

Summerfield GP and Urgent Care 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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



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 Summerfield GP and Urgent Care Centre on 15 February 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were generally assessed and well managed to keep patients safe. The one exception being the management of uncollected prescriptions. This issue was immediately addressed by the provider.
- There was a strong focus on learning and improvement and an open culture to support this.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Performance data showed mixed outcomes for patients with long term conditions and comparatively

lower uptake of national cancer screening programmes and some childhood immunisations. However, there had been improvements made in relation to diabetes outcomes. It was also recognised the complexity and challenges of engaging with the population served.

- Patient satisfaction data was mixed and results from the national GP patient survey showed scores that were lower than CCG and national averages. However, feedback from the CQC comment cards were positive and we saw evidence and examples that patient feedback was listened and responded to.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service was open seven days a week with on the day urgent appointments available when necessary. At the time of the inspection we noted routine appointments were available within two days. However the national GP patient survey showed patients found it difficult to make an appointment. The provider demonstrated actions taken to address

Summary of findings

this which included continual monitoring of access and patient satisfaction. Patients had indicated improvements in access following the installation of a new telephone system.

- The provider had good facilities and was well equipped to treat patients and meet their needs. This included support for the high proportion of patients whose first language was not English.
- 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.

The areas where the provider should make improvement are:

- Identify further ways in which patient satisfaction might be improved.
- Review and implement ways in which the identification of carers might be improved so that they may receive support.
- Review the urgent care system to identify ways in which patients may be assessed during long waiting times.

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 provider is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The exception being systems for managing uncollected prescriptions which were immediately rectified by the provider once highlighted.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The provider is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mixed compared to the CCG and national averages. We saw evidence of improvements in patient outcome data for diabetes and hypertension. However, scores for national screening programmes and child immunisations were low. It was also recognised the complexities of the population served.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and included audits relating to the quality of staff consultations.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The provider is rated as requires improvement for providing caring services.

- Patient satisfaction data was mixed and results from the national patient survey showed scores that were lower than

Requires improvement



Summary of findings

CCG and national averages. The provider sought patient feedback from various sources including in-house surveys, their patient participation group and the friends and family test. We saw evidence and examples that patient feedback was listened and responded to. Feedback from the CQC comment cards was positive.

- Patients said they were treated with dignity and respect.
- Information for patients was available in various languages to meet the needs of the population.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had taken a proactive approach to raise awareness of carers. However there were a low number of carers identified.

Are services responsive to people's needs?

The provider is rated as good for providing responsive services.

- The provider 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. Regular contract performance meetings were held to discuss the service.
- Both the GP practice and urgent care centre were open seven days a week and in the evenings, Monday to Friday. Patients registered with the GP practice were able to obtain same day and urgent appointments. However, feedback from the national GP patient survey identified that patients had difficulties obtaining appointments by telephone. The provider had recently installed a new telephone system and feedback from patients obtained through the inspection told us that this had been an improvement.
- For the urgent care centre patients were prioritised according to urgency of need.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included support for the high proportion of patients who did not speak English as their first language.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. 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 provider encouraged a culture of openness and honesty. There were systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus and learning culture within the organisation with evidence of continuous learning and improvement at all levels.

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 provider is rated as good for the care of older people.

Good



- The provider offered proactive, personalised care to meet the needs of the older people in its population.
- The provider was responsive to the needs of older people, and offered home visits to those who were unable to attend the practice.
- Clinical staff carried out twice weekly ward rounds at a large nursing home, feedback from this service was positive.
- A pharmacist had recently been employed and was reviewing as priority patients on multiple medications to support safe prescribing.

People with long term conditions

The provider is rated as requires improvement for the care of people with long-term conditions.

Requires improvement



- Clinical staff took lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and where appropriate invited to attend a review of their care.
- National reported patient outcomes data showed mixed performance for patient outcomes with long term conditions.
- Quality outcome framework data for 2015/16 for patients with diabetes was below the CCG and national average overall (65% compared with the CCG average of 88% and national average of 90%).
- Following the inspection the practice shared with us data for 2016/17 (unvalidated data) for diabetes related indicators. This showed the practice had achieved 90% of the total QOF points available. This was a significant improvement from previous years for example, performance for diabetes related indicators was 69% in 2014/15 and 65% in 2015/2016.
- The provider had sought to improve patient registers for those with long term conditions to ensure patients received the care and follow up needed. This included the diabetes and hypertension register.
- The service also held regular virtual meetings with diabetes specialists from the hospital to support those with complex needs.

