

Bowling Hall Medical Practice

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 Bowling Hall Medical Practice on 17 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. Staff understood their responsibilities to raise concerns and report incidents and near misses.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they could book urgent appointments when they needed to and these were often available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. We found positive working relationships between the staff.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas outstanding practice:

- The practice had good links with University and led on an undergraduate and post-graduate scheme for nurses to train to become practice nurses.
- The practice had gained awards from The Royal College of General Practitioners (The Quality Practice Award) and Investors in People.

Summary of findings

- The practice held multi-agency Common Assessment Framework (CAF) meetings at the surgery, a process for recording concerns about a vulnerable child to help identify in the early stages their needs and promote a co-ordinated approach to service provision.
- The practice worked closely with a charity “Carers Resource” who commented regarding the high level of commitment in the practice towards carers. They had a register of carers at the practice, held information sessions and also had a dedicated carer’s notice board. As a result more patients were supported.

The areas where the provider should make improvement are:

- The practice should undertake regular second clinical audits cycles to keep people safe, including their minor surgery suite i.e. having done an audit and introduced changes the practice should do a re audit.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were learned and shared widely throughout the practice, action was taken to improve safety in the practice and improve patient care.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The service had a dedicated Safeguarding lead who demonstrated a good understanding of the needs of the local population and promoted this within the practice.
- The practice held multi-agency Common Assessment Framework (CAF) meetings at the surgery, a process for recording concerns about a vulnerable child to help identify in the early stages their needs and promote a co-ordinated approach to service provision.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff referred to best practice guidance including the National Institute for Health and Care Excellence and used it routinely.
- Data showed patient outcomes were average for the locality.
- A holistic multi-disciplinary Long Term Conditions clinic had been introduced to meet patient needs, reducing the need for further additional appointments.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked well with multidisciplinary teams, to understand and meet the range and complexity of people's needs.
- The practice produced a quarterly Patient Newsletter which was developed with input from the PPG.

Good



Summary of findings

- The business manager was involved in local and national groups
- The practice had developed templates with patients to help them manage conditions such as back pain, headache and sexual health.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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 courteously, with kindness and respect, and maintained confidentiality. Staff had recently completed customer care training.
- The practice worked closely with a local charity “Carers Resource” and actively supported carers.
- Patient feedback regarding the practice was generally positive; however data showed that patients rated the practice lower than Clinical Commissioning Group (CCG) averages for some aspects of care such as access to appointments.

Are services responsive to people’s needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients and staff said urgent appointments were available the same day
- 96% of patients said that the last appointment they had was convenient.
- 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 and other stakeholders.
- The practice has an active PPG called “Patient Voice”. The members we spoke to were able to give examples of where changes to the practice had been made, following their input.

Summary of findings

Are services well-led?

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

- It had a clear vision and strategy as to how it would continue to meet patients' needs in the future. 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. 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. There were systems in place to monitor and improve quality and identify risk.
- 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 knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Voice group was active and encouraged.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice is a training practice for both medical and nursing students.

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 percentage of people aged 65 or over who received a seasonal flu vaccination was higher than national averages.
- 100% of patients over 75 who had a fragility fracture since 2012 were treated with an appropriate bone sparing agent. This is recognised as good practice.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- We found easy access for those with poor mobility.
- A large nursing home had recently been built in the area and the practice were proactively working with the home and other GP practices to make sure that the new residents were supported adequately.
- The practice held a flu clinic in a local pharmacy to improve access for older patients.
- The practice held Palliative Care Gold Standard meetings involving District Nurses, GP's and the Macmillan nurse.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority
- The practice held a multi-disciplinary Long Term Conditions clinic weekly
- Outcomes for patients with diabetes were similar to the national average
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

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
- The practice were aware of a high number of children on protection plans and multi-agency CAF meetings were held at the surgery.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The numbers of women attending for cervical screening was in line with national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies with toys available.
- The Nurse Practitioner holds a weekly term time clinic at a local boarding school for children who are resident at the school.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice ensured that it contacted and supported new parents shortly after the birth of their child.

Good



Working age people (including those recently retired and students)

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

- 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 had introduced some online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a text messaging service to remind patients about appointments and consent for this was sought from patients before implementation.
- The practice offered a late night surgery from 6:30pm-8pm on a Monday.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability
- It offered longer appointments for people with a learning disability and annual health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice worked closely with a charity “Carers Resource” who commented regarding the high level of commitment in the practice towards carers. They had a register of carers at the practice, held information sessions and also had a dedicated carer’s notice board.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 91% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months and 95% of people identified as experiencing poor mental health had an agreed care plan in the last 12 months.
- Weekly counselling sessions were offered at the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015. The results showed the practice was performing in line with local and national averages. We noted that 379 survey forms were distributed and 100 were returned. This is a response rate of 26.4% of those surveyed representing 1.3% of patient population.

