Fulwood Green Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fulwood Green Medical centre on 27 January 2016. 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 and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- Feedback from patients on the day of the inspection about their care was consistently and strongly positive. 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 found it easy to make an appointment, there was good open access to GP appointment each day for urgent and emergency appointments.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

We saw one area of outstanding practice:

- The practice offered a comprehensive, discreet and confidential sexual health clinic run by experienced GPs and practice nurses. The full range of sexual health services including sexual health advice, support, sexual transmitted disease (STD) testing and treatment and contraceptive advice was available for all patients. The clinic offered a drop in facility and operated alongside their extended hours from 5pm to 7pm on a Monday evening. Implants and contraceptive intra uterine devices (IUD/IUS) were also fitted by staff trained to undertake this extensive role. This enabled the patients access to a full range of sexual health services within the practice and patients we spoke with valued this service.

The areas where the provider should make improvement are:

- Infection control training should be undertaken by all staff.
- The provider should review the systems in place for the security ofmedicines prescription.
- The systems in place for responding to patient safety alerts should be reviewed. A lead person should be identified for this role to ensure that changes are made to patient care when alert information is received at the practice.
- All GPs should ensure that at risk children who fail to attend hospital appointments are followed up by the practice.
- A documented audit trail should be maintained for all patient complaints made to the practice.
- Staff files should have records and certificates to show the full and completed training undertaken for each staff member.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. There was a good system in place for reporting and recording significant events. We found that where unintended or unexpected safety incidents had occurred, patients received reasonable support information, a verbal and written apology and were 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. However, GPs did not routinely ensure that at risk children who failed to attend hospital appointments were followed up by the practice. Risks to patients were assessed and well managed. There were infection control policies and procedures in place, staff were aware of their responsibilities in relation to these but had not attended infection control training. There were safe systems in place for the management of medicines but patient prescription pads were not securely monitored. There was no lead person to manage and ensure staff responded to patient safety alerts and ensured that changes were made to patient care when alert information was received at the practice.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits were undertaken and used to promote quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff received a comprehensive induction and annual appraisal. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

Good

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

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. 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 said that access was good particularly the open access surgeries each morning for urgent appointments with the GP. 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 had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. There was a clear leadership structure and staff felt supported by management. The practice had a new management team with designated management responsibilities. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The partners encouraged a culture of openness and honesty. Staff felt supported and training opportunities were good. The practice had systems in place for recording and reporting notifiable safety incidents. The practice used the findings from clinical and other audits to improve outcomes for patients. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group made a contribution to this and there were many examples where the practice had listened to their suggestions for change.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Comprehensive geriatric assessments were undertaken for 145 older patients in 2015 enabling the early identification of needs. The practice had taken part in both the dementia enhanced service offering dementia screening and the avoiding unplanned admissions direct enhanced service mainly focusing on older patients. Recently the practice held a coffee morning for Macmillan Cancer Care raising money and reaching out to patients who may be more vulnerable and isolated. The practice nurse clinician case manages the care and treatment of housebound older patients with both long-term and acute conditions. The practice developed a 'Frailty Register' in October 2015 whereby those patients who met this criteria were coded and discussed at monthly in house clinical meetings. All patients who had been discharged form hospital were visited within a week by the practice nurse clinician to ensure that any changes needed to the care plan, such as medications, would be acted upon.

People with long term conditions

Good

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. Systematic nurse-led recall systems were in operation along with telephone consultations and home visits for the housebound. All these patients had a named GP and a structured annual review to check that their health and medication 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. This included access to a health trainer who ran clinics at the practice on a weekly basis.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up

children living in disadvantaged circumstances and who were at risk. The practice had a "never refuse to assess" policy for all children under 12. Even outside the hours of their emergency surgeries there was always a GP or nurse clinician on hand to undertake an urgent telephone or face-to-face assessment if parents or carers were concerned. In 2014-15 the practice, with winter pressures funding from the CCG, were able to offer an open access clinic for children and young people every afternoon. This resulted in considerable reductions in the number of children who attended the local children's hospital A&E department. Antenatal, well baby and immunisation clinics ran in conjunction with health visitor and midwife colleagues on a weekly basis with support from a GP. Immunisation rates at the practice 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. Contraception and Sexual Health (CASH) drop-in clinics were available for young adults each week on a Monday evening.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Extended hours was available each Monday till 7.30pm.

