

Eccleston Medical Centre Partnership

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Ecclestone Medical Centre Partnership	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ecclestone Medical Centre Partnership on 19 September 2017. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the care and treatment they received from clinicians was highly positive. Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they could get an urgent appointment when needed but some felt they had to wait too long for a routine appointment.
- Complaints had been investigated and responded to in a timely manner.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice had a clear vision to provide a safe and high quality service.

Summary of findings

- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice sought patient views about improvements that could be made to the service. This included the practice having and consulting with a patient participation group (PPG).

Areas where the provider should make improvement:

- Review the management of the appointments system to facilitate greater flexibility for booking routine appointments.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguard them from abuse.
- Staff had been trained in safeguarding and they were clearly aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.
- Procedures were in place to ensure appropriate standards of hygiene were maintained to prevent the spread of infection.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- Pre-employment checks had been carried out to ensure staff suitability.
- Systems were in place to ensure the safe prescribing of medicines. Patients had a regular review of their medicines as appropriate and people who required regular monitoring for their medicines received this.
- The practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those locally and nationally.
- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided.
- Clinical audits were carried out to drive improvement in outcomes for patients.

Summary of findings

- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- A system of appraisals was in place and all staff had undergone an up to date appraisal of their work.

Are services caring?

The practice is rated as good for providing caring services.

- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. They gave us very positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national patient survey showed that the practice received scores that were higher than local and national average for aspects of care. For example, having tests and treatments explained and for being treated with care and concern.
- Information for patients about the services available to them was easy to understand and accessible.
- The practice maintained a register of patients who were carers in order to tailor the services provided. For example to offer them health checks and immunisations.
- A notice board had been designated to provide information for carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG) and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- Patients we spoke with said they could get an urgent appointment when needed. But a number of patients said they felt they waited too long for a routine appointment.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and the practice responded quickly to issues raised. Any learning from complaints was shared appropriately.

Good



Summary of findings

Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- There were good systems in place to govern the practice and support the provision of good quality care.
- 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 used feedback from staff and patients to make improvements. This included the practice having an active patient participation group (PPG).
- There was a focus on continuous learning, development and improvement linked to outcomes for patients.
- The challenges and future developments of the practice had been considered.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population.
- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to outcomes for patients locally and nationally.
- GPs carried out regular visits to a local care home to assess and review patients' needs and to prevent unplanned hospital admissions.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

Good



People with long term conditions

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

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- The clinical team provided regular, structured reviews of patients' health.
- Patients with several long term conditions were offered a single, longer appointment to avoid multiple visits to the surgery.
- Performance data showed that the practice was performing similarly to other practices nationally for the care and treatment of people with chronic health conditions.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.

Good



Summary of findings

- Patients were provided with advice and guidance about prevention and management of their health and were signposted to support services.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances.
- One of the GPs was the designated lead for safeguarding.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Immunisation rates were comparable to the national average for all standard childhood immunisations. Opportunistic immunisations were given to encourage uptake. The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they identified to relevant professionals.
- Babies and young children were offered an appointment as a priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.

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.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- The practice worked with other health and social care professionals in the case management of vulnerable people.
- A list of vulnerable patients was maintained to ensure these patients were given access to an appointment on the day.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided access and facilities for people who were disabled.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to local and national averages.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- Systems were in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.
- The practice referred patients to appropriate services such as psychiatry and counselling services and patients were informed about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The results of the national GP patient survey published July 2017 showed the practice received scores that were comparable to or higher than average scores in most areas including patients' experiences of the care and treatment provided, their interactions with clinicians and their experiences of making an appointment. There were 269 survey forms distributed and 128 were returned which equates to a 48% response rate. The response represents approximately 4% of the practice population.

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

For example:

- 94% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 91% and national average of 89%.
- 96% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).
- 88% said the last GP they saw gave them enough time (CCG average 90%, national average 86%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 97% national average 95%).
- 98% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

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

- 83% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 63% and a national average of 71%.
- 68% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 75% were fairly or very satisfied with the surgery's opening hours (CCG average 76%, national average 76%).
- 90% found the receptionists at the surgery helpful (CCG average 87%, national average 87%)

A similar to average percentage of patients, 87%, described their overall experience of the surgery as good or fairly good. This compared to a CCG average of 85%, national average of 85%.

