

Melbourne Park 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Melbourne Park Medical Centre on 7 October 2016. Overall the practice is rated as good.

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

- There was an open approach to safety across the practice. Systems were in place which supported staff to report and record significant events. Significant events were investigated and appropriate action taken as a result.
- Risks to patients were assessed and well managed across the practice.
- Care was delivered to patients in line with current evidence based guidance. Staff had received training which provided them with the skills and knowledge to deliver effective care and treatment.
- Feedback from patients was generally positive about their interaction with practice staff and the standard of care and treatment they received.

- The majority of patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. This was supported by data from the GP patient survey.
- Information about services and how to complain was available in the waiting area and was easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. The practice responded to complaints openly and was keen to meet with complainants to resolve issues as swiftly as possible.
- Patients said they were generally able to access urgent appointments but said it could be difficult to get through to the practice by telephone. In response to issues related to access the practice had improved their telephone system and data from the GP patient survey showed improvements over the last three years.

Summary of findings

- The practice had occupied new premises since 2015 which had good facilities and were well equipped to treat patients and meet their needs. The new premises afforded the practice additional space and provided the flexibility for future expansion.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- In addition to standard health checks, one of the practice nurses provided a home visiting service to elderly patients who were unable to attend the surgery. This was undertaken on a weekly basis. The practice nurse also performed over 85s checks in the community which enabled identification of health and

social issues. We saw evidence that the majority of older patients in the practice were receiving regular health reviews. For example, the practice had 495 registered patients over the age of 75, 429 of whom had received a health review in the last 12 months.

The areas where the provider should make improvement are:

- Ensure all staff receive regular appraisals
- Continue to review and improve access to appointments
- Improve the recording of reviews undertaken in relation to significant events
- Improve the identification of carers and the support available to them.

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



- There were systems in place to enable staff to report and record significant events. Significant events were discussed and changes made as a result. Reviews of significant events were not always documented.
- Learning was shared with the appropriate staff members to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and apologies where appropriate. They were told about actions which had been taken to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There was a designated safeguarding lead within the practice who liaised regularly with community based staff.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally in line with local and national averages. For example, a
- Staff assessed needs and delivered care in line with current evidence based guidance. The practice had a lead clinician responsible for clinical effectiveness. Updates and changes to guidelines were regularly discussed within the practice.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Multidisciplinary meetings were held with community based staff on a monthly basis.
- The majority of older patients in the practice were receiving regular health reviews. For example, the practice had 495 registered patients over the age of 75, 429 of whom had received a health review in the last 12 months.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for indicators related to care. For example, 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- Feedback from the majority of patients was that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- During our inspection, we saw staff treated patients with kindness and respect and maintained patient and information confidentiality.
- The practice had identified 44 patients as carers; this equated to 0.6% of the practice's patient list.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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. For example, the practice had redeveloped their premises in 2015 to ensure these met the needs of their patients.
- Patients said they could generally access urgent appointments when these were required but that it could sometimes be difficult to get through to the practice by telephone. The practice was aware of areas for improvement and GP patient survey results demonstrated that some improvements had been made.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Services were hosted from the premises to help meet the needs of the local population. For example, a sexual health clinic was hosted from the practice.
- Information about how to complain was available and easy to understand. The practice responded promptly and openly to issues raised. Learning from complaints was shared disseminated appropriately.

Good



Are services well-led?

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

Good



Summary of findings

- There was a clear mission to deliver high quality care and promote good outcomes for patients. Staff were clear about the mission and values of the practice and their role in achieving these.
- There was a clear leadership structure which was outlined on an organisational chart. A management matrix defined the lead clinical and managerial roles within the practice. The partners were supported to run the practice by a management team who had responsibilities in a range of areas such as IT and reception. Staff felt well supported by the management team and the partners.
- Evidence showed that the practice had given due consideration to future planning including areas such as succession planning for the practice manager who planned to retire in the near future.
- A range of policies and procedures were in place to govern activity and were accessible to all staff.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners and management team encouraged a culture of openness and honesty.
- Feedback was sought from staff and patients and was acted upon. The patient participation group was active and had been involved in supporting the practice development of the new premises.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- One of practice nurses provided a home visiting service for elderly housebound patients. In addition to this they undertook health checks for patients over 85 in the community.
- We saw evidence that the majority of older patients in the practice were receiving regular health reviews. For example, the practice had 495 registered patients over the age of 75, 429 of whom had received a health review in the last 12 months.

