BL Medical Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at BL Medical Practice on 4 April 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. Areas for review included developing an incident protocol and reviewing arrangements around monitoring uncollected prescriptions and monitoring of prescription paper.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. One patient had participated in the interview process when the practice was recruiting a GP partner.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 practice had a patient reference group (PRG). Feedback from members of the PRG indicated that communication between the practice and the group was infrequent.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw one area of outstanding practice:

- The GP partners were described as going the extra mile and patients with serious health issues provided examples of where a GP contacted them every week to review their health and wellbeing.

The areas where the provider should make improvement are:

- Develop practice incident recording procedures to include non significant events.
- Further develop the records to monitor the use of prescription paper in line with the NHS Security of prescription forms guidance.
- Provide opportunities for members of the patient reference group to become more actively involved in the development of the practice by improving communication and explore opportunities for patients to contribute who do not have access to IT.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- We noted that the practice did not routinely record non significant issues or incidents. A record of these would support the practice's governance arrangements by identifying areas for improvement.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. However an increase in the frequency of the monitoring of uncollected prescriptions would mitigate any potential risks to patients' health. The system in place to monitor and audit the traceability of the prescription paper required further development.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Risks to patients were assessed and well managed. Arrangements to respond to emergencies and major incidents were in place.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were consistently above average compared to the local and national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.

Summary of findings

- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patient's said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We heard specific examples of weekly telephone calls from the GPs to patients to check on their health and wellbeing.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. One staff member was a designated cancer champion and was working to identify patients who would benefit from bowel cancer screening.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- 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.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- One patient had participated in the interview process when the practice was recruiting a GP partner. However feedback from patients indicated that communication and participation from the online patient reference group could be improved.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Planned weekly telephone calls to two local care homes were undertaken by the GPs to monitor their patients' health and wellbeing. This provided continuity of care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example the practice had a staff member designated as a cancer champion. The focus of the cancer champion was to encourage older patients to undertake the bowel screening test.

People with long term conditions

Good

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

- The practice nurse had a lead role in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved higher percentages for the diabetes, and chronic obstructive pulmonary disease (COPD) indicators outlined in the Quality and Outcomes Framework (QOF) for 2015/16 when compared to local and national averages.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Summary of findings

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

Families, children and young people

Good

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Data from 2016/16 indicated that immunisation rates were below the local average for all standard childhood immunisations. However evidence supplied by the practice showed the practice was achieving almost 100% immunisation rates since April 2016.
- Quality and Outcome Framework (QOF) 2015/16 data showed that 82% of patients with asthma on the register had an asthma review in the preceding 12 months compared to the local and England average of 75%.
- The practice's uptake for the cervical screening programme at 85%, was higher than the local and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Good

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care,

Summary of findings

- The practice offered flexible surgery times including, morning, afternoon and evening surgeries. Later evening appointments were available until 7.30pm on Thursdays. In addition patients could book appointments with the local seven day primary care service.
- 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.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia)

Good

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

- Patients at risk of dementia were identified and offered an assessment.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting within the last 12 months.
- The practice carried out advance care planning for patients living with dementia. Care plans were reviewed every six months with the support of a community psychiatric nurse (CPN).

Summary of findings

- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was higher than the local and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing significantly better than local and national averages. A total of 337 survey forms were distributed, and 108 were returned. This was a return rate of 32% and represented approximately 5% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone, compared to the Clinical Commissioning Group (CCG) average of 79%. The national average was 73%.
- 96% 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 89% and the national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 89% 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 83% and the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 13 comment cards, all of which were extremely positive about the standard of care received. Comment cards described the practice, GPs, the practice nurse and reception staff as being responsive, caring and willing to listen. The service provided at the practice was described as 'second to none', 'exceptional' and 'fantastic'.

We spoke with one patient on the day and three patients the day after the inspection. All were extremely complimentary about the quality of care they received from the GPs and their comments reflected the information we received from the CQC comment cards. Patients said they could get urgent appointments when needed, and they were complimentary about the staff team. We heard examples where GPs contacted patients on a weekly basis to enquire and review the the patient's health.

