Hollow Way Medical Centre

Quality Report

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

Date of inspection visit: 8 July 2014
Date of publication: 24/10/2014

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.

Contents

Summary of findings

Overall summary

Hollow Way Medical Centre provides primary medical services to patients from Cowley and the surrounding area. The practice does not provide out of hours care from the practice but has arrangements for this service to be delivered by a dedicated out of hours provider. Information for patients on how to contact out of hours services is displayed at the practice and on their website. It is also included in the answer machine message for patients who telephone the practice out of hours.

During this inspection we spoke with patients, members of the patient reference group and staff including GPs, the practice manager, nurses and receptionists.

Services at Hollow Way Medical Centre were delivered safely and there were systems to monitor, maintain and improve safety. Sufficient numbers of staff with the skills and experience required to meet patients' needs were employed and there was enough equipment to enable staff to care for patients. Staff followed best practice guidance and worked with other services to deliver effective care to patients. The practice was caring and treated patients with dignity and respect. Patients' privacy was maintained and support provided in order for them to make informed choices about the care they wished to receive. The practice was responsive to individual needs of patients and access to services was facilitated in a wide variety of ways. There was a clear leadership structure with an open culture that adopted a team approach to the welfare of patients and staff. The practice took into account the views of patients and those close to them as well as engaging staff when planning and delivering services.

Patients over the age of 75 had been allocated a dedicated GP to oversee their individual care and treatment requirements delivered in the practice or in the patient's own home.

Mothers, babies, children and young people had access to dedicated specialised staff as well as dedicated clinics and health promotion materials.

The practice made provision for the working-age population and those recently retired with some evening appointments and Saturday influenza innoculation clinics as well as telephone consultations.

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.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Hollow Way Medical Centre had systems to monitor, maintain and improve safety and demonstrated a culture of openness to reporting and learning from patient safety incidents. The practice had policies to safeguard vulnerable adults and children who used services. They monitored safety and responded to identified risks. There were systems for medicines management and infection control as well as action plans to make improvements to them. Sufficient numbers of staff with the skills and experience required to meet patients' needs were employed. There was enough equipment, including equipment for use in an emergency, to enable staff to care for patients. Staff were trained and the practice had plans to deal with foreseeable emergencies.

Are services effective?

Staff at the Hollow Way Medical centre followed best practice guidance and had systems in place to monitor, maintain and improve patient care. There was a process to recruit, support and manage staff. Equipment and facilities were monitored and kept up to date to support staff to deliver effective services to patients. The practice worked with other services to deliver effective care and had a proactive approach to health promotion and prevention.

Are services caring?

Patients were satisfied with the care provided by Hollow Way Medical centre and were treated with respect. Staff were careful to keep patients' confidential information private and maintained patients' dignity at all times. Patients were supported to make informed choices about the care they wished to receive and felt listened to.

Are services responsive to people's needs?

The practice was responsive to patients' individual needs such as language requirements, mobility issues as well as cultural and religious customs and beliefs. Access to services for all patients was facilitated in a wide variety of ways. For example, routine appointments with staff at Hollow Way Medical Centre as well as telephone consultations and Saturday influenza inoculation clinics. Patients' views, comments and complaints were used by the practice to make positive improvements to the services patients received.

Summary of findings

Are services well-led?

There was a clear leadership structure with an open culture that adopted a team approach to the welfare of patients and staff at Hollow Way Medical Centre. The practice used a variety of policies and other documents to govern activity and there were regular governance meetings. There were systems to monitor and improve quality. The practice took into account the views of patients and those close to them as well as engaging staff when planning and delivering services. The practice valued learning and had systems to identify and reduce risk.

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
Patients over the age of 75 had been allocated a dedicated GP to oversee their individual care and treatment requirements. Patients were able to receive care and treatment in their own home from practice staff as well as district nurses and palliative care staff. Specific health promotion literature was available as well as details of other services for older people. The practice held regular multi-professional staff meetings that included staff who specialised in the care of older people.

People with long-term conditions
Service provision for patients with long term conditions included dedicated clinics with a recall system that alerted patients as to when they were due to re-attend. The practice supported patients to manage their own long term conditions. Specific health promotion literature was available and there was provision for all patients to be able to monitor their own weight and blood pressure in the practice.

Mothers, babies, children and young people
Services for mothers, babies, children and young people at Hollow Way Medical Centre included dedicated midwives and health visitor care as well as 'well child' clinics. Specific health promotion literature was available as well as details of local child and family services. The practice held regular multi-professional staff meetings that included staff who specialised in the care of mothers, babies and children.

The working-age population and those recently retired
The practice provided a variety of ways working aged people (and those recently retired) could access primary medical services. These included evening appointments, on-line appointment booking, telephone consultations and Saturday influenza inoculation clinics.

People in vulnerable circumstances who may have poor access to primary care
The practice offered primary medical service provision for people in vulnerable circumstances in a variety of ways. Patients not registered at the practice could access services and interpreter services were available for patients whose first language was not English. Information specific to certain groups of patients was available such as community support for patients living with human immunodeficiency virus (HIV). Specific screening services were also available, for example, an alcohol screening service.