Summary of findings

- Staff spoke of some of the difficulties experienced in managing patients with long term conditions. This included high levels of deprivation, a high proportion of patients whose first language was not English and a transient population.
- Phlebotomy services for patients with long term conditions were available with the practice nurse. Patients could also have blood tests carried out at the local hospital which was located within walking distance from the service.

Families, children and young people

The provider is rated as requires improvement for the care of families, children and young people.

- The provider had a higher than average number of patients aged 0 to 4 years (11% compared to the CCG average of 6.9% and national average of 5.8%).
- 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. The practice held regular meetings with the health visitor.
- Data available from the practice for 2015/16 on childhood immunisation rates for vaccinations given to under two year olds averaged at 91% which was in line with the national standards of 90%.
- The provider offered combined baby checks and post natal reviews for the convenience of patients.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There were baby changing and breast feeding facilities available within the primary care centre.
- There was a low uptake of national screening programmes among the practice population. The practice's uptake for the cervical screening programme was 59%, which was below the CCG average of 79% and the national average of 82%. The provider had held patient education sessions to try and encourage uptake of national cancer screening programmes but explained challenges relating to cultural differences and patient expectations in improving uptake.

Requires improvement



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Including NHS health checks.
- Both the GP practice and urgent care centre offered access to health care seven days a week including evenings to support those who worked or with other commitments.
- The provider ran regular patient health education sessions to help raise awareness and support patients to manage their own health.

People whose circumstances may make them vulnerable

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

- The practice held registers of patients living in vulnerable circumstances including patients with a learning disability or caring responsibility.
- Alerts on the patient record system ensured staff were aware if a patient had any specific needs, was vulnerable or at risk of harm.
- The service made regular use of interpreters for those whose first language was not English. On the day of our inspection there were six interpreter bookings covering five different languages.
- Patient notices were displayed in a variety of languages.
- The practice offered longer appointments for patients who needed them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The provider had identified 0.4% of the practice population as a carer. Work was currently in progress to identify and understand local support so staff could better advise and signpost patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The latest published QOF data (2015/16) showed 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG and national average. Exception reporting was 3.6% which was lower than the CCG and national average of 7%.
- QOF data (2015/16) for mental health related indicators overall was 89% which was slightly lower than the CCG average of 92% and national average of 95%.
- The provider hosted a Healthy Minds support worker who provided weekly sessions for patients with anxiety or depression.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results reflected patient satisfaction with the GP practice side of the service. Performance was below local and national averages. A total of 364 survey forms were distributed and 73 (20%) were returned. This represented 1.3% of the practice's patient list. However, the service's response rate to the national GP patient survey was significantly lower than the national average of 38%.

- 41% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and national average of 73%.
- 64% 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 78% and national average of 85%.
- 62% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% national average of 85%.
- 48% 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 64% and the national average of 78%.

The provider also reported on the friends and family test which invites patients to say whether they would recommend the service to others. The latest data available for the friends and family test (for the whole service, GP practice and urgent care centre) was for October to December 2016. The service received 3793 responses of which 80% said they would be likely or

extremely likely to recommend the service to others while 1% said they would be unlikely to extremely unlikely to recommend the service to others. The service had received formal recognition for the high response rates and promotion of the friends and family test.

The provider had undertaken a patient satisfaction surveys for its registered patients with the GP practice during January 2017. A total of 125 patients completed a survey. Patients were asked to rate the service on a scale of one to 10 (10 being the best) for several aspects of care such as access and quality of consultations. Of the patients who responded 66% rated the service between eight and 10 while 5% of patients rated the service between one and three overall.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards, the majority of cards were positive about the standard of care received and found the staff polite and helpful. However, three patients commented on waiting times and accessing appointments as an issue.

We spoke with the three members of the provider's patient participation group who told us that they were happy with the care and treatment they received and that the provider was receptive to patient feedback. We also spoke with three health and social care professionals who told us that the service worked with them to meet patients' needs.

Summerfield GP and Urgent Care 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 and urgent care specialist adviser, a second CQC inspector, and an advanced nurse practitioner specialist adviser.

Background to Summerfield GP and Urgent Care Centre

Summerfield GP and Urgent Care Centre contracts with Sandwell and West Birmingham CCG to provide a GP practice service to registered patients and an urgent care centre. Patients do not need to be registered to use the urgent care centre. The provider organisation is Virgin Care Coventry LLP who also provide a number of other GP and walk in centre services across the midlands area.

The service is provided in a purpose built primary care centre which the provider shares with three other practices, community health teams and an independent pharmacist. The service is located in an area of Birmingham which has high levels of deprivation (based on information from Public Health England it is situated among the 10% most deprived areas nationally). The area served is also very diverse with a high proportion of patients whose first language is not English. Over the last year the provider had approximately 1600 face to face interpreter bookings for

over 25 different languages, this did not include those where clinical staff spoke second languages. The practice population is significantly younger than the national average with the majority of patients under 40 years old.

