Hollow Way Medical Centre

Quality Report

Ivy Close, Cowley, Oxford, Oxfordshire
OX4 2NB
Tel: **01865 777495**
Website: www.hollowwaymedicalcentre.co.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hollow Way Medical Centre on 25 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patient care was effectively monitored in order to drive improvement.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The diverse needs of the patient population were considered in the planning and delivery of the service.
- Information about services and how to complain was available and easy to understand.
- Patients' satisfaction in the appointment system was higher than other practices in the locality. The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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We saw areas of outstanding practice:

- The practice went beyond usual working relationships with other organisations and this enabled it to provide holistic care and treatment for patients who were vulnerable. For example:
  - We saw evidence that GPs had been actively involved with other statutory partners in preventing

Summary of findings

harm to patients, beyond the expected role of clinicians. There were examples of GPs being involved in helping patients manage difficult social situations.

- The practice cared for patients who suffered from substance misuse or alcohol problems and two GPs had specialist skills in this area. They worked with a local charity that supported patients with addictions. This enabled them to develop care and treatment planning for this group of patients. Staff worked with a local employment service which aimed to provide employment experience and training to patients with drug and alcohol problems and mental health conditions. In the previous two months two patients were supported in their applications to work at the charity and GPs had provided them with references

However there were areas of practice where the provider should make improvements:

- Review staff training to ensure that reception staff fully understand the role of chaperoning.
- Ensure nurses have an adequate guidance to follow in regards the Mental Capacity Act 2005.

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 in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Staff were aware of their responsibilities to keep patients safe. However, the role of chaperone was not fully defined and staff required further guidance.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were above average for the locality. In 2014-15, 99.3% of the total number of points available were achieved, compared to a national average of 94% and local average of 97%. Individual QOF achievements for all clinical areas, such as respiratory and heart disease, were 100% other than for diabetes where the practice achieved 98%, which was still 5% above the CCG average.
- Care planning, assessment and reviewing of patients needs went beyond national requirements, specifically in maternity care.
- Staff had specialist knowledge and qualifications in specific clinical areas which allowed them to plan for the specific needs of their diverse patient population. Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken and we saw evidence that audit cycles were used to drive improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data showed that patients rated the practice highly in several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice had a diverse patient population in terms of needs, cultural background and expectations and it planned its services to meet these diverse needs.
- Staff worked with a local employment service which aimed to provide employment experience and training to patients with drug and alcohol problems and mental health conditions.
- The practice worked with a local charity who supported patients with addictions. This enabled them to develop care and treatment planning for this group of patients.
- Reception staff told us they were aware of some patients with learning disabilities who found attending the practice stressful or difficult at times.
- The surgery worked with a refugee charity to identify and support this group of patients.
- Access to appointments and phone lines was highly regarded by patients. 94% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%. 90% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

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

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- GPs had a good understanding of the Mental Capacity Act 2005.
- The premises were accessible to patients with limited mobility.

People with long term conditions

Good

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

- In 2014-15, 99.3% of the total number of points available were achieved, compared to a national average of 94% and local average of 97%. Individual QOF achievements for all clinical areas, such as respiratory and heart disease, were 100% other than for diabetes where the practice achieved 98%, which was still 5% above the CCG average.
- In 2014-15, exception reporting was lower than the national and regional average. Overall the practice exception reporting for 2014-15 was 7.3% compared to the national average of 9.2% and local average of 9.9%. This indicated that the practice was making efforts to meet the needs of as many patients as possible in line with national guidance.
- Patients at risk of hospital admission were identified as a priority and offered care plans aimed at reducing the risk of a hospital admission.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions were offered structured annual review to check that their health and medicines needs were being met.

Families, children and young people

Good

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

Summary of findings

- Pregnant women were offered two GP appointments prior to their first midwife appointment. Each appointment followed a different health review template. We saw evidence that this had allowed GPs to identify and help patients manage potential health concerns during pregnancy.
- Domestic abuse awareness was strong, with protocols for identifying potential abuse and acting on concerns.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of harm.
- Baby changing facilities were available.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Chlamydia testing kits were available in communal areas of the practice.