People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had higher than average clinical prevalence for the majority of long-term conditions with the exception of asthma.
- Performance for diabetes related indicators was 72.4% which was 6.7% below the CCG average and 16.8% below the national average. The exception reporting rate for diabetes indicators was 4.6% which was significantly below the CCG average of 9.8% and the national average of 10.8%.
- Performance for indicators related to hypertension was 100% which was 1.4% above the CCG average and 2.2% above the national average. The exception reporting rate for hypertension related indicators was 2.9% which was below the CCG average of 3.7% and the national average of 3.8%.
- Effective call and recall systems were operated to ensure patients were reminded to attend the practice for the management and monitoring of their conditions. The practice did not routinely exempt patients as a result of non-attendance and had a low exception reporting rate.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours with afternoon appointments until 6pm to facilitate access for school age children.
- The premises were suitable for children and babies. There was a dedicated child play area in the waiting room.
- We saw positive examples of joint working with community based staff to ensure children were safeguarded from abuse.
- A weekly sexual health clinic was hosted by the practice.

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.
- Although the practice did not provide extended hours services, there were a number of early appointments available at 8.30am and afternoon appointments were available until 6pm.
- Patients could book appointments online and access medical advice via telephone where appropriate.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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.

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There was a dedicated lead clinician for patients with a learning disability; 75% of patients with a learning disability had received an annual health check in the last 12 months.
- Longer appointments were offered for patients with a learning disability where these were required.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and 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. Staff had been provided with training in relation to dealing with issues of domestic violence.

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).

Good



- Performance for mental health related indicators was 98.5% which was 9.8% above the CCG average and 5.7% above the national average. The exception reporting rate for mental health related indicators was 6.7% which was below the CCG average of 10.5% and below the national average of 11.1%.
- 78.4% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 6.6% below the CCG average and 5.6% below the national average. This exception reporting rate for this indicator was 1.9% which was significantly below the CCG average of 8.5% and the national average of 8.3%.
- The practice had a practice specific objective regarding self-harm and suicide involving reviews and significant event analyses of a number of cases. The findings were shared with three other local practices.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- Information was available for patients experiencing poor mental health about how to access support groups and organisations.
- The practice was involved with a CCG led project the 'Physform Project' as part of the pilot with nursing team and GP input. This provided comprehensive assessments of patients with mental health problems.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey which were published in July 2016. The results showed the practice was performing in line with local and national averages for most indicators. A total of 285 survey forms were distributed and 122 were returned. This was equivalent to a 43% response rate and represented 1.6% of the practice's patient list.

Results showed:

- 57% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.

- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we provided CQC comment cards for completion by patients prior to our inspection. We did not receive any completed comment cards. We spoke with eight patients during the inspection. Patients were generally satisfied with the care they received and thought staff were helpful, polite and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure all staff receive regular appraisals
- Continue to review and improve access to appointments
- Improve the recording of reviews undertaken in relation to significant events
- Improve the identification of carers and the support available to them

Outstanding practice

- In addition to standard health checks, one of the practice nurses provided a home visiting service to elderly patients who were unable to attend the surgery. This was undertaken on a weekly basis. The practice nurse also performed over 85s checks in the community which enabled identification of health and social issues. We saw evidence that the majority of older patients in the practice were receiving regular health reviews. For example, the practice had 495 registered patients over the age of 75, 429 of whom had received a health review in the last 12 months.

Melbourne Park 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 advisor.

Background to Melbourne Park Medical Centre

Melbourne Park Medical Centre provides primary medical services to around 7900 patients via a general medical services (GMS) contract. The practice list size is steadily increasing.

The practice is situated in the Aspley area of Nottingham, close to the city centre and is accessible by public transport. The premises are purpose built and were completed in May 2015. A pharmacy is co-located with the practice. Ample car parking is available on site.

The level of deprivation within the practice population is significantly above the local and national average with the practice falling into the most deprived decile. Levels of income deprivation affecting children and older people are slightly above local averages and significantly above national averages.

The clinical team is comprised of five GP partners (one male, four female), three practice nurses and a health care assistant. The clinical team is supported by a practice manager, an assistant practice manager, a trainee practice manager, a reception manager and a team of reception and administrative staff.