The GP practice list size has continued to grow from no patients when it was established in 2010 to approximately 5,800 patients currently. In the last year there has been an increase in 700 patients. The GP practice is open 8am to 8pm Monday to Friday, 10am to 2pm on a Saturday and 11am to 5pm on a Sunday. Patients attend by appointment. Appointment times vary between the clinicians but are typically available between 8.20am to 12.40pm and 4pm to 7pm Monday to Friday. When the service is closed patients receive care from an out of hours provider (Primecare).

The urgent care centre is open to walk in patients 8am to 8pm daily, 365 days a year (including all bank holidays). In the last quarter October to December 2016 the provider saw approximately 12,200 patients. Staff explained that although the service is called an urgent care centre the contractual specifications are more in line with a walk in centre. Urgent medical care is excluded from the service specification for example chest pain, major injury and suspected fractures. The service is located within a short walking distance of a local hospital with accident and emergency facilities.

Summerfield GP and Urgent Care Centre sits within the wider provider organisation (Virgin Care). There is a regional corporate team led by a regional director of operations. The regional team also includes a regional clinical lead, a professional lead for nursing and governance and regional operational managers who support the service. At a local level staffing consists of

Detailed findings

seven GPs and four Advanced Nurse Practitioners (ANPs), one practice nurse and a pharmacist. There is a local management team which consists of a service manager and assistant service manager, and a clinical lead. Staffing at any one time typically consists of two GPs and a practice nurse for the GP practice and for the urgent care centre one GP and three Advanced Nurse Practitioners (ANP). The majority of staff work across both the GP service and urgent care 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 service and asked other organisations to share what they knew. We carried out an announced visit on 15 February 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the management team, GPs, ANPs, the practice nurse and administrative staff).
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- We spoke with representatives of the patient user group.

- Inspected the premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- We reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- All staff we spoke with were aware of the systems for reporting incidents and significant events and told us that they were encouraged to do so.
- 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, and an apology.
- The practice carried out a thorough analysis of significant events and we saw evidence of action taken to improve the service as a result. For example, a missed referral led to the review and implementation of changes to the referral system.
- There was evidence that learning had been shared locally with staff through group discussions and meetings. Incidents were rated and those of high risk were escalated through the corporate governance structures. A monthly corporate newsletter enabled the sharing of incidents and learning among all staff including regular locums within the organisation. We saw that significant events and incidents were also shared with the CCG as part of the contract monitoring arrangements.
- Between October and December 2016 there were eight reported incidents for the service.

Clinical staff received information about safety alerts including those from the Medicines and Healthcare Products Regulatory Agency (MHRA) via email and would act on any that were relevant to them. Those relevant were discussed at clinical governance meetings. One member of staff told us about checks on batch numbers they had undertaken for a recalled product in response to a Medicines and Healthcare Products Regulatory Agency (MHRA) alert. Records were maintained of action taken.

Overview of safety systems and processes

The systems, processes and practices in place to keep patients safe and safeguarded from abuse were in most areas clearly defined and embedded:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. A safeguarding pack was available in each clinical room which provided information on who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff were aware who this was. Staff demonstrated they understood their responsibilities and were able to give examples of concerns that had been raised with the appropriate agencies responsible for investigating safeguarding concerns. Staff received training on safeguarding children and vulnerable adults relevant to their role as part of the provider's core training. Clinical staff (GPs and ANPs) were trained to child protection or child safeguarding level 3. Alerts on the patient record system ensured staff were aware if a patient was at risk of harm.
- A notice in the waiting room advised patients that chaperones were available if required and included information in various languages. Staff who acted as chaperones were trained for the role and 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). A list of which staff who could act as chaperones was available in the reception area.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. There was a clinical lead for infection control who had undertaken an audit of the service. Areas identified in the audit relating to wear and tear of the building which had been reported to the building owners who were responsible for the maintenance and cleaning of the premises. There were cleaning schedules in place for the premises and for the cleaning of clinical equipment. Staff had access to appropriate hand washing facilities and personal protective equipment. There were appropriate arrangements for the disposal of clinical waste.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

patients safe. The service had recently employed a pharmacist that worked across three of the provider locations who supported the clinicians in safe prescribing and undertook medicine reviews. These reviews had focussed on patients on four or more medicines, high risk medicines and those discharged from hospital where medicines had been instigated or changed. The pharmacist had also created a system for easily identifying patients whose medicine review was overdue or were due for review within the next three months. Since starting the pharmacist had reviewed 272 patients of whom 220 were referred back to a GP for their medicines to be amended, they had supported 80 patients through education who had poor adherence to taking medicines. Patients were asked to evaluate this service 100% of those who responded said they were likely or extremely likely to recommend it and all said it had improved their understanding of their medication. Any medicine learning as a result of these reviews were shared with staff.