Summary of findings

People experiencing poor mental health

Patients experiencing poor mental health had access to psychiatrist and community psychiatric nurse services as well as local counselling services. Patients diagnosed with poor mental health were monitored and offered check-ups every six months. The practice held regular multi-professional staff meetings that included staff who specialised in the care of patients experiencing poor mental health.

Summary of findings

What people who use the service say

During our inspection we spoke with eight patients, all of whom told us they were satisfied with the care provided by the practice. They considered their dignity and privacy had been respected and that staff were polite, friendly and caring. They told us they felt listened to and supported by staff, had sufficient time during consultations and felt safe. They said the practice was well managed, clean and tidy and that they did not experience difficulties when making appointments. Two patients told us that they sometimes experienced a long wait past their appointment time. Patients we spoke with reported they were aware of how they could access out of hours care when they required it as well as the practice's telephone consultation service.

We looked at 23 patient comment cards that contained 33 comments. 25 comments were positive about the service patients experienced at Hollow Way Medical Centre. Patients indicated that they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said that staff treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe. They also indicated that the practice regularly made improvements to systems and structures of management as well as medical staffing that benefitted patients. Eight comments were less positive but there were no common themes to these. For example, there was only one comment about patients who experienced difficulty in obtaining an appointment within a few days of contacting the practice.

We looked at the NHS Choices website where patient survey results and reviews of Hollow Way Medical Centre were available. Results ranged from 'in the middle range' for the percentage of patients who would recommend this practice, through 'average' for scores for consultations with doctors and nurses. Results were 'as expected' for scores for opening hours and the practice was rated 'among the best' for patients rating their ability to get through on the telephone as very easy or easy. The practice was also rated 'among the best' for patients rating this practice as good or very good.

Areas for improvement

Action the service SHOULD take to improve

The practice should review the infection risks of storing sterile clinical equipment in cupboards underneath clinical wash-hand basins.

The practice should review their equipment checking procedures to include sterile clinical equipment stored in consulting rooms and in bags GPs take with them when they visit patients outside of the practice premises to ensure that all equipment is in date.

The practice should ensure all staff have up to date knowledge of the Mental Capacity Act 2005.

The practice should ensure they have a system to review policy, procedure, protocol and planning documents regularly or in response to any changes.

Hollow Way Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and a GP specialist advisor and the team included a second CQC inspector and a specialist advisor in practice management.

Background to Hollow Way Medical Centre

Hollow Way Medical Centre is part of the Oxfordshire Clinical Commissioning Group. The practice is situated in Cowley, Oxford and has a patient population of approximately 8,200. Primary medical services are provided Monday to Friday between the hours of 8.30am and 6.30pm. In addition patients can access services on some evenings and some Saturdays. There are also a range of clinics for all age groups and specialist nursing treatment and support. There are arrangements with another provider to deliver services to patients outside of Hollow Way Medical Centre's working hours.

The practice staff comprise eight GPs, two nurses, one health care assistant, six administrators, six receptionists, one medical records summariser and one housekeeper. There is a reception and a waiting area on the ground floor and a second waiting area on the first floor. All patient areas are wheelchair accessible.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations, such as the local clinical commissioning group, NHS England and Healthwatch, to share what they knew about the service. We carried out an announced visit on 8 July 2014. During

Detailed findings

our visit we spoke with a range of staff (three GPs, the practice manager, one nurse, two receptionists and one housekeeper) and spoke with patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Hollow Way Medical Centre had systems to monitor, maintain and improve safety and demonstrated a culture of openness to reporting and learning from patient safety incidents. The practice had policies to safeguard vulnerable adults and children who used services. They monitored safety and responded to identified risks. There were systems for medicines management and infection control as well as action plans to make improvements to them. Sufficient numbers of staff with the skills and experience required to meet patients' needs were employed. There was enough equipment, including equipment for use in an emergency, to enable staff to care for patients. Staff were trained and the practice had plans to deal with foreseeable emergencies.

Safe patient care

The practice used a range of information to identify risk and improve quality regarding patient safety. For example, reported incidents and accidents, national patient safety alerts as well as comments and complaints received.

National patient safety alerts were disseminated by email to practice staff. Staff we spoke with were able to give examples of recent patient safety alerts that were relevant to the care they prescribed. Staff told us that patient safety alerts were discussed by the partners of the practice informally at the end of morning surgery to ensure they were all aware of any relevant to the practice.

Patients' records were in electronic and paper form. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

Learning from incidents

There was a culture of openness to reporting and learning from patient safety incidents.

There was a system for staff to report incidents and accidents. All staff we spoke with were aware of how to report incidents and accidents. One member of staff told us that when they reported an accident at work it was investigated and plans made in order to reduce the risk of it happening again. We saw records that confirmed this.