Working age people (including those recently retired and students)

Good

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

- 94% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended hours were provided for patients who found it difficult to attend in normal working hours.

People whose circumstances may make them vulnerable

Outstanding

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

- Staff worked with a local employment service which aimed to provide employment experience and training to patients with drug and alcohol problems and mental health conditions.

Summary of findings

- The practice cared for patients who suffered from substance misuse or alcohol problems and two GPs had specialist skills in this area. They also worked with a local charity who supported patients with addictions. This enabled them to develop care and treatment planning for this group of patients.
- Reception staff told us they were aware of some patients with learning disabilities who found attending the practice stressful or difficult at times. They told us they would ask these patients if they wanted a quiet room to wait away from other patients to help with any anxieties.
- The practice held a register of patients living in vulnerable circumstances including those reaching the end of their life and those with a learning disability.
- Patients with no permanent address including travellers were registered at the practice if they needed to see a GP.
- Longer appointments were offered for patients in vulnerable circumstances.
- There were flags on the patient record system to identify vulnerable patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice provided comprehensive care for patients with drug and alcohol addictions.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff went beyond their requirements in protecting patients from harm.
- There were high numbers of refugees and asylum seekers in the area and GPs told us they worked with a local support service for refugees.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Counselling was provided onsite.
- A programme of dementia screening had identified a high number of patients with the condition than the predicted number.
- 80% of patients with mental health conditions had annual physical health checks and 82% had care plans in place.
- GPs had a good understanding of the Mental Capacity Act 2005, but awareness among the nursing team was not as strong.

Summary of findings

What people who use the service say

The most recent national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 386 survey forms distributed for this practice and 110 forms were returned (28% response rate).

- 90% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 86% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 94% said the nurse gave them enough time compared to the local average and national average of 92%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%
- 88% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 90% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 94% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 45% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 65% and national average of 65%
- 76% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

We spoke with 10 patients who said they felt the practice offered a helpful and caring service and they felt treated with dignity and respect. Patients we spoke with were satisfied with the appointment system and this was reflected in comments card feedback. All of the 16 CQC comment cards contained positive feedback about the service experienced.

Areas for improvement

Action the service SHOULD take to improve

- Review staff training to ensure that reception staff fully understand the role of chaperoning.
- Ensure nurses have an adequate guidance to follow in regards the Mental Capacity Act 2005.

Outstanding practice

- The practice went beyond usual working relationships with other organisations and this enabled it to provide holistic care and treatment for patients who were vulnerable. For example:
  - We saw evidence that GPs had been actively involved with other statutory partners in

preventing harm to patients, beyond the expected role of clinicians. There were examples of GPs being involved in helping patients manage difficult social situations.

- The practice cared for patients who suffered from substance misuse or alcohol problems and one GP had specialist skills in this area. They worked with a local charity that supported patients with addictions. This enabled them to develop care and treatment planning for this group of patients. Staff worked with a local employment service which aimed to provide employment experience and training to patients with drug and alcohol problems and mental health conditions. In the previous two months two patients were supported in their applications to work at the charity and GPs had provided them with references

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Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hollow Way Medical Centre

The practice has a population of approximately 8,300. There are a lower proportion of patients over 75 years of age (6%) compared to the national average (8%). There are a higher proportion of patients between the ages of 20 to 35 registered at the practice. There are areas of social deprivation in the local community. The local population is diverse with patients from a multitude of ethnic backgrounds.

The practice has six GPs (three females and three males) and all of the GPs are partners. There is also a full time practice manager,receptionists, secretaries, two practice nurses and a health care assistant working at the practice. This is a training practice and there were two trainee GPs working at the time of the inspection.

The practice has a General Medical Services contract. These contracts are negotiated directed between NHS England and the provider.