We spoke with seven patients during the course of the inspection visit and they told us the care and treatment they received was very good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards. The feedback in all of these was highly positive about the standard of care and treatment patients received. Staff in all roles received praise for their professional care.

Areas for improvement

Action the service SHOULD take to improve

Review the management of the appointments system to facilitate greater flexibility for booking routine appointments.

Eccleston Medical Centre Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Eccleston Medical Centre Partnership

Eccleston Medical Centre Partnership is located in St Helens, Merseyside. The practice was providing a service to 2,938 patients at the time of our inspection.

The practice is part of St Helens Clinical Commissioning Group (CCG) and is situated in an area with lower than average levels of deprivation when compared to other practices nationally. The practice has a higher than average working age population. The percentage of the patient population who have a long standing health condition is 48% which is lower than the national average of 53%.

The practice is run by four GP partners. There is an additional salaried GP (three male and two female). There are two practice nurses, one of whom is a nurse practitioner, a practice manager and a team of reception/administration staff.

The practice is open from 8am to 6.30pm Monday to Friday. When the surgery is closed patients are directed to the GP out of hours service provider St Helens Rota.

The practice is an approved training practice for trainee GPs.

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

The practice has a Personal Medical Services (PMS) contract. The practice provides a range of enhanced services, for example: childhood vaccination and immunisations and checks for patients who have a learning disability.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 September 2017. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, a practice nurse, the practice manager, reception staff and administrative staff.
- Spoke with patients who used the service and with a member of the patient participation group (PPG).
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting, recording and responding to significant events. Staff told us they would inform the practice manager of any incidents and there was a form for recording these available on the practice's computer system. The provider was aware of their responsibilities to report notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We looked at a sample of documented events and we were assured that the learning from these had been disseminated and implemented into practice. Significant events and matters about patient safety were discussed at regular practice meetings and an annual review of significant events was carried out.

A system was in place for responding to patient safety alerts. This clearly demonstrated that the information had been disseminated and action had been taken to make any required changes to practise.

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 them from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a lead member of staff for safeguarding. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding and they provided examples of when they had raised safeguarding concerns.
- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who

acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had undergone a Disclosure and Barring Service (DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and they were responsible for liaising with the local infection prevention team. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The practice had achieved a high score during the most recent audit and action had been taken to address a required improvements.
- An assessment of the risk and management of Legionella had been undertaken and measures were in place to mitigate risks associated with Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for the safe management of medicines, including emergency drugs and vaccinations. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a system to ensure the safe issue of repeat prescriptions. There was a system to ensure that patients who were prescribed potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. Patients who were on repeat prescriptions underwent an annual review of their medicines as appropriate. The practice carried out regular medicines audits, with the support of the local CCG pharmacy team. Medicines prescribing data for the practice was comparable to national prescribing data. A system was in place to account for prescriptions pads and they were stored securely.
- The practice had a good level of staff retention and many of the staff across all roles had been in post for a number of years. We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate

Are services safe?

recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the DBS. We found that proof of photographic identification was not on personnel files for all longer standing members of the staff team but this was rectified immediately following the inspection visit.

- The practice manager kept a record to show that all medical staff were appropriately revalidated and registered with their respective governing bodies to ensure their continued suitability. For example with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC).

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a range of health and safety related policies and procedures that were available to staff.
- The practice had up to date health and safety related risk assessments and safety checks were carried out as required. For example, fire safety equipment, electrical equipment and clinical equipment were checked to ensure they were working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all of the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents. For example;

- There was an instant messaging system on the computers in each of the consultation and treatment rooms and call buttons which alerted staff to an emergency.
- Staff had received annual basic life support training.
- The practice had emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a system in place to ensure the medicines were in date and fit for use.
- The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks.
- A first aid kit was available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The GPs clearly demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

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

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. This is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 96% of the total number of points available with below average exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2015 to March 2016 showed performance in outcomes for patients was comparable to that of the Clinical Commissioning Group (CCG) and national average. For example;

- The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 84% compared to a Clinical Commissioning Group (CCG) average of 81% and a national average of 80%.
- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 74% (CCG average 79%, national average 78%).