The practice had a virtual patient reference group (PRG) and two patients we spoke with were members of this group. They told us that they were kept up to date by email from the practice but communication was infrequent and they said they would welcome further opportunities to be involved in the practice.

Areas for improvement

Action the service SHOULD take to improve

- Develop practice incident recording procedures to include non significant events.
- Further develop the records to monitor the use of prescription paper in line with the NHS Security of prescription forms guidance.
- Provide opportunities for members of the patient reference group to become more actively involved in the development of the practice by improving communication and explore opportunities for patients to contribute who do not have access to IT.

Outstanding practice

We saw one area of outstanding practice:

- The GP partners were described as going the extra mile and patients with serious health issues provided examples of where a GP contacted them every week to review their health and wellbeing.

BL Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to BL Medical Practice

BL Medical Practice, 1st Floor, Woodley Health Centre, Hyde Road, Woodley, Stockport is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice has approximately 2200 patients on their register.

The practice building is a modern building maintained by NHS Property Services. The practice is located on the first floor. There are also three other GP practices located on the first floor. Patients can access the first floor via the passenger lift. A hearing loop to assist people with hearing impairment is available. Limited car parking is available at the practice, but additional parking is available close by.

The practice is a registered partnership between one male and one female GP. The practice employs a practice manager, a practice nurse, a senior receptionist, and reception/ administration staff.

The practice reception is open from 9am until 6.30pm Monday, Tuesday and Friday; 9am until 5pm on Wednesday and 9am until 7.30pm on Thursdays. GP consultation times are offered Monday to Friday from 9am until 10.30am, Tuesday and Friday afternoons 4pm until 5pm and Monday and Thursday evenings 5pm until 6.30pm. Later evening GP and practice nurse appointments are available until 7.30pm on Thursdays.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book appointments and order prescriptions.

Information published by Public Health England rates the level of deprivation within the practice population group as 5 on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The average male life expectancy in the practice geographical area is 79 years and is reflective of both the England and CCG averages. Female life expectancy is 82 years which is below the CCG and England average of 83 years.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 April 2017.

During our visit we:

- Spoke with a range of staff including both GP partners, the practice nurse, the senior receptionist , and a receptionist.
- Spoke with one patient and telephoned three patients the day after the inspection.
- Observed how reception staff communicated with patients.
- Reviewed an anonymised sample of patients' personal care or treatment records.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

We also looked at how well services 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any significant incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We noted that the practice did not routinely record other issues or (non significant) incidents. A record of these issues and the actions taken to resolve them would strengthen the governance of the practice by identifying areas for improvement.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example following an incident with a change of prescribed medication, the practice improved the patient recording template so that clinicians could identify clearly when a patient's medicines had changed.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs confirmed that they attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. A system to check prescriptions had been collected by patients was implemented and following discussion with the GP partners they intended to review the frequency of this. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however the system in place to monitor and audit the traceability of the prescription paper required further development. One of the nurses had qualified as an Independent

Good

Are services safe?

Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice landlord supplied the practice copies of the building fire risk assessment and weekly fire alarm checks were undertaken.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice landlord supplied a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, safe methods of working and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Staff attended the Clinical Commissioning Group (CCG) training masterclasses.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Records showed that the practice consistently achieved over 97% of the points available since 2010. The most recent published results from 2015/16 were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. Clinical exception reporting overall was 4% which was lower than the CCG average of 7% and the England rate of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Unverified data supplied by the practice for the period 2016/17 showed that the practice had achieved 99% of the total points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- The percentage of patients with diabetes on the register in whom the last blood test (HBbA1c) was 64 mmol/mol or less in the preceding 12 months was 81%, compared to the CCG average of 80% and the England average of 78%. The practice had a lower rate of exception reporting at 8% compared to the CCG average of 11% and the England average 12.5%.
- The percentage of diabetic patients with a blood pressure reading 140/80mmHG or less recorded within the preceding 12 months was 99%, which was much higher than the CCG average of 81% and the England average of 78%.
- The percentage of diabetic patients whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 98%, which was above the CCG average of 85%, and the England average of 80%.
- 99% of patients with diabetes registered at the practice received a diabetic foot check compared with the CCG average and the England average of 88%.