The practice is open between 8.30am and 6.30pm. There is a GP on call between 8am and 8.30am and a means of patients being referred to the GP if they had an urgent concern. Extended hours appointments were provided on either Monday or Thursday on alternate weeks until 8pm. There are arrangements in place for patients to access emergency care from an Out of Hours provider.

Hollow Way Medical Centre is registered to provide services from the following location:

Hollow Way Medical Centre, Ivy Close, Cowley, Oxford, Oxfordshire, OX4 2NB

Hollow Way Medical Centre was inspected in July 2014 as part of our wave GP inspections (our initial piloting of the new methodology for inspection). The practice did not receive a rating as part of the inspection. We did not identify any concerns at that inspection which required regulatory action.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

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

Detailed findings

- 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 patients 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 visiting, we reviewed a range of information that we hold about the practice and asked other stakeholders to share what they knew, such as the local clinical commissioning group. We carried out an announced visit on 25 November 2015. During our visit we spoke with a range of staff including GPs, nurses, receptionists and the practice manager and spoke with patients who used the service. We observed how patients were being cared for and looked at documentation related to the services provided and the management of the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager or GP partner of any incidents and there was a recording form available on the practice's computer system.
- All significant events were discussed at the next relevant meeting, depending on the staff
- The practice manager recently attended advanced significant event training which helped them identify improvements and these were being implemented to improve the periodic review process for significant events.
- We saw the significant event log that there were 18 events reported since November 2014. There were actions noted to mitigate risks where required. For example, where a missed diagnosis of a potentially serious condition was identified, the learning was discussed with all GPs to help them identify the condition in the future. The patient was contacted and issued an apology.
- Any events which related to the care provided by other services, such as issues with patients discharged from hospital, were reported onto a local incident reporting system so that the clinical commissioning group (CCG) and other services could identify any problems with services. Analysis from this reporting was shared with the practice for any relevant learning.

The practice manager told us they received national patient safety alerts and forwarded these to relevant clinical staff. If any searches for patients on specific medicines were required, there was a lead for doing so and ensuring any subsequent action was undertaken.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. To support staff who had any concerns they needed to discuss or report there was a protocol to follow regarding where to report concerns depending on the circumstances. As well as the protocol there was a policy which reflected up to date legislation regarding safeguarding including the Care Act 2014 and the Royal College of General Practitioners safeguarding toolkit.
- There was a lead member of staff for safeguarding adults and a separate lead for children and staff knew who they were. The GPs attended safeguarding meetings when possible and always provided information where necessary for other agencies. Safeguarding meetings were often held at the practice which meant the GPs attended very frequently. Information regarding any risks or concerns regarding potential harm were recorded on the patient record system and easily accessible to staff. GPs told us that this enabled them to see this information easily and assess the risk of abuse on the basis of information over a long period of time.
- Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding children level three. Staff were confident in reporting any concerns related to safeguarding. For example, a phlebotomist reported a concern regarding a patient they saw and the concerns were discussed by GPs to determine if any action was required. We saw minutes from a recent safeguarding meeting where a patient had been identified as a concern to the practice by a relative. A GP visited the patient at their home to ascertain their wellbeing and on the basis of their findings made a referral to the local safeguarding team. The practice continued to work with the safeguarding team, the local authority and the patient to try and support the patient. This included an assessment of mental capacity to determine if they were able to make decisions about their living arrangements. The work undertaken by the practice increased the likelihood that the patient could continue to live independently and reduced the risk of harm to them.
- The practice had implemented processes to identify any potential concerns related to domestic abuse. For example, during postnatal check-ups there were prompts in the protocol for GPs to ask mothers if there were any concerns which might indicate domestic abuse and any support the patients may require.

Good

Are services safe?

