counselling services.
- The practice worked with other health and social care professionals in the case management of people experiencing poor mental health, including those with dementia.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The results of the national GP patient survey published July 2016 showed the practice was performing comparable to other practices for patients' experiences of the care and treatment provided. The practice also scored similar to local and national averages for questions about patients' experiences of making an appointment.

There were 221 survey forms were distributed and 109 were returned which equates to a 49% response rate. The response represents approximately 0.8% of the practice population.

The practice received scores that were comparable to the Clinical Commissioning group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time and having confidence and trust in the GPs .

For example:

- 84% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 91% and national average of 88%.
- 97% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).
- 85% said the last GP they saw gave them enough time (CCG average 90%, national average 86%).
- 93% said the last nurse they saw gave them enough time (CCG average 94%, national average 91%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 100% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

Overall, the practice scored comparable to the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- The percentage of respondents that gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' was 76% compared to a national average of 72%.
- 74% described their experience of making an appointment as good (CCG average 77%, national average 73%).
- 79% were fairly or very satisfied with the surgery's opening hours (national average 79%).
- 84% found the receptionists at the surgery helpful (CCG average 88%, national average 86%).
- The percentage of respondents who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment was 75% which was the same as the national average.

A similar to average percentage of patients, 83%, described their overall experience of the surgery as good or fairly good. The national average was 85%.

We spoke with eight patients during the course of the inspection visit and overall they told us the care and treatment they received was good.

As part of our inspection process we made patient comment cards available at the practice prior to our inspection visit. We received 11 completed cards all of which contained positive feedback about the service provided. The feedback in comment cards described staff as; good, helpful, cheerful, caring and efficient. The service was described as; well organised, first class and excellent.

## Areas for improvement

# Summary of findings

## Action the service SHOULD take to improve

- Review the procedures for patient specific directions (PSDs) to ensure they support the safe administration of medicines.
- Ensure the system for managing safety alerts clearly demonstrates the actions taken.
- Carry out a risk assessment with regards to the decision not to carry emergency medicines on home visits.
- Ensure a system is in place for the regular check of equipment carried in GPs' bags.
- Ensure all required health and safety related checks are carried out at appropriate intervals.
- Formalise the process for the induction of non-clinical staff.
- Review the information provided to patients about the complaints process.

# Bramhall Health 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 and practice manager specialist advisor.

## Background to Bramhall Health Centre

Bramhall Health Centre is located in Bramhall, Stockport, Greater Manchester. The practice was providing a service to approximately 12,900 patients at the time of our inspection.

The practice is part of Stockport Clinical Commissioning Group (CCG). The practice is situated in an area with lower than average levels of deprivation when compared to other practices nationally. The practice has a higher than average population aged over 65 years of age and 59% of the patient population has a long standing health condition which is higher than the national average of 54%.

The practice is run by three GP partners. There are an additional three salaried GPs (three male and three female). There are two practice nurses, two health care assistant, a practice manager and a team of reception/administration staff. The practice is a training practice for trainee GPs.

The practice is open from 8am to 6.30pm Monday to Friday. Extended opening hours are provided two evenings per month until 9pm and two Saturdays per month from 9am to 5pm. When the practice is closed patients can access the out of hours service provided by 'Mastercall' by calling 111.

Patients can book appointments in person, via the telephone or online. The practice provides pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice has a General Medical Services (GMS) contract. The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 October 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, a health care assistant, the practice manager, reception staff and administrative staff.
- Spoke with patients who used the service.

# Detailed findings

- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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 a system in place for reporting, recording and responding to significant events. Staff told us they would inform the practice manager of any incidents and there was also a form for recording these available on the practice's computer system. The provider was aware of their responsibilities to report 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). The practice carried out a thorough analysis of significant events. Significant events and matters about patient safety were discussed at regular practice meetings. We looked at a sample of significant events and we were assured that learning from these had been disseminated and implemented into practice.

A system was in place for responding to patient safety alerts. We looked at a sample of safety alerts and how they had been managed. The information had been disseminated and action had been taken to make required changes to practise for the sample we looked at. However, the system did not include an overall record to demonstrate who was responsible for responding to the information and the actions taken. A new template to record this information was forwarded to us following the inspection.