Other data from 2015/16 showed the practice performance was similar or better than the local and England averages. For example:

- 85% of patients with hypertension had their blood pressure measured as less than 150/90 mmHg in the preceding 12 months compared to the CCG average of 84% and the England average of 82%.
- 82% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG and the England average of 75%.
- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 85% and the England average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was higher than the CCG average of 92% and the England average of 89%.

There was evidence of quality improvement including clinical audit:

- There had been a number of clinical audits commenced in the last two years. Examples of these included three cycles of audit for the prescribing of hypnotics. This ongoing audit had resulted in increased monitoring and offers of support to patients and reductions in prescribing of these medicines.
- The practice had undertaken an audit of patients to identify those considered at risk of developing diabetes. This identified 66 patients as being 'pre-diabetic' and

these patients were invited in for a face to face consultation to discuss this, receive advice and guidance on ways to reduce their risk of developing diabetes. Patients were also offered the opportunity to attend a structured education programme (Walk away from Diabetes) and benefited from further monitoring. Initial results, following monitoring, showed that 26 patients' pre-diabetic status had improved.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice 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.
- Staff told us about the regular ongoing training they had received including safeguarding, fire safety awareness, basic life support and information governance. Practice staff confirmed they had access to online training as well as face to face training. A spreadsheet of all staff training including GPs, nurses and medical administrators was available.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, supervision and facilitation and support for revalidating GPs and nurses.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. We noted that records of patients receiving end of life care were not easily identified. However the GP partners confirmed they would review this to ensure they were more accessible.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through audits of patient records.

Supporting patients to live healthier lives

Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking were supported by the practice. Patients were signposted to the relevant service.

Good

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 85%, which was slightly higher than the CCG and the national average of 82%.

The practice also referred its patients to attend national screening programmes for bowel and breast cancer screening. The practice patient uptake of these tests was similar or slightly below the CCG and national average. For example data from 2015/16 showed that 72% of females aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months compared the the CCG average of 70% and the England average of 72%. Data also showed screening for bowel cancer was lower at the practice with a rate of 52% for people screened within the last 30 months compared to 57% for the CCG and 56% for the England averages. The practice had a designated cancer champion who was trying to raise awareness of the bowel screening test and encourage patients who had not undertaken the bowel self screening to do so.

Data available for childhood immunisation rates for the vaccinations given in 2015/16 indicated that the practice was not achieving 90% or more in the four indicators. However data supplied by the practice showed that they had achieved 100% immunisations from July 2016 to January 2017 and over 96% for booster immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–75. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comments highlighted that staff responded compassionately when they needed help and provided support when required. Comment cards described the practice, GPs, the practice nurse and reception staff as being responsive, caring and willing to listen. The service provided at the practice was described as 'second to none', 'exceptional' and 'fantastic'.

We spoke with four patients including two members of the patient reference group (PRG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. All were extremely complimentary about the quality of care they received from the GPs and their comments reflected the information we received from the CQC comment cards. Patients said they could get urgent appointments when needed, and they were complimentary about the staff team. We heard examples where GPs contacted patients on a weekly basis to review with them their health and welfare. Patients told us this level of support was they believed 'going the extra mile' and they felt reassured and thoroughly supported and cared for.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results were in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and the England average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 91% and the England average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the England average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Good

Are services caring?

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The GPs were very knowledgeable about the needs of patients and their individual circumstances. Patients we spoke with provided different examples of this including regular telephone contact from the GPs to check on the patient's health and wellbeing.

Staff told us that because the practice was small, they had a good knowledge of patients and knew when the carer's register needed updating. Staff told us that they recognised changes in patients' circumstances and alerted clinicians if they felt that they needed further support or assessment. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 98 patients as carers, over 4% of the practice patient list. The practice was proactive in signposting these patients to avenues of additional support. All these patients were offered a flu vaccination.