- A notice in the waiting room advised patients that chaperones were available if required. All staff, including receptionists, who acted as chaperones received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We asked reception staff who performed the role what it entailed and we found that they were not fully aware of what the function of a chaperone was and what they needed to check during certain procedures. There was a risk chaperoning was not appropriately performed at the practice in order to fully protect patients and staff.
- The practice mostly maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy in treatment and consultation rooms. However, there were significant amounts of dust in communal areas of the practice on high surfaces. Cleaning schedules for the premises and medical equipment were in place and kept up to date. A practice nurse was the infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and any actions identified were completed. We saw evidence of frequent communication with the cleaning contractor to discuss any cleaning concerns. There were protocols for protecting staff from infection, such as a protocol for patient samples delivered at reception. Reception staff were aware of this protocol. A sharps protocol was in place. Staff had their immunity to hepatitis B checked to ensure they were safe to work with patients.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We checked medicines and vaccinations and found they were within expiry dates and stored appropriately. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions were used to authorise nurses to administer medicines in line with legislation. The practice had a system for authorising injections provided by healthcare assistants called patient specific directions. We checked GP's own individual bags and saw that equipment was within expiry dates. There were no medicines stored in these bags.
- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There was a health and safety policy for the practice. There were risk assessments related to various areas of health and safety including a fire risk assessment, control of substances hazardous to health and a legionella risk assessment (a bacteria which can live in water tanks and potentially pose an infection risk). There were regular fire equipment checks. Water system checks were undertaken in line with legionella risk assessment.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Medical equipment had been calibrated. A regular check of portable appliance testing was undertaken every three years.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There had been minimal use of locum GPs in recent years.

Arrangements to deal with emergencies and major incidents

The practice had a comprehensive business continuity plan in place for major incidents such as events which may cause a loss of computer records system or premises. This had been updated in 2015. Copies of the plan were stored offsite in case the premises became inaccessible in the event of a crisis.

Staff received annual basic life support training regularly. There were emergency medicines and equipment available including an automated external defibrillator (AED) and oxygen. Emergency medicines were easily accessible to staff in a secure area of the practice, clearly labelled and all staff knew of their location. All the medicines we checked were in date and fit for use. There were drugs for the treatment of cardiac arrest, allergic reactions potentially caused by certain procedures and hyperglycaemia.

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, including National Institute for Health and Care Excellence (NICE) best practice guidelines. It used other relevant guidance and staff expertise to improve the assessment and treatment of patients. For example:

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient' needs.
- Templates for delivering and reviewing patients' care and treatment were reviewed. We saw evidence GPs and nurses discussed health check templates to ensure they covered what was needed during patient check-ups and condition reviews.
- Protocols for assessing patients during their early stages of pregnancy were developed based on the expertise of a GP and external guidance. These changes led to pregnant women being offered two check ups with their GP prior to their first midwife appointment. We noted that pregnant patients had their blood pressure, body mass index (indicator of healthy or unhealthy weight) and glucose tolerance measured at these appointments. There was also the offer of smoking cessation and alcohol consumption advice. We saw an example, where a patient was offered early health interventions during their pregnancy that may not have been identified without these non-compulsory checks, increasing the likelihood of a healthy pregnancy for the patient.
- We saw templates used for reviewing long term conditions were amended in light of any learning identified. For example, we saw any emergency admissions for asthma patients had been added to asthma templates to ensure the practice was aware of any patients who needed additional support with managing their asthma.
- GPs discussed clinical guidance at meetings and the GP who led the nursing team regularly updated staff on any changes to NICE guidance.
- Assessment and management of patient care included personalised care planning. For example we saw a diabetic care plan which would be given to patients with information on what the assessment results at their previous diabetic review meant, such as body mass index and blood pressure. It also included health goals. The plan helped diabetics to manage their diabetes.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014-15, 99.3% of the total number of points available were achieved, compared to a national average of 94% and local average of 97%. In 2014-15, exception reporting was lower than the national and regional average. Overall the practice exception reporting for 2014-15 was 7.3% compared to the national average of 9.2% and local average of 9.9%. Individual QOF achievements for all clinical areas, such as respiratory and heart disease, were 100% other than for diabetes where the practice achieved 98%, which was still 5% above the CCG average.