- 41% of patients found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 74%.
- 84% found the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 72% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 85%.
- 96% of patients said the last appointment they got was convenient compared to a CCG average of 91% and a national average of 92%.

- 53% of patients described their experience of making an appointment as good compared to a CCG average of 64% and a national average of 74%.
- 74% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 66% and a national average of 65%.

The above data demonstrates that there were access problems for some patients although once patients had gotten an appointment they regarded the arrangements good.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received.

We spoke with 10 patients during the inspection. All 10 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- The practice should undertake regular second clinical audits cycles to keep people safe, including their minor surgery suite i.e. having done an audit and introduced changes the practice should do a re audit.

Outstanding practice

- The practice had good links with University and led on an undergraduate and post-graduate scheme for nurses to train to become practice nurses.
- The practice had gained awards from The Royal College of General Practitioners (The Quality Practice Award) and Investors in People.
- The practice worked closely with a charity “Carers Resource” who commented regarding the high level of commitment in the practice towards carers. They had a register of carers at the practice, held information sessions and also had a dedicated carer’s notice board. As a result more patients were supported.

Bowling Hall Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector, a second inspector, a GP specialist advisor, a practice manager specialist advisor and a practice nurse specialist advisor.

Background to Bowling Hall Medical Practice

Bowling Hall Medical practice is registered with CQC to provide primary care services which include, access to GP's, the treatment of disease, disorder or injury, family planning services, surgical procedures, diagnostic and screening procedures and maternity and midwifery services. It provides services for 7,418 patients in Bradford and is part of the NHS Bradford District Clinical Commissioning Group (CCG). The practice has a Personal Medical Services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There are similar numbers of male and female patients, with higher numbers of young children accessing the practice than the national average and those in the 25-34 age group. The practice catchment area is classed as a deprived area.

The practice has four GP partners and a business manager who is also a partner. There are three female GP's and one male GP's who work at the practice, a management team, a nurse practitioner and health care assistants. A pharmacist supports the practice on a daily basis. This is a training practice who also support nursing students on placements.

Extended hours surgeries are offered at the following times on Monday between 6.30pm and 8pm. Patients can book appointments up to two weeks in advance. Out of hours care is provided by West Yorkshire Urgent Care, they can be contacted via the surgery telephone number or 01274 224888. A further option is to contact the NHS helpline by dialling 111 or consult NHS Direct online.

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

Before visiting this provider, we reviewed a range of information that we hold about the practice and asked Bradford Districts CCG and NHS England to share what they knew. We also reviewed policies, procedures and other information the practice provided before the inspection.

We reviewed the latest data available to us from the Quality and Outcomes Framework (QOF), the NHS choices website and the national GP patient survey. The information reviewed did not highlight any significant areas of risk across the five key question areas.

Detailed findings

We carried out an announced visit on 17 November 2015. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- We observed communication and interaction between patients and staff, both face to face and on the telephone in the confidential area behind reception.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- We met with three members of the PPG "Patient Voice".
- We spoke to a member of the charity "Carers resource".

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and there was an open and transparent approach. Complaints received by the practice were entered onto the system and treated as a significant event if appropriate.

- Staff told us they would inform the practice manager or a GP of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and these were discussed at a number of practice meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient had a slightly raised blood pressure reading followed by a normal one. The Read Code on the patient record was amended as the patient was not diabetic.

Another lesson learnt involved the delivery of vaccines which needed refrigeration. The vaccines were left on a desk overnight. The process has been changed so that whoever takes delivery of vaccines is responsible for storing them appropriately. The medication was appropriately disposed of as the cold chain was broken.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again. The staff told us they would arrange to meet face to face with patients to resolve their complaints if necessary.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a

- Notices displayed in the waiting room and clinic rooms, advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The person undertaking the chaperone role also wore a tabard with a badge stating they were a chaperone at that point. Staff were aware of their responsibilities and where they would position themselves to chaperone effectively.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw cleaning schedules that had been completed and the correct storage of cleaning equipment. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. A recent audit in April 2015 scored the practice at 86%. The practice had recently replaced the chairs in the waiting room. Personal protective equipment including disposable gloves and aprons were available for staff to use. The examination rooms were fitted with fabric curtains; although these were visibly clean they were due to be cleaned again as part of a six month cycle.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice staff maintained records to show that refrigerator temperatures were checked regularly and all medication that we checked was found to be in date. The practice had daily input from a pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were good systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer

Are services safe?

medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. In one file we reviewed for a long standing member of staff, we could not find references had been taken up prior to employment being offered.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed in the staff office. The practice had up to date fire risk assessments, fire training and carried out regular fire drills. Fire extinguishers had been recently checked. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and we were given examples of how staff would cover for each other or when regular locum staff would be used.