### 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 that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. One of the GPs was the lead member of staff for safeguarding in the practice. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. The majority of staff had received safeguarding training relevant to their role. For example the GPs were trained
- to Safeguarding level 3. However, a number of reception staff had not been provided with safeguarding training. The provider submitted confirmation that this training was provided following the inspection. Clinical staff demonstrated they understood their responsibilities to report safeguarding and some staff provided examples of when they had raised safeguarding concerns.
- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who were responsible for providing chaperoning had undergone a Disclosure and Barring Service check (DBS) check. These 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. A practice nurse was the infection control clinical lead and they were responsible to liaise with the local infection prevention team. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and action had been taken to address improvements required as a result of the audits.
- An assessment of the risk of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) had been undertaken. A Legionella risk assessment is a report by a competent person giving details as to the risk of Legionella and how to prevent it from spreading through water and other systems in the work place.
- The arrangements for managing medicines and vaccinations were appropriate and safe on the whole but some practices required review. 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. However, there was no written direction to accompany the prescriber's authorisation to administer the vaccines. There was a system to ensure the safe issue of repeat prescriptions. Patients who were prescribed potentially

## Are services safe?

harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. The practice carried out regular medicines audits, with the support of the local CCG pharmacy team. Medicines prescribing data for the practice was comparable to national prescribing data. There was no system in place to log and account for prescriptions. Following the inspection the provider sent confirmation that this had been introduced.

- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that the required recruitment checks had been undertaken prior to employment for the sample of staff we looked at. Following the inspection the provider submitted confirmation that recruitment checks had been carried out for one person who worked at the practice for whom there was no personnel file at the time of the inspection visit.
- The manager carried out an annual check of staff registration with professional bodies. For example, checks on the NHS Performers List, General Medical Council (GMC) and Nursing and Midwifery Council (NMC) had been carried out to ensure the continued suitability of staff.

### Monitoring risks to patients

Some of the procedures in place for monitoring and managing risks to patient and staff safety required improvement.

- There was a range of health and safety related policies and procedures that were available to staff.
- Up to date health and safety related risk assessments were in place, for example fire safety.
- Medical equipment had been calibrated. However, there had been no up to date check on the safety of portable electrical equipment. Confirmation that this was carried out following the inspection visit was forwarded to us.
- There was no system in place to regularly audit GPs bags and we found some out of date equipment during a random sample of these. Confirmation that these checks had been implemented was forwarded following the inspection visit.

- 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 of the different staffing groups to ensure that enough staff were on duty. The provider told us they were trying to recruit two full time GPs and they were using locum GPs to fill the vacancies.

### Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency. Emergency call buttons were also located in consulting rooms.
- Staff had received annual basic life support training. The practice had emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a system in place to ensure the medicines were in date and fit for use. GPs did not carry a stock of emergency medicines for home visits but told us that they took any required medicines with them depending on the patient's needs. The practice should review this arrangement and ensure a risk assessment is in place to support the decision.
- The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks.
- A first aid kit was available.
- Systems were in place for the recording of accidents and incidents.
- The practice had a 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 clinicians assessed patients' 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 GPs clearly demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice monitored the implementation of best practice guidelines through the use of clinical audits and through regular clinical meetings.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

### Management, monitoring and improving outcomes for people

The practice used 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 most recent published results showed that the practice had achieved 97% of the total number of points available with 5% exception reporting. The practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2015 to March 2016 showed performance in outcomes for patients was comparable to that of the Clinical Commissioning Group (CCG) and 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 89% compared to a CCG average of 87% and a national average of 88%.
- The percentage of patients with diabetes, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 71% (CCG average 80%, national average 78%).

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 92% (CCG average 90%, national average of 89%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 83% (CCG average 83%, national average 83%).
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 89% (CCG average 85%, national average 83%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 94% (CCG average 92%, national average of 88%).

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. A number of audits were shared with us. These included; the first cycle of an audit looking at the management of chronic kidney disease in patients with diabetes; the second cycle of an audit into referral to cardiology for patients newly diagnosed with hypertension; and an audit into the referral of patients with pulmonary obstructive pulmonary disease (COPD) for pulmonary rehabilitation.