- There were well established systems for managing medicine stock and prescription stationery. Medicines were securely stored and there were systems in place to monitor their use. However, we identified weaknesses in the systems for managing uncollected prescriptions. We found a number of uncollected prescriptions in excess of six months. When highlighted to the provider immediate action was taken to review and follow up any issues in relation to the uncollected prescriptions. Shortly following our inspection the provider sent us details of all the reviews undertaken and a copy of their updated standard operating procedures which set out clear roles and processes for managing uncollected prescriptions.
- We reviewed recruitment information for the directly employed staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We also saw evidence of appropriate checks undertaken for locum staff. Managers told us that agencies used for locum staff had to sign up to Virgin Care terms and conditions before they would use them.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety and the premises appeared well maintained. Maintenance of the building, cleaning, security and disposal of waste were managed by the owners of the primary care centre who were located on site.
- There was an up to date fire risk assessments held by the primary care centre manager. Weekly alarm testing took place and evacuation information was displayed. Regular fire drills were carried out.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These checks had been carried out within the last 12 months.
- There were a variety of other risk assessments in place to monitor safety of the premises which included control of substances hazardous to health, legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and equality risk assessments.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice made use of locum staff to ensure sufficient cover for the GP and urgent care centre. There was a high use of locum staff for example 726 hours during January 2017. The majority of locum hours were used in the urgent care centre (723 out of the 726 hours). Staff told us that they had recently managed to recruit two of the locum GPs onto permanent contracts. The service undertook weekly monitoring of activity in the urgent care centre to help identify staffing needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There were records available to show these were regularly checked.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. A copy of the plan was available to staff in each clinical room and had been recently reviewed following an incident. The plan included various contact numbers in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- New guidance and updates were discussed in the clinical governance meetings and included in the monthly staff bulletins. For example, in a recent bulletin new guidance on the use of a medicines used in nerve pain was included.
- Guidelines such as those from the resuscitation council were displayed in clinical rooms.
- We saw evidence where clinical audits made reference to NICE guidance and findings from the audits shared with staff.
- Staff we spoke with told us that they attended CCG events and clinical forums to keep up to date.
- Clinical staff met together for weekly clinical 'huddle' meetings in which they discussed complex patients. The meetings were held on varying days to allow as many clinical staff as possible to attend.

Management, monitoring and improving outcomes for people

The provider used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for their registered patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results were for 2015/16. This showed the provider had achieved 87% of the total number of points available, which was lower than the CCG and national average of 95%. Overall exception reporting for the provider was 11% which was comparable to the CCG and national average of 10%.

Data from 2015/16 showed a mixed performance in terms of patient outcomes. Overall QOF performance in areas such as asthma, heart disease and mental health were comparable to the CCG and national averages. For example,

- Performance for mental health related indicators overall was 89% compared to the CCG average of 92% and national average of 95%.

However, there were also areas where the service performed significantly lower than the CCG and national averages. This included diabetes and hypertension :

- Performance for diabetes related indicators overall was 65% compared to the CCG average of 88% and national average of 90%. Exception reporting for diabetes related indicators was 10% compared to the CCG average of 11% and national average of 12%. We spoke with staff about action they were taking to improve outcomes for patients with diabetes and looked at some of the services most recent QOF data showing current progress for 2016/17 (unvalidated data). This showed some improvement had been made in the number of patients with a HbA1c of 64mmol/mol or less (an indicator of diabetic control) from 60% in 2015/2016 to 65% so far for 2016/2017. The service held virtual clinics with a consultant and specialist nurse to discuss the GP practice's most high risk diabetes patients. There had also been two audits undertaken which focused on diabetes care and had led to increase numbers of patients on the diabetes register from 182 to 211.
- Following the inspection the provider was able to share with us diabetes outcome data for 2016/17 year end (unvalidated data) and significant improvement from previous years. For example performance for diabetes related indicators overall was 90%. Compared to 69% in 2014/15 and 65% in 2015/2016.
- Performance for hypertension related indicators was 61% compared to the CCG average of 96% and national average 97%. Exception reporting for hypertension related indicators was 7% compared to the CCG average and national average of 4%. We spoke with staff about action they were taking to try and improve the outcomes for patients with hypertension. An audit had been undertaken during November 2016 which had led to an increase in the identification of patients with hypertension from 262 to 327 patients. Despite the increase in patients on the hypertension register there was currently no deterioration in current QOF performance which indicated more patients were being reviewed.