We saw that the practice had an effective system to investigate and reflect on significant events and critical incidents that occurred. We looked at four significant event and critical incident forms and saw that key issues from each event were identified, actions taken were clearly described and outcomes established. Each form indicated that the event or incident would be reviewed at practice significant event meetings. Records demonstrated that these meetings were held by the practice every six months.

Safeguarding

The practice had systems to safeguard vulnerable adults and children who used services. We saw that there were safeguarding vulnerable adults and children policies. There were also other documents readily available to staff that contained relevant information for them to follow in order to recognise potential abuse and report it to the relevant safeguarding bodies. For example, a safeguarding adults referral and advice pathway document. We saw that contact details of relevant safeguarding bodies were available for staff to refer to if they needed to report any allegations of abuse. The practice had dedicated GPs appointed as leads in safeguarding vulnerable adults and children. All staff we spoke with were aware of the dedicated GP appointed leads in safeguarding as well as the practice's safeguarding policies and other documents. Staff said that they were up to date with training in safeguarding and we saw records that confirmed this. When we spoke with staff they were able to describe different types of abuse that patients may have experienced as well as how to recognise them and how to report them.

We saw that the practice had a whistleblowing policy that contained relevant information for staff to follow that was specific to the service. The policy detailed the procedure staff should follow if they identified any matters of serious concern. The policy also contained contact details of external bodies that staff could approach with concerns, for example, the General Medical Council. All staff we spoke with were aware of this policy and able to describe the actions they would take if they identified any matters of serious concern.

We saw that the practice had a monitoring system to ensure staff maintained their professional registration. For example, professional registration with the General Medical Council or Nursing and Midwifery Council.

We saw records that demonstrated all clinical staff had either Disclosure and Barring Service clearance (a criminal records check) or a risk assessment that identified where

this was not required. A risk assessment had also been carried out to help ensure that patients who used the practice were protected and safe when non-clinical staff acted as chaperones.

Monitoring safety and responding to risk

The practice had a health and safety policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see and the practice had a dedicated health and safety representative.

A fire risk assessment had been undertaken that included actions required in order to maintain fire safety. For example, data sheets were to be provided by the contract cleaning company if new flammable cleaning materials were to be used.

There were up to date business continuity plans to manage foreseeable events such as loss of the practice building and dealing with a pandemic influenza breakout. This document contained relevant contact details for staff to refer to in the event they required to report business continuity issues. For example, there were contact details of a heating company that staff could contact in the event that the heating system at the practice failed.

Staff told us there were a variety of systems to keep them, and others, safe whilst at work. They told us they had access to a 'panic button' that they could press in order to summon help from other staff in the event they were alone with a patient who became threatening or violent. They also had the ability to activate an alert on the computer system as well as on the internal telephone system in order to summon help in an emergency or security situation.

There was a system governing security of the practice. For example, visitors were required to sign in and out using the dedicated book in reception.

Non-clinical areas of the practice were secured by coded locks that only staff were able to access. Patient toilets and the lift were equipped with alarms so that help could be summoned if required.

Medicines management

Hollow Way Medical Centre had a policy on the management of medicines. There was also a practice formulary (a guide for staff on medicines that should be prescribed) that was kept up to date and based on guidance from local prescribing advisers.

Patients were able to obtain repeat prescriptions either in person or by completing paper or on-line repeat prescription requests. Medication reviews were carried out annually on all patients and six monthly on patients who were taking four or more medications.

The practice had a system in place to monitor and keep blank prescription forms safe.

The practice held vaccines and medicines on site but did not hold any controlled drugs. Medicines that were held included those for use in emergency situations. We found that medicines and vaccines were stored securely in an area accessed only by practice staff. We also found that a small number of medicines were stored securely in the bags GPs took with them when they visited patients outside of the practice premises.

We found that appropriate temperature checks for refrigerators used to store medicines had been carried out and records of those checks made. We found that the temperature of the room where other medicines were stored securely, and that of the GPs' bags, was not monitored. However, we saw records that demonstrated the practice had an action plan to install a thermometer in the room where other medicines were stored securely by the end of July 2014.

We saw records that confirmed medicines held by the practice for use in emergency situations were checked regularly. We saw records that confirmed the practice had plans to introduce a system to monitor and record all medicine stock levels by mid-August 2014.

Cleanliness and infection control

We found the premises clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns over cleanliness or infection control.

The practice had an infection control policy that contained procedures for staff to refer to in order to help them follow the Code of Practice for the Prevention and Control of Health Care Associated Infections. The code sets out the standards and criteria to guide NHS organisations in planning and implementing control of infection.

One member of staff was the infection control lead and when we spoke with them they understood their role and responsibilities. Staff we spoke with told us they had been trained in infection control and we saw records that confirmed this.

Are services safe?

The treatment and consulting rooms were clean, tidy and uncluttered. Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. Staff were able to describe how and when they would use these items in order to comply with the practice's infection control policy and reduce the risk of the spread of infection.

We saw that antibacterial gel was available throughout the practice for staff and patients to use. Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at all clinical wash-hand basins in the practice. We saw records that demonstrated the practice had an action plan in place to replace all existing clinical-wash hand basins, with ones that complied with Department of Health standards, as part of refurbishment plans for the building by April 2020.