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. Multidisciplinary meetings were held on a five weekly basis. These meetings included district nurses, health visitors, community mental health team (CMHT), social services. The needs of patients with more complex health or social care needs were discussed at the meetings with an aim to ensure that a holistic approach to their needs was being adopted.

Clinicians attended a monthly clinical meeting to discuss clinical matters and review the care and treatment

# Are services effective?

## (for example, treatment is effective)

provided to patients with complex needs. The GP partners also met two to four weekly. The GPs also met with a neighbouring practice to peer review referrals to secondary care.

The practice provided additional services to improve outcomes for patients. These included; spirometry and electrocardiogram (ECG) testing. A phlebotomy (taking blood for tests) service was also provided.

### Effective staffing

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

- An induction programme was provided to newly appointed members of clinical staff. A less formal process was provided for non-clinical staff. The provider told us they intended to formalise this.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had access to and made use of e-learning training modules and in-house training.
- Staff had been provided with training in core topics including: fire procedures, basic life support and information governance awareness. However, not all staff had been provided with safeguarding training. The provider submitted confirmation that this had been provided following our inspection visit.
- Staff had been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Clinical staff were kept up to date with relevant accreditation and revalidation.
- There was a system in place for annual appraisal of staff. Appraisals provided staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- The practice was a training practice. We spoke with two trainee GPs who gave us very positive feedback about the quality of the training and support provided by the GPs.

### 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 intranet system. This included care plans, medical records, investigations and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

The practice reviewed hospital admissions data on a regular basis. GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Systems were in place to ensure referrals to secondary care and results were followed up.

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 people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a five weekly basis and the care and treatment plans for patients with complex needs care were reviewed at these. Multi-disciplinary meetings also took place on a regular basis to review the needs of patients receiving end of life care. The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. As part of this the practice had developed care plans with patients to prevent unplanned admissions to hospital and they monitored unplanned admissions. The practice monitored unplanned admissions and shared information as appropriate with the out of hours service and with secondary care services.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

- 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 were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.

## Supporting patients to live healthier lives

The practice provided advice, care and treatment to promote good health and prevent illness. For example:

- The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and diabetes. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.
- The practice offered national screening programmes, vaccination programmes and long term condition reviews.
- The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action.
- Information from the QOF for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention were comparable to other practices. For example, the percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years (01/04/2015 to 31/03/2016) was 86% compared to a CCG and national average of 81%.
- The practice offered reminders for patients who did not attend for their cervical screening tests. 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.
- The practice encouraged patients to attend national screening programmes for bowel and breast cancer. Bowel and breast cancer screening rates were higher than local and national averages.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Information about health risks and conditions and how patients could access a range of support groups and voluntary organisations was available in reception and on the practice website.
- Health care assistants were trained to provide advice and support for smoking cessation.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were courteous and 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. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. We received 11 completed cards all of which contained positive feedback about the caring nature of the service provided. The feedback in comment cards described staff as; good, helpful, cheerful, caring and efficient. The service was described as; well organised, first class and excellent.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between July to September 2015 and January to March 2016. The practice scored similar to average when compared to Clinical Commissioning Group (CCG) and national scores, for patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 85% of respondents said the last GP they saw gave them enough time compared to a CCG average of 90% and a national average 86%.
- 93% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94%, national average of 91%).
- 86% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (national average 85%).
- 94% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (national average 90%).

- 96% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 100% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 98%, national average 97%).

The practice scored similar to local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 84% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 88% and a national average of 86%.
- 83% described their overall experience of the practice as 'fairly good' or 'very good' (national average 85%).

We spoke with eight patients who were attending the practice at the time of our inspection. The majority of patients we spoke with gave us positive feedback about the caring nature of the GPs and other clinical staff. However, we did receive a small number of comments which indicated that some patients felt they had not always had a caring and positive experience during consultations. The practice told us they felt this was more of a historic issue and they had booked training for clinical staff in consultation skills.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with overall told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive. Results from the national GP patient survey showed the practice had scored similar to or lower than local and national averages for patient satisfaction in these areas for consultations with GPs and higher than average for consultations with nurses. For example:

- 84% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 91% and a national average of 88%.
- 97% said the last nurse they saw or spoke to was good at listening to them (CCG average of 93%, national average of 91%).
- 82% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).