The practice is an accredited training practice and had one trainee GP working there at the time of the inspection.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 12pm each morning and from 4pm to 6pm each afternoon. The practice does not provide extended hours appointments.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to NEMS via the 111 service.

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 October 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and a range of reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

The practice had systems and processes in place which enabled staff to report and record significant events and incidents.

- Staff told us they would inform the practice manager or one of the partners in the events of an incident. A recording form was available on the practice's computer system.
- The incident recording form supported the recording of 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).
- Where patients were affected by things which had gone wrong with care and treatment they were informed of the incident and offered support and information. Affected patients were also provided with apologies and told about any actions to improve processes to prevent the same thing happening again.
- The practice reviewed significant events on an ongoing basis however reviews did not always record if the changes made had led to improvements. For example, following a significant event, the practice had changed a protocol but it had not been recorded that they had reviewed this event to ensure that the changes made had led to improvements.
- Alerts received into the practice, including safety alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were disseminated to relevant staff within the practice. Where required, searches of the patient record system were undertaken and we saw evidence that the appropriate action was taken to ensure the safety of patients.

Overview of safety systems and processes

Systems and processes were in place which helped to ensure patients were kept safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Policies were in place and were accessible to all staff. The practice's policies and procedures reflected legislation and local arrangements for safeguarding. The policies outlined who staff should contact for further guidance if they had concerns about

the welfare of a patient. Sign-posting information was available on noticeboards around the practice and in consulting rooms which outlined local safeguarding arrangements.

- There was a lead GP responsible for child and adult safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Safeguarding meetings were held within the practice on a regular basis and were attended by practice and community staff including the lead GP, a member of administrative staff and the health visitor. In addition the safeguarding children lead attended a local peer group for GP child safeguarding leads which supported their knowledge. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level 3.
- Notices in the waiting area and the corridor areas of the practice advised patients that chaperones were available if required. This role was undertaken by members of the nursing team within the practice and all had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the practice to be clean and tidy during our inspection. Appropriate arrangements were in place to ensure standards of hygiene were maintained. The practice contracted with an external cleaning company who cleaned the practice on a daily basis. Regular cleaning audits were undertaken. A practice nurse was the infection control lead and they liaised with the local infection prevention team. The practice had occupied new premises since May 2015 and the infection prevention had been involved in the premises development. An external infection control audit was planned for October 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. This included the obtaining, prescribing, recording, handling, storing, security and disposal of medicines. Processes were in place to handle requests for repeat prescriptions. Appropriate monitoring was in place for patients being prescribed high risk medicines.

Are services safe?

- 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. Blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four employee files for recently recruited member of staff and found appropriate checks had been undertaken. Checks undertaken included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place to support the monitoring and management of 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.
- A recent fire risk assessment had been undertaken by an external company and a fire drill was planned for the following week. 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.

- The number and skill mix of staff required to meet the needs of patients was reviewed on an ongoing basis. Rotas were in place for different staffing groups which ensured that there were enough staff on duty. A number of GPs worked on a part time basis and provided cover for colleagues when required. The number of reception staff off at the same time was limited to ensure there was cover and a number of staff worked flexible hours each week.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to ensure the practice was equipped to respond to emergencies and major incidents. These included:

- Panic alarms were installed in consulting and treatment rooms and could be used to alert other staff to the need for assistance.
- Staff received annual basic life support training.
- A defibrillator was available on the premises as well as oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and stored securely.
- A business continuity plan was in place which detailed action to be taken by practice staff in the event of a major incident such as power failure or building damage. Copies of the plan were held off site by key members of the practice team. The plan included emergency contact numbers for staff and suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice used relevant and current evidence based standards and guidelines to assess the needs of their patients and to deliver effective care. Guidelines included National Institute for Health and Care Excellence (NICE) best practice guidelines and local Nottinghamshire guidelines.

- The practice had systems in place to keep all clinical staff up to date with updates to guidelines. For example, staff attended regular training to ensure they kept up to date.
- Staff had access to guidelines from NICE and local guidelines electronically and used these to deliver care to meet the needs of patients.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records. There was dedicated clinical lead for clinical effectiveness which included adherence to clinical guidelines.

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). At the time of the inspection, the most recently published results showed that the practice had achieved 89.6% of the total number of points available. This was in line with the CCG average of 91.4% and marginally below the national average of 94.7%.