We saw that sterile clinical equipment was stored in cupboards directly underneath some clinical wash-hand basins. For example, under the clinical wash-hand basin in the phlebotomy room. This was not in line with standard infection control practices.

We saw that there was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company.

There were cleaning schedules in place and we saw that there was a supply of approved cleaning products. The practice had a contract with a cleaning company to clean the premises daily. The practice also employed a housekeeper whose role incorporated defrosting of the refrigerator in the kitchen as well as providing additional cleaning as required. Clinical staff were allocated to clean clinical areas of the practice on a regular basis. Records were kept of cleaning that was carried out in the practice. Staff told us that they cleaned equipment such as an ECG machine (an piece of equipment used to monitor the electrical activity of a patient's heart), between patients but did not formally record such activity. Following the inspection the practice sent us an action plan indicating that a log for recording equipment cleaning between patients was to be implemented by mid-August 2014.

Some clinical areas of the practice were carpeted, for example, the phlebotomy room (where blood tests were carried out) and GP consulting rooms (where invasive procedures such as joint injections were carried out). However, since our inspection the practice sent us records that show there was an action plan in place to replace the carpet in the phlebotomy room with vinyl (conforming to Department of Health standards) by April 2015. The records also confirmed that with immediate effect all invasive procedures would be performed in treatment rooms where flooring met Department of Health standards.

The infection control policy indicated that one infection control audit / risk assessment would be carried out annually by the practice. We saw that the last infection control audit / risk assessment was carried out on 10 April 2014. This identified potential issues for the practice to address. We saw records that demonstrated actions had been taken to address all identified issues.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy in order to reduce this risk of infection to staff and patients.

Staffing and recruitment

Personnel records we looked at contained evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references and interview records. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw they had a rota system in place for all the different staffing groups to ensure they had enough staff on duty.

Patients told us that Hollow Way Medical Centre had increased the number of GPs at the practice over the past 18 months in response to patient needs. Staff told us that they had altered the appointments system to incorporate allocated time for a GP to carry out telephone consultations as well as deal with any other urgent patient issues on a daily basis.

Dealing with Emergencies

Staff told us that they were trained in basic life support and that the practice had a procedural document for dealing with clinical and security emergencies. We saw records that

confirmed that staff had received this training and the document they described was in place. Emergency equipment was available in the practice, including emergency medicines, access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). Staff told us that this equipment was checked regularly and we saw records that confirmed this. Staff were able to describe the checks they carried out to ensure the AED was fit to use and told us that it had recently been purchased by the practice. We looked at the AED and saw that disposable parts were intact and in date and that the device was fit for use. We saw records that indicated there was an action plan to add the recently purchased item to the emergency equipment checklist by the end of July 2014.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this.

We found some sterile clinical equipment stored in consulting rooms and in the bags GPs took with them when they visited patients outside of the practice premises, which was out of date. For example, hypodermic needles and syringes. Staff told us that there was not a system to routinely check the expiry date of sterile items stored in these areas. Staff replaced these items with ones that were in date or disposed of them during our inspection. Following the inspection the practice sent us an action plan indicating that a system to check the expiry date of these items was to be implemented by mid-August 2014.

Are services effective?

(for example, treatment is effective)

Our findings

Staff at the Hollow Way Medical centre followed best practice guidance and had systems in place to monitor, maintain and improve patient care. There was a process to recruit, support and manage staff. Equipment and facilities were monitored and kept up to date to support staff to deliver effective services to patients. The practice worked with other services to deliver effective care and had a proactive approach to health promotion and prevention.

Promoting best practice

We saw evidence that the practice operated a clinical audit system that continually improved the service and followed up to date best practice guidance. For example, a review of hypertensive (high blood pressure) diagnoses.

Staff told us they attended personal updates, weekly team meetings and tutorials where best practice guidance and outcomes from clinical audits were discussed. We saw that an audit of patients who had had their spleen removed, compared results to current guidelines and identified that action was required. Following this audit the practice had made plans to contact the patients who were not immunised, advise them of the current guidelines and offer them appropriate management. The practice had plans to re-audit this activity in three months. Staff also had access to best practice guidance via the internet and access to specialists such as tissue viability nurses.

The practice worked with district nurses and palliative care services to deliver end of life care to patients. We saw records that showed the practice held staff meetings that included district nurses and palliative care staff where best practice could be discussed. One member of staff told us that a recent audit cycle of end of life care provided by Hollow Way Medical Centre found that GPs were following best practice guidelines and identified the need for better documentation of patients' wishes on where they wanted to die. For example, in a hospice or in their own home. We saw that the practice had plans to implement the identified improvements required.

Management, monitoring and improving outcomes for people

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice. The QOF data for this practice showed it was performing in line with national standards. We saw that results were discussed at monthly business meetings and action plans made to maintain or improve outcomes for patients.