A range of clinical audits were carried out to demonstrate quality improvement. These were chosen for a variety of reasons, such as significant events, GP interests or safety alerts. We saw that several ongoing audits including hypertension diagnosis, dementia diagnosis and the use of specific medicines in the treatment of certain conditions. We saw examples where audits were in the process of being repeated to ensure that improvements to practice were being incorporated where necessary. For example, an audit on vitamin B12 deficiency among diabetic patients on a certain medicine was undertaken and as a result B12 checks were added to the diabetic review templates used when these patients attended for a periodic review of their health. An audit of patients with hypertension diagnosed using ambulatory blood pressure (ABP) (this diagnosis method is deemed best practice) was undertaken in November 2014 and repeated in November 2015. The number of cases diagnosed without ABP had decreased from eight to two in the last year. This showed the audit had led to improvements in care and treatment.

The practice monitored patients on repeat medicines to improve the uptake of medicine reviews. For patients on four or more medicines 93% had up to date medicines

Good

Are services effective?

(for example, treatment is effective)

reviews and for those on less than four medicines 80% were recorded as having up to date medicine reviews. For patients on 10 or more medicines 100% were up to date with medicine reviews.

There was a diversity of specialist expertise among the GPs and nurses allowing the practice to delegate clinical areas of care to individual staff members. This improved the monitoring and delivery in these areas of care.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, fire safety, health and safety, access to computer systems and confidentiality.
- Regular learning event meetings took place to support staff in the use of relevant guidance.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, fire procedures, equality and diversity, basic life support and information governance.
- We spoke with a trainee at the practice who told us they were well supported in their role and involved in areas of learning that other GPs undertook such as significant event reviews.

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 and medical records.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We saw that test results were checked regularly and there was a system to identify whether patients needed urgent follow up care following test results.
- Correspondence such as discharge or out of hours summaries were dealt with in a timely way.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. For example, a community psychiatric nurse attended meetings at the practice regularly.

Consent to care and treatment

The practice had a consent policy which referred to specific guidance and legal requirements. There was also a Mental Capacity Act (MCA) protocol in place for staff to refer to when patients may lack capacity to consent to treatment. All staff understood their role in obtaining consent in line with the MCA. Nurses we spoke with were clear that they should seek support from a GP when a patient was unable to consent to care or treatment. However, there was no process for them to follow in regards makings best interest decisions. We saw consent records were used for specific procedures. For example, we saw a consent form for the recording of consultations undertaking by trainee GPs. Staff understood their responsibilities in regards to obtaining consent from patients under 15 years old.

Health promotion and prevention

The practice identified patients who may be in need of extra support. The practice provided the following health promotion and prevention in 2014/15:

- Out of 137 patients identified at risk of admission to hospitals 136 consented to and were provided with care plans. We looked at a plan for a patient and saw this included ongoing monitoring of the patient and close working with their family.
- 85% of smokers were given smoking cessation advice and the number who stopped smoking for over four weeks was 28 patients.
- 80% of patients with mental health conditions had annual physical health checks and 82% had care plans in place.
- There were 50 patients on the end of life care register who received additional support from the practice. The practice audited patients' place of death in November 2015 to determine how well end of life was managing

Good

Are services effective?

(for example, treatment is effective)

patients' preferences regarding their deaths. The audit suggested that more patients registered at the practice were dying at home (including care or nursing homes) compared to patients registered at other practices.

- The practice had a register of 83 patients with a learning disability and 35 had an annual health check in 2014/15.
- Leaflets and information printouts were provided to patients on health advice, such as maintaining health when on specific medicines that may pose a risk to patients' kidneys. One of the health care assistants had developed a mindfulness and wellbeing leaflet and this had been endorsed by the GPs. It was provided to patients where nurses or GPs felt it would be beneficial for patients in managing difficult situations they were facing.