- The practice had CCTV in the downstairs waiting area; signs were in place to inform patients and staff of this.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency, there was also an additional call button in the reception area and at numerous locations within the surgery. Staff responded in a timely manner to an alarm activated in the disabled toilet whilst we were there.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also spillage kits, a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan had recently been reviewed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The GP's and practice nurses we spoke to could clearly outline the rationale for their approaches to treatment.
- The practice monitored that these guidelines were followed through risk assessments, audits

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 95% of the total number of points available, with 13% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed;

- Performance for diabetes related indicators was 69% which was lower to the CCG and national average 93%.
- 98% of patients had received a flu vaccination compared to the national average of 93%.
- The percentage of patients with hypertension having regular blood pressure tests was 79% which was slightly lower than the national average of 83%.
- Performance for mental health related indicators were better than the national average, 95% of patients with a mental health issue had an agreed care plan compared with the national average of 86%.

The business manager told us about the challenges they face with their population groups and how they were constantly identifying ways to address this. For example:-

- The highly deprived patient population they look after do not always actively respond to standard invitations.

After the initial invitation letter they follow up with another letter and finally if still no response they contact the patient by phone. This still does not always result in patients accepting the invitation. In addition to contacting patients during the day they also use the late night extended hours opening to phone patients, this has increased the chance of speaking directly with the patients. The majority of the exceptions are for non-response by the patients.

- The practice has 'QOF' alerts on every patient's home page on their individual patient records. These alerts identify the outstanding QOF areas and enables receptionists, nurses and clinicians to activity promote the need for patients to attend their reviews.
- The practice audit aspects of the exceptions each year to review any areas they could improve the up take going forward. They pass the results to NHS England for clarification. The practice acknowledges that each exception is justified but that does not prevent them from constantly trying to encourage patients to attend.
- A GP works on the Bradford wide GP Quality Improvement group which assists the practice in identifying any other ways of tackling the lack of patient invitation response from experiences of other practices.

Clinical audits demonstrated quality improvement.

- There had audits completed in the last two years, all of these were completed first cycle audits where the improvements made were implemented and monitored. The practice should undertake regular second cycle clinical audits cycles to keep people safe, including their minor surgery suite.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and

Are services effective?

(for example, treatment is effective)

control, fire safety, health and safety and confidentiality. One member of staff we spoke to told us that they had a review at four weeks, progress was discussed and support given.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included risk assessments, care plans, medical records and investigation 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.

Staff worked together and with other health, social care services and voluntary services to understand and meet the range and complexity of people's 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 are discharged from hospital. We saw evidence that clinical meetings took place every week, multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Health promotion and prevention

The practice had a range of leaflets available to patients in the waiting area. These included information about social groups that would suit different ages and abilities.

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol
- The practice ran a Sexual Health clinic and provided contraceptive services that were also open to patients from other surgeries.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81% which is comparable to the national average at 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 84% and five year olds from 98% to 86%. The lowest variation being the uptake of the Infant pneumococcal conjugate vaccine (PCV) vaccination at 5 years which was 6% below the CCG average. Flu vaccination rates for the over 65s were 80%, this is above the national average, and at risk groups 53% which is comparable to 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. One patient told us they had registered with the practice and had been able to see the nurse the same day. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Annual health checks were carried out for people with a learning disability.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous, patient and helpful to patients both attending the reception desk or on the telephone. People were treated with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared
- A wheelchair was available in reception for those with mobility difficulties.
- The reception desk had a lowered section to make it more accessible for those who were wheelchair users.
- Staff had recently completed Customer Care training and following discussions with the Patient Voice had introduced a policy where all staff would identify themselves by name when answering the telephone. Everyone we spoke with said that this had helped to improve communication between patients and staff.

All of the eight patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with three members of the Patient Voice. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt listened to by the practice and their views and ideas were regularly taken on board. The members said that communication was honest and open and the business manager regularly attended the meetings. Members of the group had been invited to assess issues with gaining appointments for patients and to comment on disabled access.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally slightly below comparable for its satisfaction scores on consultations with doctors and nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 77% said the GP gave them enough time during consultation's, compared to the CCG average of 85%, and a national average 87%).
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 95%, national average 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern, CCG average 84%, national average 85%.
- 84% said the last nurse they spoke to was good at treating them with care and concern, compared with a CCG average of 88% and a national average of 90%.
- 84% said they found the receptionists at the practice helpful compared with a CCG average of 83%, and a national average of 87%.
- 92% of patients who responded to a recent Friends and Family test said that they would recommend the practice.