Are services effective?

(for example, treatment is effective)

- Following the inspection the provider shared with us QOF outcome data for hypertension for 2016/17 end of year (unvalidated data). This showed practice performance at 76% compared with the previous year of 61%.

However, it was noted that the provider faced challenges in meeting QOF targets due to their diverse and complex population. Staff told us they sent three recall letters and made use of texting to try and encourage patients to attend reviews for their long term conditions.

There was evidence of quality improvement including clinical audit.

- The provider participated in several mandatory corporate audits including medicines management, safeguarding and infection control to review systems in place. We saw evidence of action plans having been completed from these audits.
- The provider shared with us three local audits that had been completed in the last 12 months. These included an audit of hypertension prevalence in which the practice identified 119 patients as potentially hypertensive but not on the hypertension register. All 119 patients were reviewed and 17% were subsequently added to the register so that they would be picked up for review. The service undertook an audit of uptake of diabetic eye screening during 2015 and 2016. There was limited improvement identified on re-audit. There were plans to repeat the audit again. Awareness of the diabetic eye screening service had been raised with staff and staff we spoke with were aware of the process for referring diabetic patients to eye screening and patient education sessions. The provider had also undertaken an audit to review patient awareness of the importance of checking blood sugar. Staff had been reminded to improve reporting in patient records where advice had been given.
- Staff we spoke with were aware that the service had high rates of antibiotic prescribing compared to other local providers, but none of the other providers has a walk-in service so meaningful comparisons are difficult. Prescribing of broad spectrum antibiotics was low. There was a lead clinician for antibiotics who with support from the CCG had run staff education sessions on antibiotic prescribing.

The service produced quarterly contract monitoring reports for the CCG. These reports covered information relating to

both the GP practice and urgent care centre such as activity, staffing, training and supervision, audit activity and waiting times, incidents, complaints and results from the friends and family test. The most recent performance information available from the service related to quarter 3 (October to December 2016). Results showed:

- 12206 patients attended the urgent care centre between October and December 2016. During the previous year average quarterly attendances had ranged from 10,404 to 13,899. Approximately 4% of patients who attended the urgent care centre were also registered with the practice.
- 489 (4%) patients left without being seen between October and December 2016 compared to 361(3.5%) during quarter 2 (July to September 2016) and 340 (2.8%) during quarter 1 (April to June 2016) showing a steady increase over the 12 months
- The average wait to see a clinician (GP or ANP) between October and December 2016 ranged from 61 to 68 minutes. During the previous year the average monthly wait ranged between 23 to 74 minutes. The practice advised us that they were working within the CCG contracted target of four hours and their own internal target of two hours.

The service carried out audits of patient consultations for clinical staff using a nationally recognised audit tool. This consisted of five consultations per quarter and five direct clinical observations per year. Feedback was given to the clinician.

Effective staffing

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

- The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. One clinical member of staff told us that they had a three month induction. As part of their induction they had completed the provider's mandatory training and shadowed other clinical staff as well as received training in local systems and processes.
- There was a locum induction pack in place to support clinical staff working on a temporary basis.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

Are services effective?

(for example, treatment is effective)

example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff we spoke with confirmed they received regular appraisals and half yearly reviews and that they found the provider proactive in ensuring they were up to date in receiving core training. Staff had access to and made use of e-learning training modules and in-house training and were given protected learning time to complete this. A training matrix helped monitor staff training and ensured staff kept up to date.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Each clinician had an administrative support person to manage any action needed in response to patient information received.
- There were systems in place to follow up patients who had an unplanned admission to hospital and for updating care plans.
- We spoke with three health and social care professionals as part of our inspection. They told us that they were happy with the working relationships that they had with the provider in order to support patients' needs. They confirmed regular meetings took place to discuss and plan the care for some of the provider's most vulnerable patients.
- The provider undertook twice weekly ward rounds at a local nursing home.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Patient consultations through the urgent care centre were shared with the patients usual GP via email. The service aimed to transfer information within 48 hours of consultation. At the time of our inspection we spoke with the member of staff responsible for sending this information and they told us that they were currently working within that target.