The overall exception reporting rate for the practice was 4.2% which was significantly below the CCG average of 8.9% and the national average of 9.2%. (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 2014/15 showed:

- Performance for diabetes related indicators was 72.4% which was 6.7% below the CCG average and 16.8%

below the national average. The exception reporting rate for diabetes indicators was 4.6% which was significantly below the CCG average of 9.8% and the national average of 10.8%.

- Performance for indicators related to hypertension was 100% which was 1.4% above the CCG average and 2.2% above the national average. The exception reporting rate for hypertension related indicators was 2.9% which was below the CCG average of 3.7% and the national average of 3.8%.
- Performance for mental health related indicators was 98.5% which was 9.8% above the CCG average and 5.7% above the national average. The exception reporting rate for mental health related indicators was 6.7% which was below the CCG average of 10.5% and below the national average of 11.1%.
- 78.4% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 6.6% below the CCG average and 5.6% below the national average. This exception reporting rate for this indicator was 1.9% which was significantly below the CCG average of 8.5% and the national average of 8.3%.

The practice had a higher than average clinical prevalence for most indicators measured within QOF including diabetes, COPD, hypertension and atrial fibrillation. This meant the practice had a higher demand for services than other practices. The practice proactively recalled patients for reviews to aid in the management of their conditions. Patients were recalled using letters and telephone calls. Patients were rarely exempted as a result of non-attendance and the practice continued to try to engage with patients to ensure their health was being monitored and their health needs met. This was evidenced by a low overall exception reporting rate in QOF.

There was evidence of quality improvement including clinical audit.

- We were provided with copies of four clinical audits undertaken in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- For example the practice had undertaken an audit to review the prescribing of antibiotics for the treatment of sore throats. Re-audit had demonstrated an improvement in the dosages used, durations of treatment and adherence to guidelines.

Are services effective?

(for example, treatment is effective)

- Further audits had been undertaken by the practice in areas identified for improvement. For example in relation to the review of attendances by patients at A&E.
- The practice participated in local audits, benchmarking, peer review and research. For example, the practice had taken part in a peer review related to self-harm and suicide attempts. This was undertaken with other practices in the area. The practice shared learning from four cases.

Effective staffing

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

- The practice provided role-specific inductions for newly appointed members of clinical and non-clinical staff. These covered a range of areas including infection control, fire safety, health and safety and confidentiality. Information packs were provided for GPs working at the practice in a locum capacity.
- Relevant staff were supported to access training and updates to cover the scope of their role. For example nursing staff reviewing patients with diabetes had undertaken additional training in this area and monthly clinics were undertaken jointly with the diabetes specialist nurse.
- Staff administering vaccines and taking samples for cervical screening had received training which had included an assessment of competence. Staff who administered vaccines had access to on line resources to ensure they remained up to date with changes to the immunisation programme.
- The learning needs of staff were identified through appraisals, general meetings and wider reviews of practice development needs. Staff had access to a range of training and support which was appropriate to meet their learning needs and to fulfil their roles. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision support for revalidating GPs and nurses. Most staff had received an appraisal within the last 12 months.
- Regular training was provided for staff within the practice that included safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Staff had access to the information they needed to plan and deliver care for patients. Information was accessed via the practice's patient record system and through their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. There were effective arrangements in place to ensure incoming correspondence was reviewed and the appropriate action taken. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice staff worked closely with other health and social care professionals to understand and meet the needs of their patients. Regular communication ensured that the practice worked effectively with the multidisciplinary team to assess and plan ongoing care and treatment for patients including those with complex needs. This including planning for when patients moved between services, or were referred or discharged from hospital. Meetings took place with other health care professionals on a six-weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

Regular meetings were held in the practice to review and plan care for patients who were nearing the end of their lives. The practice worked with community based staff to ensure the needs of these patients were being met.

Consent to care and treatment

Patients' consent to care and treatment was sought 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.
- Staff carried out assessments of capacity to consent in line with relevant guidance when providing treatment for children and young people.
- Where a patient's capacity to consent to treatment was unclear clinical staff made an assessment of 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 receiving end of life care, older patients, carers and those requiring advice on their diet, smoking and alcohol cessation. Patients were referred or signposted to services to meet their needs.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.