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 94% (CCG average 92%, national average of 89%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 89% (CCG average 83%, national average 82%).
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 77% (CCG average 81%, national average 83%)
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 100% (CCG average 89%, national average of 88%).

Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We viewed a number of clinical audits and these demonstrated improvements in outcomes for patients.

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. Multidisciplinary (MDT) meetings were held on a regular basis. The needs of patients with more complex health or social care needs were discussed at the meetings with an aim to ensure that a holistic approach to their needs was being adopted.

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.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. There was a training plan in place to ensure staff kept up to date with their training and they had

Are services effective?

(for example, treatment is effective)

access to and made use of e-learning training modules and in-house training. Staff had been provided with training in core topics such as: safeguarding (adults and children), fire safety, infection control, manual handling, basic life support and information governance.

- Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- The practice was closed for one half day per month which enabled staff to attend meetings and undertake training and professional development opportunities.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and intranet system. This included care plans, medical records, investigations and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

Effective systems were in place to ensure referrals to secondary care and results were followed up and to ensure patients discharged from hospital received the care and treatment they required.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

Consent to care and treatment

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

- Staff had been provided with training on consent and mental capacity and they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

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

- The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and diabetes. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.
- The practice offered national screening programmes, vaccination programmes and long term condition reviews. The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action.
- Data relating to health screening showed that the practice was performing comparable to or better than other practices nationally. For example, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 82%, compared to the national average of 72%. There was a policy to offer reminders to patients who did not attend for their cervical screening tests.

Are services effective?

(for example, treatment is effective)

There was a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening uptake rates were higher than national average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 64% (national average 57%) and females (aged 50-70) screened for breast cancer in the last 36 months at 75% (national average 72%).
- Childhood immunisation rates for the vaccinations given were 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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Health promotion information was available in the reception area and on the provider's website. Patients were referred to or signposted to health promotion services such as dietician, smoking cessation and alcohol support services.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were very courteous and helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. All of the 24 comment cards we received were positive and highly complementary about the caring nature of the service provided by the practice.

During our discussions with staff, and from our observations of their interactions with patients, we found that they showed a clear patient centred approach to their work. Staff told us they felt they knew the needs of the patients well and we heard a number of examples of how staff had acted above and beyond their roles and responsibilities to support patients.

Results from the national GP patient survey published July 2017 showed patients felt they were treated with care and concern. The practice received scores that were comparable to or higher than average when compared to Clinical Commissioning Group (CCG) and national scores. For example;

- 88% of respondents said the last GP they saw gave them enough time compared to a CCG average of 90% and a national average 86%.
- 94% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 89% national average 86%).
- 96% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 93%, national average of 91%).
- 96% said that the last time they saw or spoke to a nurse, they were good or very good at treating them with care and concern (CCG average 93%, national average 91%).

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

The practice scored higher than local and national averages with regards to the helpfulness of reception staff as 90% of respondents said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

The practice received a score that was higher than local and national scores for patient's overall experience of the practice as 87% described this as 'fairly good' or 'very good'. (CCG average 85%, national average 85%).

We spoke with seven patients who were attending the practice at the time of our inspection and they gave us very positive feedback about the caring nature of staff in all roles. This included three members of the Patient Participation Group (PPG).

Care planning and involvement in decisions about care and treatment

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

- 94% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 91% and a national average of 89%.
- 96% said the last nurse they saw or spoke to was good at listening to them (CCG average of 93%, national average of 91%).
- 90% said the last GP they saw was good at explaining tests and treatments (CCG average of 89%, national average of 86%).
- 96% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 92%, national average of 90%).

Are services caring?

- 90% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 85%, national average of 82%).
- 92% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 88%, national average of 85%).

Patient and carer support to cope emotionally with care and treatment

Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions and support was also available on the practice's website.