The practice had a comprehensive screening programme for several conditions, including:

- The practice's uptake for the cervical screening programme was 75% which was slightly below the national target of 80%. The practice had taken action to improve these screening rates by contacting all patients newly registered who were eligible for cervical screening.
- 71% of patients eligible had attended breast cancer screening
- 28% of eligible patients were offered a chlamydia test and 7% undertook a test.
- 50% of eligible patients had undertaken bowel cancer screening

Childhood immunisation rates for the vaccinations given were significantly higher than the CCG average of 89%. In 2015 the overall vaccination rates for children were approximately 97%.

Flu vaccination rates for at risk groups in 2015 were as follows:

- For over 65s was 83% compared to national average of 73%.
- Patients at risk under 65 years old was 51% compared to the national average of 52%. The practice was implementing a texting service to try and improve the rates for the next flu season in 2016.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect. Receptionists were informal and friendly but, maintained a professional and respectful demeanour.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All 16 patient CQC comment cards we received had positive feedback about the service experienced. We spoke with 10 patients and all said they felt the practice offered a helpful and caring service and they felt treated with dignity and respect. We also spoke a member of the patient participation group after our inspection who spoke highly of the practice.

Results from the national GP patient survey published in July 2015 showed patients were highly satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was similar to national and regional averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 86% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 94% said the nurse gave them enough time compared to the local average and national average of 92%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey were similar to the regional and national averages regarding involvement in decisions about care and treatment. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%
- 88% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also promoted a number of services including counselling which was provided onsite.

The practice worked closely with patients who suffered from addictions and mental health problems. We saw from care plans that GPs tried to assist patients with their social needs as well as health needs. For example, a care plan we reviewed noted that the GP had discussed how the patient could maintain their relationship with family members and this could be a positive factor in their health as well as meeting social needs.

Good

Are services caring?

Reception staff told us they were aware of some patients with learning disabilities who found attending the practice stressful or difficult at times. They told us they would ask these patients if they wanted a quiet room to wait away from other patients to help with any anxieties.

The practice's computer system alerted GPs if a patient was also a carer. There was a register of patients on the computer record system. Leaflets regarding support organisations were available for carers. GPs told us they would refer any carers to the local council carer's support service if necessary. Bereavement support was offered via a local counselling service. Staff were alerted when a family suffered bereavement and if GPs deemed necessary bereaved patients were offered an appointment with a GP.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a lower proportion of patients over 75 years of age (6%) compared to the national average (8%). There was a higher proportion of patients between the ages of 20 to 35 registered at the practice. There were significant numbers of patients with drug and alcohol addictions. The practice registered a high number of patients from ethnic minority backgrounds and GPs told us a large section of their patient population was transient.There was consideration and planning for the different needs of the patient population and the practice aimed to provide services tailored to the needs of these individual groups. This included:

- There were high numbers of refugees and asylum seekers in the area and GPs told us they worked with local support services for refugees to identify their needs and plan for any specific needs they may have. For example, local refugee families had been highlighted to the practice and they planned health checks for them and liaised with a local support service to understand and meet their needs.
- Due to the increased risk of the female genital mutilation (FGM) due to some cultural practices in local communities, GPs told us nurses and GPs had received training in FGM.
- Staff worked with a local charity which aimed to provide employment experience and training to patients with mental health conditions. GPs regularly identified patients who may benefit from a referral and provided patients with information about the charity. In the previous two months two patients were supported in their applications to work at the charity and GPs have provided them with references.
- The practice cared for patients who suffered from substance misuse or alcohol problems and two GPs had specialist skills in this area. They also worked with a local charity who supported patients with addictions. This enabled them to develop care and treatment planning for this group of patients. The practice saw patients with drug and alcohol problems every week. The number of patients listed as having for drug and alcohol problems was 34. A nurse was the lead and had specific training in providing care to these patients. GPs told us there was a close communication with pharmacies regarding the prescriptions for patients with drug addiction to prevent over prescribing any potentially harmful medicines.
- There were longer appointments available for patients with complex or specific needs such as a learning disability.
- Home visits were available for housebound or significantly ill patients who would benefit from these.
- There were facilities for people with disabilities, including wheelchair friendly access, wide corridors, and automatic front doors. There was a lift to the first floor for patients with limited mobility and reception staff told us they would accompany any patients they were aware were nervous about using it alone.
- Chlamydia testing kits were available in communal areas of the practice.
- There was a hearing loop available for patients who were hard of hearing.
- Baby changing facilities were available.
- The practice manager told us that any patients who did not have a permanent address, such as homeless patients or travellers, would be registered if they needed to see a GP.
- The reception area had a touch screen check-in system, with 12 different languages available. However, there was little information on posters and leaflets in other languages. For example, the chaperone posters were not in other languages commonly spoken locally.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Extended hours appointments were provided on either Monday or Thursday on alternate weeks until 8pm. A system of triage was in place for patients who requested a same day or urgent appointment. The duty GP called patients back to discuss their problem and book an appointment if required. Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was better than the national and local averages in most results. The results included:

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 90% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 94% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 45% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%. The practice had reviewed this feedback over previous years and undertaken a survey specifically on this issue. The feedback suggested that out of four options, waiting times were patients least priority in terms of accessing appointments.
- 76% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

Patients we spoke with were generally satisfied with the appointment system and this was also reflected in comment cards we received. There was an online appointment booking service and 36.6% of patients were registered to use the service.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients make a complaint or comment on the service they received, through the website and in the practice itself. We looked at the complaints log and found 17 were recorded in 2015. All had been responded to and an apology was issued where required.

Learning points were logged for each complaint. The complaints log was discussed annually to review the outcomes from all complaints. When a clinical complaint was raised, this was investigated by the practice manager and the GP responsible for the patient's care. These complaints were not reviewed by another GP to objectively review the complaint and related information such as patient records. Responses to patients who raised complaints were candid and recognised where the practice was at fault.

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 mission statement which included prevention and treatment of ill-health. The practice website stated that staff aimed to provide effective medical care in a friendly, caring environment. Staff reflected these values in their approach to providing patients' services. The feedback from patients we spoke with and from the national survey published in July 2015 showed overall satisfaction with the services provided was high.

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.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice and this indicated high performance in several areas of patient care.
- A programme of continuous clinical audit was in place and we evidence that it led to improvements. For example, changes to the management of long term conditions were implemented as a result of audits.
- There were robust arrangements for identifying, recording and managing risks.

Leadership, openness and transparency

The partners led the practice in a way that ensured quality care. The partners and practice manager were available to staff who told us that they were approachable and took the time to listen to them. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for learning from and notifying safety incidents appropriately.

When safety incidents occurred:

- The practice gave patients affected support and a verbal and written apology
- Investigations took place to identify any learning.
- The partners encouraged a culture of openness and honesty and this was reflected in the behaviour of staff.

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

- Staff told us that the practice held regular team meetings for all staff groups.
- Nurses' meetings were attended by a GP and we saw from minutes that nurses were involved in changes to care and treatment protocols.
- GPs led and had specific expertise in specific areas such as safeguarding and in managing clinical conditions.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- An away day was held every year and all staff attended the Spring 2015 event. The event was aimed at ensuring there was a culture of trust between GPs and reception staff to ensure decisions made at reception were respected by the GPs. The event also led to a change in protocol when patients asked for same day appointments.

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

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

- There was an active patient participation group (PPG) which had met six times over the last year. The practice engaged with the PPG and were involved in improvements to patient services. For example, the PPG led to blood pressure monitors being installed in the second waiting room to increase the accessibility of this service for patients.
- The practice considered patient feedback on its services. For example the friends and family test was undertaken at the practice and from June to November 2015 91% of patients stated they would recommend the practice. This feedback was not published on the practice website.

Are services well-led?

Good

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

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

Continuous improvement

There was a strong 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, a dementia screening programme was undertaken by the practice as part of a local initiative. GPs told us the dementia diagnosis at the practice was already high. The initiative led to a dementia diagnosis rate of 93% of expected diagnoses in November 2014 to approximately 105% (exceeding the expected rate) of diagnoses in March 2015.