- For the urgent care centre the service maintained records of previous attendances but otherwise there was little patient history available. Clinical staff advised us that they were careful to obtain a patient history and medicines to minimise the risk of care and treatment conflicting with that provided by their usual GP or hospital.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and when providing care and treatment for children and young people.
- We received feedback from a local nursing home that the service was supportive when making best interest decisions for example, those relating to end of life care.
- Clinical staff we spoke with told us that the Mental Capacity Act was part of the provider's mandatory training.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, clinical staff were able to refer patients for healthy lifestyle support such as smoking cessation, exercise and weight management.

The service ran regular patient education sessions to try and provide additional support and advice to patients. The next session was advertised for March 2017. Previous sessions had included community days at a local church hall to do health checks and promotion of national cancer screening programmes.

As the service did not own the premises there were limitations on information that could be displayed. The television screen provided some health information and we saw leaflets available in different languages for various long term conditions in the nurses room.

The practice's uptake for the cervical screening programme was 59%, which was below the CCG average of 79% and the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme.

Are services effective?

(for example, treatment is effective)

The uptake of national screening programmes for bowel and breast cancer screening was lower than the CCG and national averages. For example,

- 49% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 66% and the national average of 73%.
- 29% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 45% and the national average of 58%.

The practice was aware of the low uptake and had run educational sessions to promote uptake of national screening programmes.

Data available from the practice for 2015/16 on childhood immunisation rates for vaccinations given to under two

year olds averaged at 91% which was in line with the national standards of 90%. Childhood immunisation rates for the MMR vaccinations given at 5 years averaged at 64% which was below the CCG average of 90% and national average of 91%. Practice staff told us that they had difficulties with obtaining patient immunisation history for patients who had migrated to the UK and that they followed World Health Organisation guidance in these instances.

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

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- Staff were mindful of maintaining patient confidentiality.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described staff as helpful and caring and that they were treated with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided.

Results from the national GP patient survey (published in July 2016) for patients registered with the GP practice showed scores that were lower than CCG and national averages.

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 79% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

There had been a lower response rate to the national GP patient survey at 20% compared to the national average of 38%. The provider sought feedback from other sources. For example, the friends and family test. The latest available friends and family test data related to October and December 2016. A total of 3793 responses were received for the whole service (GP practice and urgent care centre) of which 80% of patients said they would be likely or extremely likely to recommend the service to others while 1% said they would be unlikely to extremely unlikely to recommend the service to others.

An in-house patients satisfaction survey was undertaken during January 2017 of 125 patients registered with the GP practice. The survey asked patients to rate various aspects of the service from one to 10 (with 10 being the best score).

- 76% of patients rated their satisfaction with receptionists between 8 and 10. While 7% rated them between one and three.
- 71% of patients gave the clinician a rating between eight and ten for treating them with dignity and respect. While 5% rated them between one and three.
- 73% of patients rated the service between 8 and 10 overall. While 5% rated the service between one and three.

The provider had recently produced an action plan in response to this survey and actions had yet to be fully implemented. However, we saw evidence that the practice did respond to patient feedback and this was confirmed by members of the patient participation group for example, staff wearing of name badges and changes to the telephone system. The provider operated a monthly 'you said we did' in which the provider's individual services reported what changes had been made in response to patient feedback. These changes were fed back to patients through posters displayed in the waiting area.

The practice had been involved in various charity events. This included, the family open day in July 2016 which raised £600 for a local children's hospital and £600 to the Nepalese community following the earthquake.

Care planning and involvement in decisions about care and treatment

Are services caring?

Feedback received from patients through the completed CQC comment cards indicated that they were happy with the service and their involvement in decision making about the care and treatment they received. We saw evidence of personalised care plans in place.

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

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

The provider's own in-house survey of registered patients showed that on a rating of one to ten:

- 66% of patients gave the clinician a rating between eight and ten for listening to them. While 7% rated them between one and three.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. There was a notice in the reception areas informing patients this service was available. Many of the notices displayed included information in a variety of

languages. We also saw information leaflets available in different languages in some of the clinical rooms and staff told us that they would print out patient information in different languages as required.

Patient and carer support to cope emotionally with care and treatment

The provider did not own the building and so were limited in the information they could display. However, patient learning events were advertised in the waiting area and on the practice website to help support patients understand and be involved in their health and care. Patients were requested to let staff know if they wished to attend and needed an interpreter.

Registered patients were able to access support for anxiety and depression through the healthy minds advisor who ran weekly sessions at the service.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as carers (0.4% of the practice list). The service had used texting and the television screen to try and identify carers within their practice population. The provider also had a virtual carers hub to support carers accessed via the Virgin Care website. Patients identified as carers were provided with a carers information pack, and were offered flexibility with appointments. One of the GPs had taken the lead and was currently working with the CCG to establish contacts and information about local services for carers.