Staffing

Personnel records we reviewed contained evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references and interview records. We also saw that Disclosure and Barring Service (DBS) checks (criminal records checks) had been carried out on clinical staff. Risk assessment had been carried out to decide whether DBS checks were required for non-clinical roles.

We saw examples of the staff induction training. Staff told us that they received yearly appraisals and GPs said they carried out revalidation at regular intervals. We saw records that confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development.

The practice had processes to identify and respond to poor or variable practice including policies such as the management of sickness and absence policy as well as a disciplinary procedure.

Equipment and facilities were kept up to date to ensure staff were able to deliver effective care to patients. For example, we saw that the practice had recently purchased an automated external defibrillator (used to attempt to restart a person's heart in an emergency) to enable staff to follow best practice guidance issued by the Resuscitation Council (UK).

Working with other services

We saw evidence of regular staff meetings that involved multi-professional staff from the primary health care team and other services. For example, midwives, health visitors and community nursing teams to share information about patients and their treatment and care plans.

The practice had a system for transferring and acting on information about patients seen by other doctors out of hours. There was also a system to alert the out-of-hours service or duty doctor to patients dying at home.

We saw that the practice was currently working with the Oxfordshire Clinical Commissioning Group's (CCG)

Are services effective?

(for example, treatment is effective)

pharmacist on options for the prescribing incentive scheme (a scheme to improve the quality and cost effectiveness of use of health care resources by practices in the Oxfordshire CCG).

The practice had a system to refer patients to other services such as hospital services or specialists. One patient told us they had two relatives with special needs who were patients at the practice that required regular referrals to specialists in hospitals. They said that the referral service provided by the practice worked well and was efficient. Another patient told us they were referred to the hospital for an x-ray which they were able to have carried out straight away. They said that the results were communicated to the practice and to them within one week of the x-ray being carried out.

Health, promotion and prevention

There were a range of posters and leaflets available in the reception / waiting area. These provided health promotion and other medical and health related information for patients such as prevention and management of shingles and information about having a blood test. This information was grouped on notice boards dedicated to different types of patient and those close to them. For example, details of the Oxfordshire Carers Forum were displayed on the information for carers' notice board.

The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us that these clinics enabled the practice to monitor the on-going condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients that used this service told us that the practice had a recall system that alerted them when they were due to re-attend these clinics.

Patients told us that they were able to discuss any lifestyle issues with staff at Hollow Way Medical Centre. For example, issues around eating a healthy diet or taking regular exercise. They said that they were offered support with making changes to their lifestyle. For example, referral to the practice's smoking cessation service.

The practice provided childhood immunisations, seasonal influenza inoculations and relevant vaccinations for patients planning to travel overseas.

Are services caring?

Our findings

Patients were satisfied with the care provided by Hollow Way Medical centre and were treated with respect. Staff were careful to keep patients' confidential information private and maintained patients' dignity at all times. Patients were supported to make informed choices about the care they wished to receive and felt listened to.

Respect, dignity, compassion and empathy

We spoke with eight patients, all of whom told us they were satisfied with the care provided by the practice. All patients we spoke with considered their dignity and privacy had been respected. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained whilst they undressed / dressed and during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private. In response to patient and staff suggestions, a system had been introduced to allow only one patient at a time to approach the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it was effective in maintaining confidentiality.

We saw that the practice had a chaperone policy and that information about it was displayed in public areas informing patients that a chaperone would be provided if required. One patient we spoke with told us they had used this service.

Involvement in decisions and consent

Staff told us that they obtained verbal consent from patients before carrying out examinations, tests, arranging investigations or referrals and delivering care. They said that parental consent given on behalf of children was documented in the child's medical records. Whilst there was no evidence of formal staff training on the Mental Capacity Act 2005, staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required.

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they chose to receive. Patients told us they felt listened to and supported by staff and had sufficient time during consultations in order to make an informed decision about the choice of treatment they wished to receive. Patient comment cards also indicated patients had sufficient time during consultations with staff and felt listened to.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice was responsive to patients' individual needs such as language requirements, mobility issues as well as cultural and religious customs and beliefs. Access to services for all patients was facilitated in a wide variety of ways. For example, routine appointments with staff at Hollow Way Medical Centre as well as telephone consultations and weekend clinics. Patients' views, comments and complaints were used by the practice to make positive improvements to the services patients received.

Responding to and meeting people's needs

Hollow Way Medical Centre had an equality and diversity policy that was followed by staff to reduce the risk of discrimination of patients. It also had a disability protocol containing a checklist that helped assess the needs of disabled patients, and those with mobility or other requirements, to maximise their access to services.

An interpreter service was available for patients whose first language was not English and we saw there was a multilingual computerised touch screen booking in system available to all patients in the reception.

Patients told us that they were referred to other services when their condition required it. For example, one patient told us they were referred to the local hospital for an x-ray to help diagnose their condition.

The practice ran various group meetings in order to address the health requirements of a diverse range of patients. For example, we saw there was a weekly group meeting for Asian mothers and children.