The practice encouraged their patients to participate in national screening programmes for bowel and breast cancer screening. The practice had identified a practice specific objective to increase their uptake of breast cancer screening and had developed a display in the waiting area. Screening uptake was also encouraged through opportunistic conversations and messages printed on prescription slips. Data showed that the practice uptake for breast cancer screening was 75% which was above the CCG

average of 72% and the national average of 72%. The uptake rate for bowel cancer screening was 61% which was above the CCG average of 54% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 98%, which was comparable to the CCG average of 85% to 95% and five year olds from 82% to 94%, which was comparable to the CCG average of 87% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we saw that members of staff were kind and helpful towards patients and treated them with dignity and respect.

Measures were in place within the practice to ensure patients felt at ease when receiving care and treatment. These included:

- Curtains were provided in consulting rooms to maintain the privacy and dignity of patients during examinations and treatments.
- Consultation and treatment room doors remained closed during consultations; conversations taking place in these rooms could not be overheard.
- When patients wanted to discuss sensitive issues or appeared distressed, reception staff offered them a private interview room to discuss their needs. The practice had a dedicated interview room adjacent to the reception area.

We spoke with eight patients including two members of the patient participation group (PPG). The majority of the patients were positive about the care and treatment they experienced within the practice. Patients said they felt the practice offered a good service and described staff as polite and helpful and said they treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses and interactions with reception staff. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they generally felt involved in decision making regarding the care and treatment they received. They told us they felt listened to and supported by staff and usually had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Some patients singled out individual members of staff for praise and provided examples of compassionate care they had received. We saw that care plans were personalised and took account of the individual needs and circumstances of patients.

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

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

Measures were in place to help patients be involved in decisions about their care:

- Translation services were available for patients who did not have English as a first language. We saw notices in the practice which informed patients this service was available.

Are services caring?

- Correspondence was sent to patients with a learning disability available in an easy read format. For example, letters sent to patients with a learning disability to invite them for their annual health checks were sent in an easy-read format.

Patient and carer support to cope emotionally with care and treatment

A range of information leaflets and posters were displayed in the waiting area of the practice. These provided patients with details regarding access to local and national support groups and organisations.

Patients who were also carers and patients who had carers were highlighted on the practice's computer system. The practice had identified 44 patients as carers. This equated to 0.6% of the practice's patient list. The practice was working to increase their identification of carers and information in the waiting area invited patients who were carers to make themselves known to the practice. A range of information was available to direct carers to support available locally.

Staff told us that if families had experienced bereavement, their usual GP contacted them where appropriate. Patients were offered advice on accessing support services or appointments to see their GP as required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had moved to new premises in 2015 to ensure they could meet the needs of their patients.

- Extended hours appointments were not provided by the practice but a number of appointments were available starting from 8.30am to try to ensure some flexibility of access for working patients. Afternoon consulting times was from 4pm to 6pm to help patients who worked or had school age children access appointments.
- There were longer appointments available for patients with a learning disability and for those who required them.
- 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 problems that require same day consultation.
- There was a dedicated duty doctor available each day who dealt with urgent issues and saw any extra patients as required.
- The premises were suitable for patients with a disability; dedicated parking spaces for patients with a disability were available and all consulting rooms were located on the ground floor.
- The practice had a hearing loop and used translation and interpretation services where these were required.
- A drop-in baby clinic was held each week to enable eight week baby checks to be undertaken and babies to receive required immunisations.
- A phlebotomy service was provided from the practice.
- The practice area had a historically high rate of teenage pregnancy and they had worked with local community services to ensure the provision of a sexual health clinic from the practice premises.
- In addition to standard health checks, one of the practice nurses undertook home visits to older patients over 85 on a weekly basis to undertake health checks. These included general health checks and health checks for more specific conditions such as diabetes and COPD.

We saw evidence that the majority of older patients in the practice were receiving regular health reviews. For example, the practice had 495 registered patients over the age of 75, 429 of whom had received a health review in the last 12 months.

Access to the service

The practice opened from 8am to 6.30pm Monday to Friday. Appointments were generally offered from 9am to 12pm each morning and from 4pm to 6pm. The practice did not provide extended hours appointments but offered some appointments from 8.30am. Appointments were generally offered from 9am to 12pm each morning and from 4pm to 6pm. There were also some appointments offered from 8.30am and a range of emergency appointments were offered as required following scheduled appointments. Due to a high rate of patients not attending for pre-booked appointments, the practice released the majority of their appointments on the day with a limited number being released three days in advance.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was variable compared to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.
- 96% of patients said the last appointment they got was convenient compared to the CCG average of 92% and the national average of 92%.