Staff had access to information about local bereavement services which they could signpost patients to that had suffered a bereavement. The service routinely reviewed patient deaths to reflect on care and identify areas for learning and improvement. This included the family's experience.

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. The provider held regular contract meetings with the CCG to discuss the service provided.

- For patients who worked or had other commitments which made it difficult to attend GP appointments during the day the provider offered a variety of options to access clinical support. The urgent care centre was open daily 8am to 8pm on a walk in basis to registered and non-registered patients. Patients who were registered with the GP practice could also book appointments seven days a week, obtain evening appointments Monday to Friday until 7pm or request a telephone consultation.
- There were longer appointments available for patients who needed them for example, patients with a learning disability, poor mental health or needed the support of a translator.
- Home visits were available for patients whose clinical needs meant they were unable to attend the practice.
- Same day appointments were available for those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately with the exception of yellow fever. Patients were signposted to other services for this.
- The service was accessible for patients with mobility difficulties. There were disabled facilities, a hearing loop and translation services available. We saw that the practice regularly used translation services. On the day of inspection six interpreters covering five different languages had been booked. For the urgent care centre clinicians had access to a language line telephone service which provided translation services at short notice. We saw notices displayed with information in different languages for example, the complaints and chaperone notice. The self check-in also allowed patients to select a language of their choice.
- The service was also accessible to those with children and young people. Baby changing and breast feeding facilities were available within the premises.
- Phlebotomy services for patients with long term conditions were available with the practice nurse. Patients could also have blood tests carried out at the local hospital which was located within walking distance from the service.
- There were some systems in place to ensure those with the most urgent needs attending the urgent care centre were seen according to priority. Reception staff had a list of symptoms for which they would alert the clinicians on duty to triage, these were referred to as 'red flags'. Patients were responsible for identifying the 'red flag' symptoms and completed a registration form to identify the reason for their visit. Reception staff also had access to information which enabled them to redirect patients to more appropriate care as appropriate. There were no formal systems of triage although a notice in reception asked patients to let the reception know if their condition deteriorated, this was available in various languages. There were no reported incidents relating to the lack of triage. The absence of a triage system was a corporate decision due to the nature of cases the service was contracted to see and treat. Senior clinical staff advised us that this system was based on the adapted Manchester Triage System used in accident and emergency departments. They advised that by patients being walk in they would be categorised as minor using this system and to use triage in this setting could result in more delays and complaints. The symptoms of patients who were waiting were displayed to clinicians so that if necessary patients could be re-prioritised. The clinicians also called patients in and so frequently entered the waiting room. However, average waiting times over the last 12 months were approximately one hour and the absence of triage system could mean some patients in need of urgent attention could be delayed.
- There was an escalation process at times of high demand and prior to service closing which was triggered by patient numbers and staff levels. Patients were given written information advising them that they might not be seen and signposting them to alternative care provision, it was then the patient's choice whether to sit and wait.

Are services responsive to people's needs?

(for example, to feedback?)

- Where the urgent care centre didn't provide a service they had written information for patients signposting to other services available for example, sexual health.
- Patients attending the urgent care centre who were not registered with a GP practice were offered the opportunity to register with the provider.
- The provider responded to requests from the local Accident and Emergency (A&E) department to stay open later when under pressure. For example last December the service extended the hours of the urgent care centre until 10pm to help reduce pressure in accident and emergency. A survey of 339 patients attending the urgent care centre undertaken in August 2016 by the provider identified that 59% of patients who had used the service would have gone to A&E had the service not been available.
- The service had been supportive in caretaking another local practice at the CCG's request.

Access to the service

The urgent care centre was open 365 days a year (including bank holidays) between 8am and 8pm. Patients registered with the GP practice and non-registered patients were able to use this service on a walk in basis.

Patients who were registered with the service's GP practice were able to book appointments seven days a week. Appointment times varied between clinicians but were typically available between 8.20am to 12.40pm and 4pm to 7pm Monday to Friday, 10am to 2pm on a Saturday and 11am to 5pm on a Sunday. Appointments were bookable up to four weeks in advance and some were available for online booking. Same day and telephone appointments were also available. When the practice was closed patients received care from an out of hours provider (Primecare).

We saw on the day of our inspection that the next available routine GP appointment was within two working days. The nurse ran specific clinics on different days but we were told that they would add extra patients if needed. A duty doctor system operated who would deal with any urgent appointments via telephone and invite patients in to be seen if needed. On average approximately 4% of patients who used the urgent care centre were registered with the provider which indicated that they were usually able to obtain appointments when needed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment received a mixed response when compared to local and national averages. For example:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%.
- 41% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%. During December 2016 the service had changed the telephone system. It was too early to have results of the impact of the new telephone system but feedback received from three patients as part of our inspection indicated that this had improved telephone access. Staff also told us that they had increased appointments available through additional nurse led clinics but availability of clinical space made it difficult to further expand the service.