Care planning and involvement in decisions about care and treatment

Patients told us that 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.

Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were slightly lower than local and national averages. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%
- 73% said the last GP they saw was good at involving them in decisions about their care compared to a CCG average of 79% and a national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

The practice had developed templates for care plans for headache, back pain and sexual health to assist patients to be involved in and lead their own care.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations, including notices encouraging people to become more involved in their local community.

The practice's computer system did not alert GPs if a patient was also a carer although this was documented in the patient notes and the practice demonstrated a high commitment to supporting carers. We discussed the introduction of an alert with the practice and they agreed to action this as a priority. They did not have a visual carer's icon on the person's record, but told us they would take steps to put this in place. By adding the icon it will make it much simpler to identify a person as a carer. The representative from the cares resource told us that they were confident that the practice had met the needs of carers.

The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. A charity representative had also spent time in the surgery speaking to patients and staff, distributing leaflets and information to carers and assisting the surgery to identify those with caring responsibilities.

We were informed that advice and support to cope with bereavement was available from practice staff.

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 Gold Standard Palliative care meetings involving the district nursing team and Macmillan Nurses were regularly held. CAF meetings were also held to identify and support vulnerable and at risk children.

- The practice offered extended opening hours on a Monday between 6:30pm and 8pm.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available. The practice did not have a hearing loop but said they would look at this following the inspection.
- The practice had a lift to enable easy access for less mobile patients and parents of young children. Toys were available in several areas for younger children.
- The practice held a sexual health clinic which was accessible to other practices in the area.
- A long term conditions clinic had been introduced.
- The outer doors were opened on command by a press button to enable easy access to the waiting area where two chairs with arms had been purchased to assist those who are less mobile to stand. Patients told us that if they struggled to access the surgery there was always someone who would assist.
- The practice offered minor surgery including joint injections
- Text messaging services were used to remind patients about appointments.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 9am to 5:30pm daily with later appointments until 7.20pm on Monday when the

surgery closed at 8pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. The practice acknowledged that this was an issue and discussed plans with us as to how this could be remedied in the future. People told us on the day that they were able to get appointments when they needed them.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%.
- Only 41% of patients said they could get through easily to the surgery by phone, this is 20% lower than the CCG and 33% lower than the national average of 74%
- 53% patients described their experience of making an appointment as good (CCG average 64%, national average 74%.
- 74% patients said they usually waited 15 minutes or less after their appointment time which was higher than the CCG average of 66% and a national average of 65%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all
- We saw that information was available to help patients understand the complaints system.

We looked at complaints received in the last 12 months and that these were satisfactorily handled and dealt with in a timely way. Staff discussed concerns and complaints in clinical meetings and the complaints policy was in place and readily available. Staff were aware of their responsibilities with regards to handling patient complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, more staff at reception during mornings and other busier times.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients and staff knew and understood the values. The practice had a robust strategy and forward thinking business plans which reflected the vision and values and were regularly monitored and discussed.

The practice clearly demonstrated a response to local and national initiatives and worked closely with three other practices. The practice stated they were involved in a federation with other GP practices in the area.

The practice had gained an award from The Royal College of General Practitioners (The Quality Practice Award) and had been reaccredited with the Investors in People award for the third time. This showed that the practice was able to demonstrate excellence in quality and staffing and that this was acknowledged by external awarding bodies.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff; the practice was beginning to use the document management system 'Intradoc' to improve staff access.
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were clear arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

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 knowing about notifiable safety incidents. Staff felt supported in their work and said they would feel comfortable in approaching the partners regarding any issues or concerns.

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff were supported to train and develop new skills and competencies and the practice is a teaching practice for medical and nursing staff. The partners had close links with the local university.
- We saw evidence of annual appraisals for staff.

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.

Are services well-led?

Good 

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

- It had gathered feedback from patients through the PPG, and through surveys and complaints received. There was an active PPG, Patient Voice, which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example Plasma screens had been purchased for the waiting areas which the Patient Voice had campaigned for.
- The Patient Voice group also assisted in the management of the Flu clinics. They asked people to join their group at these times and encouraged patients to complete the friends and family test. The staff and patients had worked together to host a Coffee Morning which had raised money for charity. A recent survey showed 92% of patients would recommend the practice.

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.

The team had recognised difficulties in practice nurse recruitment. To combat this they were very involved in the training of nursing staff at under graduate and post graduate level to equip nurses with the skills they need to become future practice nurses. A practice nurse at the surgery had been offered a post following participation in this scheme. Other examples include commitment to the Sexual Health and Contraceptive Clinic and the Long Term Conditions Clinic.