People whose circumstances may make them vulnerable

Good

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 including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability. The practice had developed close links with the Citizens Advice Bureau to implement the 'Advice on Prescription' scheme. The practice had in-house assessment and therapy for patients with

psychosexual problems. A private therapist was hosted at the practice. The practice current rate of physical health checks for vulnerable patients was 39.34% against a Liverpool threshold of 37% at the time of our inspection.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). All of the patients experiencing poor mental health had received an annual physical health check. 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 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 (A&E) where they may have been experiencing poor mental health. Staff received training on how to care for people with mental health needs and dementia. The practice had a good working relationship with the local Mental Health Liaison Nurse, validating the disease registers and providing physical health checks.

Summary of findings

What people who use the service say

The results from the National GP Patient Survey results published in January 2016 showed the practice was performing in line with local and national averages. There were 287 survey forms distributed and 124 were returned, this is a completion rate of 43% and representative of 1.9% of the practice population. The survey results were at or above the local CCG and national averages. For example;

- 90% found it easy to get through to this surgery by phone, (CCG average of 75%, national average of 73%).
- 91% found the receptionists at this surgery helpful (CCG average 85%, national average 85%).
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 80% described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 67% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

The practice needed to improve in the following areas:

- 41% of respondents with a preferred GP usually get to see or speak to that GP (local CCG average, 58**%** National average: 59**%**).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Positive comments were made about how friendly, caring and supported all staff were and how they had been treated with dignity and compassion. We spoke with nine patients during the inspection. All 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 areas where the provider should make improvement are:

- Infection control training should be undertaken by all staff.
- The provider should review the systems in place for the security of medicines prescription.
- The systems in place for responding to patient safety alerts should be reviewed. A lead person should be identified for this role to ensure that changes are made to patient care when alert information is received at the practice.
- All GPs should ensure that at risk children who fail to attend hospital appointments are followed up by the practice.
- A documented audit trail should be maintained for all patient complaints made to the practice.
- Staff files should have records and certificates to show the full and completed training undertaken for each staff member.

Outstanding practice

The practice offered a comprehensive, discreet and confidential sexual health clinic run by experienced GPs and practice nurses. The full range of sexual health services including sexual health advice, support, sexual transmitted disease (STD) testing and treatment and contraceptive advice was available for all patients. The

clinic offered a drop in facility and operated alongside their extended hours from 5pm to 7pm on a Monday evening. Implants and contraceptive intra uterine devices (IUD/IUS) were also fitted by staff trained to undertake this extensive role. This enabled the patients access to a full range of sexual health services within the practice and patients we spoke with valued this service.

Fulwood Green Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Fulwood Green Medical Centre

Fulwood Green Medical Centre is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post natal care. The practice is a long established GP practice working in the centre of Liverpool in a moderately deprived area of the city. The practice has a General Medical Services (GMS) contract with a registered list size of 6689 patients (at the time of inspection). The practice had a high proportion of patients between the ages of 25-34.

The practice has four GP partners, a practice nurse, nurse clinician and health care assistant, practice and finance manager and a number of administration and reception staff. The practice operates from 8am to 6.30pm with extended hours each Monday evening until 7.30pm. The practice has open access appointment for GPs for urgent cases each morning. Bookable appointments are available daily. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

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, 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 27 January 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members

Detailed findings

- 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.