## Are services caring?

- 94% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 91%, national average of 89%).
- 72% said the last GP they saw was good or very good at involving them in decisions about their care (national average of 81%).
- 92% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (national average of 85%).

Staff told us that translation services were available for patients who did not have English as their first language. The practice's website provided information about the services provided in a wide range of languages.

### **Patient and carer support to cope emotionally with care and treatment**

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

Information about how patients could access a number of support groups and organisations was available at the practice.

The practice maintained a register of carers and at the time of the inspection there were 120 carers on the register. The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They were also offered flu vaccinations and health checks. Written information was available to direct carers to the various avenues of support available to them.

The practice had a policy and procedure for staff to adopt following the death of a patient. This included procedures for notifying other agencies and for making contact with family members or carers to offer them support and signpost them to bereavement support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

The practice provided a flexible service to accommodate patients' needs. For example;

- There were longer appointments available for patients with a learning disability.
- 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 conditions that require same day consultation.
- The practice provided facilities for disabled people, a hearing loop system and a translation service was available.
- The practice offered extended opening hours to accommodate patient needs.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Extended opening hours were provided two evenings per month until 9pm and two Saturdays per month from 9am to 5pm.

The appointment system was sufficiently flexible to respond to patients' needs. Patients told us on the day that they were able to get appointments when they needed them. Urgent appointments were available the same day for patients who required these and pre-bookable appointments could be made in advance.

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

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 76% compared to a national average of 72%.
- The percentage of respondents who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 79% (national average of 79%).
- 75% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (national average 75%).
- 74% of patients described their experience of making an appointment as good (national average 73%).
- 96% said the last appointment they got was convenient (CCG average of 93%, national average of 91%).

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. These assessments were done by a GP. 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.

The practice was located in a purpose built building. The premises were accessible and facilities for people who were physically disabled were provided. Reasonable adjustments were made and action taken to remove barriers when people found it difficult to use or access services. For example the provision of a hearing loop system and translation services.

### Listening and learning from concerns and complaints.

The practice had a system for handling complaints and concerns and one of the GPs had a lead role in managing complaints. A notice was in the reception area advising patients they could raise any concerns or complaints directly with the practice. The way in which the practice informed patients about the complaints process required review to ensure patients were provided with an appropriate level of detail about their options for making a

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

complaint and for referring complaints on to the Parliamentary and Health Services Ombudsman (PHSO) if they were not satisfied with the outcome of their complaint.

We looked at complaints received in the last 12 months and found that these had been investigated and responded to in a timely manner and patients had been provided with an explanation and an apology when this was appropriate.

Complaints were discussed at practice meetings and we found that lessons had been learnt from concerns and complaints and action had been taken to improve patients' experience of the service.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a statement of purpose which outlined its objectives. These included; acting on patient feedback, responding to changes in guidance, working with multi-disciplinary professionals, having good systems in place for effective communication and involving patients in planning their care and treatment. Staff we spoke demonstrated that they supported the aims and objectives and the values linked to these.

The GP partners had knowledge of and incorporated local and national objectives. One of the GP partners was a safeguarding lead with the Clinical Commissioning Group. The GPs worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality.

### Governance arrangements

The practice had effective arrangements in place to govern the service and ensure good outcomes were provided for patients.

- The GPs used evidence based guidance in their clinical work with patients. The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.
- Clinical audits had been carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).
- There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care.

- There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks. However, there were some shortfalls in staff recruitment procedures and in health and safety related checks which the provider told us they had started to address.
- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

### Leadership and culture

On the day of the inspection the partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality care. The partners were visible in the practice and staff told us that they were approachable and listened to their feedback.

The partners encouraged a culture of openness and honesty. 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). The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support and an explanation.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all roles told us they felt supported and appropriately trained and experienced to meet their responsibilities.

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

The practice sought and valued feedback from patients. The practice utilised the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for 2016 showed that most of the patients who had completed the survey were either extremely likely or likely to recommend the practice.

The practice used information from complaints received to make improvements to the service.



# Are services well-led?

Good 

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

Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through a system of regular staff meetings and appraisals.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. This included the practice providing training for GPs, being involved in local schemes to improve outcomes for patients and having representation on the CCG. The GPs and management team were aware of the performance of the practice and future challenges to the service.