The practice maintained a register of carers and at the time of the inspection there were 120 carers on the register, which is 4% of the patient population. The practice's

computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They were also offered flu immunisations and health checks. Written information was available to direct carers to the various avenues of support available to them. A carers' notice board and information file was available in the main waiting area. A member of staff had been designated as a 'carer's champion' and they took a lead role in promoting support to carers.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its patient population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

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

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical conditions that required same day consultation.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions.
- Patients who were particularly vulnerable had been identified and they were given priority for same day appointment requests.
- There were longer appointments available for patients with a learning disability.
- Reasonable adjustments had been made to remove barriers and ensure patients could access the service. For example, a hearing loop system was available to support people who had difficulty hearing and translation services were available.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. The appointment system had been reviewed and adapted over time in response to capacity and demand. People told us on the day that they were able to get an urgent appointment when they needed one. However, a small number of people told us they felt they waited too long for a routine appointment. We looked at the appointments system and this confirmed that there was a two week wait for routine appointments.

Results from the national GP patient survey published July 2017 showed that practice received scores that were generally comparable to or lower than local and national averages for satisfaction with how patients could access care and treatment. For example:

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 83% compared to a CCG average of 63% and a national average of 71%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 75% (CCG average 76%, national average of 76%).
- 76% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 81%, national average 84%).
- 68% of patients described their experience of making an appointment as good (CCG average 69%, national average 73%).

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. These assessments were done by a telephone triage system. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice was located in a prefabricated building. The staff team and patients and representatives of the Patient Participation Group (PPG) told us they had worked hard to secure alternative premises. In the meantime reasonable adjustments had been made and action taken to remove barriers when people found it hard to use or access the service. The premises were accessible and facilities were provided for people who were physically disabled.

Listening and learning from concerns and complaints.

A complaints policy and procedure was in place and information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with. The practice manager updated the practice complaints leaflet immediately following the inspection to ensure this provided accurate and up to date information to patients.

We found there had been two complaints received in the last 12 months. These had been investigated and responded to in a timely manner. Patients had been provided with an explanation and an apology as appropriate.

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

Complaints were discussed on a regular basis at practice meetings. Lessons had been learnt from concerns and complaints and action had been taken to improve the quality of care and patients' experiences of the service.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives. These included;

The provision of medical care focussing on evidence based medicine and current best practice in line with national guidelines; The provision of personalised care with compassion and upholding the values of a traditional family practice; Being approachable to promote patient wellbeing and involve patients in decision making about their treatments and encourage participation; To ensure members of the staff team have the right skills and training to carry out their duties competently; To create an environment for care, growth, education and learning for staff; To propagate a culture of healthy lifestyle and disease prevention in the patient population; To encourage feedback from patients. Staff we spoke to demonstrated that they supported the aims, objectives and values of the practice.

The provider had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality.

Governance arrangements

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

- There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.
- The system for the reporting and management of significant events was appropriate and learning gained from the investigation of events was used to drive improvements.
- The GPs used evidence based guidance in their clinical work with patients.
- The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance

indicators to measure their performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.

- Clinical audits were carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The clinical system was used effectively to ensure patients received the care and treatment they required.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).
- There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care.
- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

Leadership and culture

On the day of the inspection the provider demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.

The provider encouraged a culture of openness and honesty. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all

Are services well-led?

Good 

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

roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with training linked to their roles and responsibilities.

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

The practice actively encouraged and valued feedback from patients and acted upon this. The practice had an established and engaged patient participation group (PPG). A member of the PPG told us they attended regular meetings with the practice and they gave us a number of examples of how the practice had made improvements to the service in response to their feedback. The practice also told us how they worked with the PPG and responded to their feedback.

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

The practice used information from complaints received to make improvements to the service. They periodically reviewed complaints to identify any themes or trends and to ensure they had been acted on appropriately.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The provider was aware of challenges to the service. These included; the increasing demand for services and the restrictions for growth caused as a result of the current premises. They told us a new site had been identified for the relocation of the practice and they were hoping to see some progress in this area in the next 12 months. The practice had also been approved as a GP training site and the provider was planning to offer placements to GP trainees, student nurses and Physicians Assistants upon securing new premises.