The practice offered support to bereaved patients in line with their wishes.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- All patients could access extended hours appointments on Thursday evenings until 7.30pm.
- The two GP partners worked opposite days to each other except on Wednesdays, when they both worked. This allowed them to offer extended appointments of 15 minutes, which was beneficial for patients with complex and multiple health care needs.
- There were longer appointments available for patients with a learning disability or special health care need and home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice.
- GPs and the practice nurse visited housebound patients with a long term condition to carry out regular monitoring and review.
- The practice provided care and treatment to patients living in two local care homes. Weekly telephone contact was made to the homes to discuss patients' needs. This reduced the number of requests by the care home for home visits and ensured continuity of care for patients. Visits to patients were undertaken as required and in an emergency.
- The practice had a designated cancer champion who was responsible for reviewing and monitoring patients who were eligible for cancer screening tests. The staff member's focus was on patients who had not undertaken the bowel screening test.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results. Patients we spoke with thought this was a useful service.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

The practice regularly monitored and reviewed its appointment availability against patient demand. A mixture of urgent and routine appointments were available daily and telephone appointments were available. The practice also offered a GP telephone triage service for patients with urgent healthcare needs.

The practice reception was open from 9am until 6.30pm Mondays, Tuesdays and Fridays; 9am until 5pm on Wednesdays and 9am until 7.30pm on Thursdays. GP consultation times were offered Monday to Friday from 9am until 10.30am, Tuesday and Friday afternoons 4pm until 5pm and Monday and Thursday evenings 5pm until 6.30pm. Later evening GP and practice nurse appointments were available until 7.30pm on Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was much higher than local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 97% of patients said they could get through easily to the practice by phone compared with the CCG average of 79% and the national average of 73%.
- 96% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 89% and the national average of 85%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 95% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 75% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and

Good

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

Patients who requested a home visit were telephoned by the GP to discuss the issues affecting them. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We looked at the two complaints received in the last 12 months and found these were responded to appropriately with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example the practice had responded to a complaint regarding an urgent request for a repeat prescription for a child. As a result the practice implemented a protocol to respond to urgent requests for prescriptions.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's philosophy was 'to treat patients well and safely and to value our staff.'

- The practice had a business plan that detailed the short term objectives that the practice wanted achieve.
- The practice held regular clinical meetings, supported by weekly informal meetings on a Wednesday (both GPs and practice nurse worked Wednesdays). Practice meetings were also held every couple of months.
- The staff we spoke with were all committed to providing a high standard of care and service to patients. Feedback from patients indicated they felt the service they received was of a high standard.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas including quality outcomes, child health, safeguarding and infection control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Systems to monitor and track the progress of most aspects of service delivery were recorded on spreadsheet 'trackers'. These enabled staff to quickly identify progress in achieving specific targets and gaps in service delivery so that appropriate remedial action was taken to the benefit of patients.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were effectively established and this included monitoring clinical audit, significant event analysis and complaint investigations .

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes of meetings were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff turnover was low and some staff members had been in post for over 20 years.

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

The practice encouraged and valued feedback from patients and staff.

Are services well-led?

Good

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

- The practice had gathered feedback from patients through the patient reference group (PRG), which was an online group and had 122 members. However patients spoken with said contact from the practice was infrequent. Patients told us they would welcome the opportunity to be more involved in the development and improvement of the practice. However one patient told us they had been involved in the interview process for one of the GP partners which they enjoyed.
- They monitored feedback from the friends and family test. They told us that the use of a text messaging service for patients to respond and provide feedback had been popular. One patient told us they liked this service. Records showed that in January 2017 the practice received 27 responses, 24 responses stated patients were extremely likely to recommend the practice to friends and family and in February 2017 the practice received 34 responses, 31 responses were extremely likely to recommend the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff attended the Clinical Commissioning Group (CCG) training courses (Masterclasses). Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and implemented action to improve outcomes for patients in the area. For example they had reviewed their patient population to identify those at risk of developing diabetes and were working to encourage uptake of the cancer bowel screening programme.

- The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.
- The practice worked closely with the CCG.