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. All staff were engaged with the process and regularly completed the forms to report such events. All incidents were logged and discussed at the following practice meeting to identify actions that were needed. A further review of the incident took place six months after the meeting to identify if the actions agreed had been completed.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where significant events were discussed. Records were detailed and identified the root course of the incident and actions required to return to safe practice. Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed the process for the receipt of national patient safety alerts. While all staff received these, there was no formal protocol for staff to follow or manager with leadership responsibility to ensure actions were taken as indicated in the safety alert.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities however safeguarding training for administration staff had lapsed at the time of the inspection. The practice manager was aware of this and was in the process of obtaining new dates for this. All clinicians were trained to Safeguarding level 3. The practice did not routinely ensure that at risk children who failed to attend hospital appointments were followed up by the practice. Failure to attend appointments may be an indication that the carers of the child are failing to engage with health professionals and can be an indication that they are not meeting the health and welfare needs of their child.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The health care assistant 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 but staff had not 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.
- 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 carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored but there was no system in place to monitor their usage.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. The practice did not undertake a DBS for administration and reception staff because they did not undertake chaperone duties. At the inspection the partners decided that all staff should have a DBS and arrangments were put in place to complete this.

Good

Are services safe?

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

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 in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.

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.
- All staff received annual basic life support training, this was scheduled for soon after our inspection. The practice had emergency medicines available in the treatment room.
- The practice had an automated defibrillator and oxygen equipment available on the premises. A first aid kit and accident book was available.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. 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 practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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 91.4% of the total number of points available, with 4.3% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- Performance for diabetes assessment and care was generally similar to or slightly above or below the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 89% compared to 88% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 81% compared to 78% nationally.
- Performance for mental health assessment and care was similar to or slightly above the national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% compared to 88% nationally.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was slightly lower at 80% compared to 81% nationally.
- 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 90% compared to 89% nationally.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Generally they were carried out annually and there was a cycle in place to repeat audits within the 12 month cycle. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example a completed audit for the management of coronary heart disease was undertaken; the objective was to ensure that any patients who were coded as having coronary heart disease were also taking aspirin or an equivalent antiplatelet, unless there was a documented reason for them not to be taking this. The audit took place in 2015 and again in December 2015. On both occasions GPs shared the outcome of audits with other GPs at the practice to contribute to continuous learning and improvement of patient outcomes.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, cancer, alcohol and drug misuse, dementia, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. For example, the practice had monthly multi-disciplinary meetings to discuss the needs of patients with complex needs, quarterly palliative care meetings and bi-monthly meetings with the health visiting

Good

Are services effective?

(for example, treatment is effective)

service to discuss the needs of younger children. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice demonstrated how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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 care and 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 patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a 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, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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 cessation. We saw that patients were then signposted to the relevant service.

The practice provided information to patients via their website and in leaflets and information in the waiting area about the services available. The practice also provided patients with information about other health and social care services such as carers' support. Staff we spoke with were knowledgeable about other services, how to access them and how to direct patients to relevant services.

The practice's uptake for the cervical screening programme was slightly lower at 80% compared to 81% nationally. They were aware of this and the practice had a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also

Good

Are services effective?

(for example, treatment is effective)

encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages.

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were all offered an annual health check. The IT system prompted staff when patients required a health check such as a blood pressure check and arrangements were made for this.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. The practice had an open plan reception area and we were told by patients that to ensure patient confidentiality they could write down their reason for an appointment rather than say it out loud. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service patients experienced. Patients said they felt that all staff were kind, caring and sensitive to their needs. Some patients said the care they received by the GPs was excellent. We had a number of patients who told us that reception staff often 'went the extra mile' to ensure they were treated with dignity and respect. There were no negative comments made by patients who completed our comments cards. We spoke with nine patients during our inspection along with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Data from the National GP Patient Survey published in January 2016 showed that patient's responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about or above average when compared to local and national averages for example:

- 91% said the GP gave them enough time (CCG average 90%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 91% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They told us the doctors and nurses always explained clearly any treatments they were to receive. They told us they did not feel rushed during their appointment and they always felt the doctors listened to them during consultations. Patient feedback on the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally in line with or above local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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. Written information was available to direct carers to the various avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP

Good

Are services caring?

contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a comprehensive, discreet and confidential sexual health clinic by experienced GPs and practice nurses. The full range of sexual health services including sexual health advice, support, sexual transmitted disease (STD) testing and treatment and contraceptive advice was available for patients both male and female. The clinic offered a drop in facility and operated alongside their extended hours from 5pm to 7.30pm on a Monday evening. Implants and contraceptive intra uterine devices (IUD/IUS) were also fitted by staff trained to undertake this extensive role. This enabled patient's having access to a full range of sexual health services without having to leave the practice and patients we spoke with valued this service.
- Local community anticoagulation clinics were hosted at the practice.
- They provide a 'weekly ward round' in conjunction with the community matron to support patients with young on-set dementia in a local care home.
- The practice provided an in-house assessment and therapy for patients with psychosexual problems.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice worked closely with the local Mental Health Trust community liaison worker to meet the needs of patients
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.
- Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement. A private therapist was hosted at the practice.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Extended hours were operated each Monday till 7.30pm. Appointments were from 8.30am to 6.30pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice also had an open access system each morning and patients spoke positively to us about this.

Results from the National GP Patient Survey published January 2016 showed that patient's satisfaction with how they could access care and treatment was slightly higher and lower to local and national averages.

- 81% of patients were satisfied with the practice's opening hours (CCG average of 79%, national average of 75%).
  90% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 41% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 59%).

  People told us on the day of the inspection that they were able to get appointments when they needed them.

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 complaints in the practice. We saw that information was available to help patients understand the complaints system including a complaints leaflet and posters in the patient waiting area. We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. The records showed openness and transparency with dealing with the complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. However

Good

Are services responsive to people's needs?

(for example, to feedback?)

the full audit trail of information relating to each complaint was not available and gaps in terms of missing information, such as response letters, were not seen in all of the complaints files.

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. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a newly appointed management team who were embedding the governance processes at the time of our inspection. The senior partners outlined the structures and procedures in place at the start of the inspection and throughout the day. We found there to be a clear staffing structure and staff were aware of their roles and responsibilities. There were practice specific policies and procedures which were being updated and reviewed at the time of our visit. The management team had a comprehensive understanding of the performance of the practice, weekly and monthly monitoring meetings took place to monitor this.

The practice had a continuous clinical and internal audit system which was used to monitor quality and to make improvements to patient care and experience. The practice had robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was evidence to show they continually reviewed their practice and took account of adverse incidents, near misses that had occurred including the outcomes of complaints investigations within the practice so that future lapses could be avoided.

Leadership and culture

The partners in the practice had 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 they were approachable and always took 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. When there were unexpected or unintended safety incidents staff were supported, patients were notified if required and a truthful verbal or written apology was given.

There was a clear leadership structure in place and staff felt supported by management. Regular weekly and monthly team meetings were held. Staff said they felt respected, valued and supported, particularly with access to staff training. Staff had a learning and development plan based on the needs of the individual and the role they undertook at the practice. The practice had a support structure in place for supervision and they reported an open door access to the management team when their advice and support was needed. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We heard positive feedback for the support given by the practice manager and the GPs who attended their meetings. For example, the group undertook their own patient survey in 2015, they idenfied questions that were important to patients, such as access and they presented the finding to the practice team.

Feedback from staff was gathered at the weekly and monthly meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They reported an open culture within the practice and said they had the opportunity to raise any issues at team meetings, they felt confident in doing so and felt supported. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

Good

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice offered a comprehensive, discreet and confidential sexual health clinic by experienced GPs and practice nurses. The full range of sexual health services including sexual health advice, support, sexual transmitted disease (STD) testing and treatment and contraceptive advice was available for patients both male and female.