We saw there was an area of the reception desk that was lowered in order that patients using a wheelchair could speak with reception staff without a physical barrier between them. We saw records that showed disabled patients' needs had been taken into account when planning the current building Hollow Way Medical Centre was using.

Staff told us that patients' cultural beliefs and customs were taken into account wherever possible when delivering care. For example, patients who were fasting during Ramadan were able to have their medication prescription altered, if possible, from three times daily to twice daily for the period of time that they were fasting.

The practice had responded to increased demand for patient appointments by expanding its duty doctor triage system to cover the whole day and not just the morning in February 2014. We saw that this was reviewed during monthly staff meetings and staff felt that together with the telephone consultation service it was working well to meet patients' needs.

The practice had a system to follow up on test results. Staff told us that any issues relating to test results were handled by the dedicated duty GP if the patient's own GP was not able to do so for any reason.

Access to the service

Patients we spoke with told us they accessed services at the practice via an appointments system. Staff told us that patients could book appointments by telephoning the practice, using the on-line booking system or by attending the reception desk in the practice. The practice provided a telephone consultation service for those patients who were not able to attend the practice. There were appointments available on some evenings and some weekend clinics were available such as seasonal influenza inoculation clinics. The practice visited patients in their homes if they were housebound or too ill to visit Hollow Way Medical Centre.

Patients we spoke with said they experienced no difficulties when making appointments. Two patients told us that they sometimes experienced a long wait past their appointment time. We saw that only one patient comment (out of 33 we received on patient comment cards) made reference to difficulty in obtaining an appointment within a few days of contacting the practice. The NHS Choices website showed that the national patient survey found that the percentage of patients rating their experience of making an appointment as good or very good was 'among the best'. All patients we spoke with told us that if they required an emergency appointment they were always seen or able to access the telephone consultation service on the same day.

Two patients told us that they sometimes experienced a long wait past their appointment time. This was reflected in one of the negative comments made on the patient comment cards we looked at. Staff told us that they were aware that at times patients waited past their dedicated appointment time to be seen. 'Catch up' slots had been scheduled into GPs' appointments to reduce this happening and the instances of patients waiting past their allocated appointment time was being monitored.

Are services responsive to people's needs?

(for example, to feedback?)

Concerns and complaints

Hollow Way Medical Centre had a system for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. The practice complaints procedure contained a list of the names and contact details of relevant complaints bodies. Timescales for dealing with complaints were clearly stated and details of the staff responsible for investigating complaints were given. There was a leaflet available for patients that gave details of the practice's complaints procedure as well as a patient complaint form to assist them in making a written complaint. Patients we spoke with were aware of the complaints procedure but none had had cause to raise complaints about the practice. The practice carried out analysis of complaints to identify trends which were discussed at staff meetings.

The practice took into account the views and comments of the patient reference group and the results of annual patient participation surveys that were carried out. Views, comments and results were discussed at staff meetings and used to make improvements to services. For example, the patient participation survey 2013 / 2014 results showed that the majority of patients felt that seeing the same GP or nurse when they attended the practice was very important to them. We saw that the practice responded to this result with an action plan to continue to encourage patients to see the same GP for on-going problems.

Are services well-led?

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

Our findings

There was a clear leadership structure with an open culture that adopted a team approach to the welfare of patients and staff at Hollow Way Medical Centre. The practice used a variety of policies and other documents to govern activity and there were regular governance meetings. There were systems to monitor and improve quality. The practice took into account the views of patients and those close to them as well as engaging staff when planning and delivering services. The practice valued learning and had systems to identify and reduce risk.

Leadership and culture

Hollow Way Medical centre had a clear practice vision to support patients in order to achieve optimal health and wellbeing. All staff we spoke with were aware of and supported this vision as well as the practice's inclusive and collaborative mission statement.

There was a clear leadership structure with an open culture that adopted a team approach to the welfare of patients and staff. All staff we spoke with said they felt valued by the practice and able to contribute to the systems that delivered patient care.

The practice demonstrated effective human resources practices such as comprehensive staff induction training. Staff told us that they received yearly appraisals and GPs said they carried out revalidation with the GMC at required intervals. We saw records that confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development.

Staff had job descriptions that clearly defined their roles and tasks whilst working at Hollow Way Medical centre. The practice had processes to identify and respond to poor or variable practice including policies such as the management of sickness and absence policy as well as a disciplinary procedure.

Staff told us they felt well supported by colleagues and management at the practice. They said they were provided with opportunities to maintain skills as well as develop new ones in response to their own and patients' needs.

Governance arrangements

There were a variety of policy, procedure, protocol and planning documents that the practice used to govern activity. For example, the infection control policy, the chaperone procedure, the child safeguarding protocol and the business continuity plan. We looked at 20 such documents and saw that 19 were dated within the last three years indicating when they came into use and that they were up to date. However, only six of these documents contained a planned review date.

The practice held monthly meetings where governance issues were discussed and actions planned in order to monitor governance activity and make responsive improvements when required. For example, a review of reception staff workload, following a recent observational exercise, resulted in revision of staffing levels and ways of working to improve staff well-being and service to patients.