The practice was aware of issues related to access and had an action plan in place to try to address these. This had led to improvements in some areas. For example the number of patients who found it easy to get through the practice by telephone was steadily improving from 41% in 2014, to 52% in 2015 and 57% in 2016.

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

The practice had a system in place to assess requests for home visits including whether or not visits were clinically

Are services responsive to people's needs?

(for example, to feedback?)

necessary and the urgency of the need for medical attention. Requests for home visits were entered on to the practice's clinical system by reception staff and reviewed by the duty doctor. In cases where 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.

Listening and learning from concerns and complaints

Systems were in place which enabled the practice to respond to concerns and complaints.

- The practice's complaints policy and procedures were in line with guidance and contractual obligations for GPs in England.

- There was a designated responsible lead who handled all complaints in the practice.
- Information was available which supported patients to understand the complaints system which included posters and leaflets.

Records indicated 15 complaints had been received in the last 12 months. Complaints were handled with openness and transparency with the practice often meeting with complainants to discuss their concerns. Apologies and explanations were provided in response to complaints where appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. Evidence showed that learning from complaints was disseminated appropriately.

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 centred on providing high quality care for all of its patients.
- Staff were aware of and engaged with the values of the practice.
- We saw evidence of proactive planning for the future. For example, the practice manager was planning to retire in near future and plans had been implemented to ensure other managerial staff had been recruited and had received training in undertaking aspects of the practice manager role.

Governance arrangements

An overarching governance framework was in place which supported the practice to deliver a good standard of care. Staffing structures and supporting procedures were in place and ensured that:

- A clear staffing structure was in place and staff were aware of their roles and responsibilities. Different members of the management team had lead responsibilities in specific areas. For example, the practice had appointed a reception manager to provide management and supervision for the reception staff and to liaise on their behalf with the practice manager.
- Appropriate policies which were specific to the practice were in place and were accessible to all staff via the computer system.
- An understanding of the performance of the practice was maintained on an ongoing basis. The practice used data available from sources such as e-Healthiscope to monitor their performance against other practices in the locality and clinical commissioning group area.
- Clinical and internal audits were undertaken to monitor quality and to make improvements. For example, the practice regularly reviewed their appointment system and waiting times for patients.
- There were arrangements in place to identify, record and manage risk and to implement mitigating actions.

Leadership and culture

During the inspection the partners and management team in the practice demonstrated they had the experience,

capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and the management team were approachable and always took the time to listen to all members of staff.

Systems were 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 senior staff within the practice encouraged a culture of openness and honesty. Systems were in place to ensure that when things went wrong with care and treatment affected people were offered support, information and apologies. The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management. Senior staff and managers had key areas of responsibility in clinical and non-clinical areas. For example, the assistant practice manager had responsibility for IT within the practice.

In addition:

- The practice held regular team meetings. These included clinical and practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise issues at meetings and felt confident and supported in doing so. We noted team days were held on a regular basis. Practice staff organised social and teambuilding events on a regular basis.
- Staff said they felt valued and respected, particularly by the partners and management staff in the practice. All staff felt 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.
- Practice staff were positive about the investment that had been made in the practice and appreciated their new premises.

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

Feedback from patients and staff was encouraged and valued. The practice was proactive in seeking feedback within information displayed in the waiting area and on the website to invite comments from patients.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG), through surveys (including the NHS Friends and Families test) and through complaints received. The practice had an active patient participation groups (PPG) who met and worked with the practice to identify areas for improvement. We met with two members of the PPG who were positive about the level of engagement demonstrated by the practice. The PPG had been involved in the development of the new premises and supported the practice to continually review access to appointments.
- The practice gathered the views of staff through learning events, regular staff meetings, general discussions and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and had the opportunity to influence how the practice was run.

Continuous improvement

The practice demonstrated a commitment to learning and development. As well as being an accredited training practice we saw evidence that the practice was making continual improvements to the services provided. For example:

- Plans were in place to deliver a teledermatology from the practice in the near future. This would enable images of skin lesions to be sent securely to a dermatologist to review whether further treatment was required.
- The practice had recently met with a provider of smoking cessation services and was hoping to host this service one day per week to benefit their patients.