For the urgent care centre the average waiting time for the last quarter (October to December 2016) was 64 minutes. This was slightly higher than the average for the previous 12 months as a whole (January to December 2016) of 56 minutes. Average monthly waiting times ranged from 23 minutes to 74 minutes in the previous 12 months.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Complaints were managed and responded to through the corporate customer service department. They were supported with this by the service manager who investigated and collated information relating to the complaint.
- We saw that information was available to help patients understand the complaints system. There was a complaints leaflet available for patients to take away to help them understand the complaints system as well as information on the service website and a notice in the waiting room. This included information about expected timescales for dealing with the complaint, support available to make a complaint and what to do if unhappy with the response received from the provider.

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

We looked at complaints received by the provider in the last 12 months. We saw that there had been 15 in total (ten related to the urgent care centre and five to the GP practice). We saw that the complaints had been dealt with in a timely way. There was evidence of action taken in response to individual complaints and concerns. Lessons

learnt were shared with staff to improve the quality of care. For example, discussion involving six clinicians had taken place in response to the potential misdiagnosis of a child. Complaints were also shared with the CCG as part of the contract monitoring arrangements.

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 provider had a clear vision to deliver high quality care and promote good outcomes for patients.

- The provider had clearly stated values and behaviours expected of staff and these were incorporated into the staff appraisal system. Staff knew and understood the values. During our inspection staff demonstrated values that were caring and helpful with a desire to provide a good service.
- Staff told us about some of the challenges they faced which included difficulties in engaging with a diverse and transient patient population. Many of whom did not have English as a first language, had their own cultural expectations for health care and lacked clear medical history. The service had expanded rapidly since it opened in 2010 and space to support the growth within the primary care centre was an issue. The area served also had high levels of deprivation.
- Since 2010 the GP practice side had grown from no patients to approximately 5800 patients. For the urgent care centre the number of patients seen annually had more than doubled from 20240 to 48826 in six years.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the computers. Printed copies were available for locum staff and important information such as safeguarding was available in the clinical rooms.
- The service had an understanding of the performance and had identified long term conditions that they needed to improve on. There had been several audits undertaken to reflect this work and improve patient registers for long term conditions.
- Clinical staff had areas of QOF they were responsible for.

- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The service was supported at a national level by the provider organisation.
- Clinical governance meetings were held at both local and corporate level to support shared learning.

Leadership and culture

On the day of inspection the provider organisation demonstrated that it had the experience, capacity and capability to run the service and ensure high quality care. There was a positive learning culture within the organisation. The local leadership team demonstrated enthusiasm and a desire to deliver changes to improve the service patients received and were receptive to comments and feedback received. Staff described the organisation and leadership as very supportive and approachable.

- There were regular team meetings including whole team meetings for all staff every two months. These were held on different days and times to encourage attendance from staff who worked different shifts. In addition a corporate clinical governance bulletins were emailed to all clinicians which included policy reviews, learning from incidents, safeguarding, training and education and safety alerts.
- Staff we spoke with were very complimentary about the local leadership. They told us there was an open culture and that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by both management and clinicians. All staff were involved in discussions and encouraged to identify opportunities to develop and improve the service delivered. There were corporate events which gave recognition to achievements made by staff.
- The service had successfully managed to recruit two locum staff into salaried GPs. We spoke with one of these clinicians who told us that they felt there was good team work within the service and that it was a supportive place to work.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. The

Are services well-led?

Good 

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

practice had systems in place to ensure that when things went wrong with care and treatment affected people were given reasonable support, truthful information and a verbal and written apology

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There were approximately four active members of the PPG who met twice a year. We spoke with two members of the group who told us that they found the service responsive to feedback for example there had been changes to the telephone line and additional female clinicians had been employed.
- Staff were able to tell us about responses to feedback received by patients from various sources including the friends and family test and surveys which included reinstalling the television.

- The provider had gathered feedback from staff through the various meetings held. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The provider was able to demonstrate how discussions with staff relating to incidents had led to suggestions from a locum staff member which was implemented. This was a new process for recording referrals.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The service was a pilot site for patient testing of CRP blood test, a test used to indicate the need for antibiotics.

The provider had employed a pharmacist to improve the safety of medicines management. The pharmacist undertook medicine reviews to improve patient understanding and compliance with medicines and improved prescribing through feedback to clinicians and shared learning. Early feedback from patients showed they were happy with this service.