Individual GPs had lead responsibilities such as safeguarding vulnerable adults and children.

We saw evidence that the practice operated a clinical audit system that continually improved the service, followed up to date best practice guidance and provided the best possible outcomes for patients. For example, an antibiotic prescriptions audit. We saw records that showed clinical audit results and action plans were discussed at weekly team meetings as well as tutorials and changes were re-audited to monitor any improvements.

Systems to monitor and improve quality and improvement

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that results were discussed at monthly business meetings and action plans made to maintain or improve outcomes for patients.

The practice used a range of information to monitor and improve quality regarding patient safety. For example, reported incidents and accidents, national patient safety alerts as well as comments and complaints received. One member of staff told us that when they reported an accident at work it was investigated and plans made in order to reduce the risk of it happening again. We saw records that confirmed this. National patient safety alerts were disseminated by email to practice staff. Staff we spoke with were able to give examples of recent patient safety alerts that were relevant to the care they prescribed. Staff told us that patient safety alerts were discussed by the partners of the practice informally at the end of morning surgery to ensure they were all aware of any relevant to the

Are services well-led?

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

practice. The practice carried out analysis of complaints to identify trends which were discussed at staff meetings and changes implemented to address concerns and improve care.

Patient experience and involvement

The practice took into account the views of patients and those close to them via feedback from the patient reference group, patient surveys as well as comments and complaints received when planning and delivering services.

We saw that results from annual patient surveys carried out by the practice influenced the way services were delivered. For example, the patient participation survey 2013 / 2014 found that patients felt it was a good idea to introduce telephone consultation appointments. During our inspection we saw that telephone consultation appointments were available to patients who were not able to attend Hollow Way Medical Centre during normal working hours.

Some improvements suggested by the patient survey were considered by the practice but were not possible to carry out for logistical reasons. For example, some patients said they would like phlebotomy appointments later in the afternoon. Later appointments could not be arranged as blood samples had to be taken to the laboratory at another location for testing by early afternoon the same day for technical reasons.

Staff engagement and involvement

Patients told us that information on notice boards and available in leaflet form was improved recently as a direct result of patient reference group feedback. Increased privacy at the reception desk had also been improved by the practice as a result of patient reference group feedback. Patients also said that the on-line repeat prescription service had been updated two or three times over recent months and they had noticed an improvement with each update.

There were a variety of meetings held in order to engage staff and involve them in the running of the practice. For example, weekly administration meetings, monthly staff meetings, monthly partner meetings and quarterly whole team meetings. Staff we spoke with told us they felt valued by the practice and able to contribute to the systems that delivered patient care.

Staff told us that privacy at the reception desk, introduced as a result of patient reference group feedback, had been enhanced following suggestions from staff. Staff said they had suggested displaying a sign asking patients to wait at a certain point away from the reception desk until reception staff had finished speaking with individual patients there. During our inspection we saw that this sign was in place and that privacy was enhanced by this system when patients spoke with staff at the reception desk.

Learning and improvement

The practice valued learning. There was a culture of openness to reporting and learning from patient safety incidents. All staff were encouraged to update and develop their knowledge and skills.

We saw that the practice had a system to investigate and reflect on significant events and critical incidents that occurred. We looked at four significant event and critical incident forms and saw that key issues from each event were identified, actions taken described and outcomes established. Each form indicated that the event or incident would be reviewed at practice significant event meetings. Records demonstrated that these meetings were held by the practice every six months.

The practice participated in a variety of learning events such as away days and weekly tutorials. Records showed that receptionists were educated to ask diabetic patients if they had had blood tests carried out prior to booking them a diabetes check with clinical staff. All staff we spoke with told us they had an annual performance review and personal development plan.

Identification and management of risk

The practice had systems to identify and reduce risk. Risk assessments were carried out and where risks were identified action plans were made and implemented in order to reduce the identified risk. This activity was monitored in order to evaluate the effectiveness of the implemented action plan.

We saw records that demonstrated equipment such as blood pressure monitors and blood glucose testing equipment were regularly serviced and calibrated. The practice's fire risk assessment was up to date and there was contingency planning contained in the business continuity

Are services well-led?

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

plan to manage risks, for example, loss of the computer system and interruption of the gas supply. On-going health and safety risk assessments were carried out in accordance with the practice's health and safety policy.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Our findings

Patients over the age of 75 had been allocated a dedicated GP to oversee their individual care and treatment requirements. Patients were able to receive care and treatment in their own home from practice staff as well as district nurses and palliative care staff. Specific health promotion literature was available as well as details of other services for older people. The practice held regular multi-professional staff meetings that included staff who specialised in the care of older people.

In line with the contract changes for 2014-2015 that were agreed between the BMA's General Practitioners Committee and NHS Employers, patients over the age of 75 at Hollow Way Medical Centre had been allocated a GP dedicated to oversee their individual care and treatment requirements. The practice visited patients in their homes who were housebound or too ill to visit Hollow Way Medical Centre. There were district nurses based in the practice who were able to deliver nursing care to patients in their homes. The practice was able to arrange palliative care for those patients whose lives were drawing to a natural end. We saw records that showed the practice held staff meetings that included district nurses and palliative care staff.

There was a notice board in the waiting area dedicated to issues and health risks for older patients. We saw posters and leaflets available on issues such as memory loss, shingles recognition and treatment as well as the availability of mobility equipment that could be loaned and details of a falls prevention service.

Staff told us that seasonal influenza inoculations were offered to all older patients who were at risk of developing health problems in the event that they contracted influenza.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Our findings

Service provision for patients with long term conditions included dedicated clinics with a recall system that alerted patients as to when they were due to re-attend. The practice supported patients to manage their own long term conditions. Specific health promotion literature was available and there was provision for all patients to be able to monitor their own weight and blood pressure in the practice.

The practice provided dedicated clinics for patients with long term conditions such as diabetes and asthma. Staff told us that these clinics enabled the practice to monitor the on-going condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration happening. Patients that used this service told us that the practice had a recall system that alerted them as to when they were due to re-attend these clinics.

In response to patient feedback the practice had provided a private area in the waiting room where all patients, including those with long term weight problems, could monitor and assess their own weight and blood pressure. We saw that in this private area there were scales and an automatic blood pressure machine with instructions for patients on how to use them. There were also charts that enabled patients to calculate their own body mass index and establish if they were overweight or not. Health promotion posters and leaflets were available on issues such as healthy lifestyle and dietary advice.

Staff told us that seasonal influenza inoculations were offered to all patients with long term conditions who were at risk of developing health problems in the event that they contracted influenza.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Our findings

Services for mothers, babies, children and young people at Hollow Way Medical Centre included dedicated midwives and health visitor care as well as 'well child' clinics. Specific health promotion literature was available as well as details of local child and family services. The practice held regular multi-professional staff meetings that included staff who specialised in the care of mothers, babies and children.

Patients had access to care from dedicated midwives that were based at Hollow Way Medical Centre including midwifery led clinics. We saw a notice in the waiting area informing patients that there was provision in the practice for breastfeeding to take place. The practice ran 'well child' clinics each week. There was access to dedicated health visitors for parents, infants and young children. We saw records that showed the practice held staff meetings that included midwives and health visitors.

There was a notice board in the waiting area dedicated to issues that mothers, babies, children and young people were at risk of developing health problems from. We saw posters and leaflets available on issues such as chlamydia (a sexually transmitted disease) testing and availability of local child and family services.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Our findings

The practice provided a variety of ways working aged people (and those recently retired) could access primary medical services. These included evening appointments, on-line appointment booking, telephone consultations and Saturday influenza inoculation clinics.

Appointments were available on some evenings for patients who were not able to attend Hollow Way Medical Centre during normal working hours. There was an on-line booking system available for patients who were not able to telephone or attend the practice in person in order to make an appointment during normal working hours. Telephone consultations with clinical staff that negated the need for some patients to attend the practice were also available.

The practice offered cervical smear testing as well as a smoking cessation service and an alcohol screening service. Staff told us that seasonal influenza inoculation clinics were operated on some Saturdays as well as during normal working hours during the week. They said that this made this service accessible to patients who were at risk of developing health problems in the event that they contracted influenza, who were not able to attend Hollow Way Medical Centre during normal working hours.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Our findings

The practice offered primary medical service provision for people in vulnerable circumstances in a variety of ways. Patients not registered at the practice could access services and interpreter services were available for patients whose first language was not English. Information specific to certain groups of patients was available such as community support for patients living with human immunodeficiency virus (HIV). Specific screening services were also available, for example, an alcohol screening service.

Staff told us that patients who were not registered at Hollow Way Medical Centre were able to access services there. For example, temporary visitors to the area. We saw records that confirmed this.

There was a notice board in the waiting area dedicated to issues that people in vulnerable circumstances were at risk of developing health problems from. We saw posters and leaflets available on issues such as alcohol awareness and community support and liaison for people living with human immunodeficiency virus (HIV).

The practice offered an alcohol screening service and interpreter services were available for patients whose first language was not English. We saw there was a multilingual computerised touch screen booking in system available to all patients in the reception.

Staff told us that seasonal influenza inoculations were offered to all patients in vulnerable circumstances who were at risk of developing health problems in the event that they contracted influenza.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Our findings

Patients experiencing poor mental health had access to psychiatrist and community psychiatric nurse services as well as local counselling services. Patients diagnosed with poor mental health were monitored and offered check-ups every six months. The practice held regular multi-professional staff meetings that included staff who specialised in the care of patients experiencing poor mental health.

Staff told us the practice had a system in place to routinely check up on the condition of any patient diagnosed with poor mental health every six months. Hollow Way Medical Centre was able to refer patients experiencing poor mental health to psychiatrist and community psychiatric nurse services. Counselling services were available in the practice in a dedicated quiet and private room. We saw records that showed the practice held staff meetings that included psychiatrists.