

Doctors Hardy, Hughes, Harvey and Roberts (Hungerford Medical Centre)

Quality Report

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Date of inspection visit: 11 October 2016

Date of publication: 18/11/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	13
Background to Doctors Hardy, Hughes, Harvey and Roberts (Hungerford Medical Centre)	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hungerford Medical Centre on 11 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and all staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control measures were carried out.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the clinical care and treatment they received was very positive.

- Data showed that outcomes for patients at this practice were similar to locally and nationally reported outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff felt well supported in their roles and were kept up to date with appropriate training.
- Patients said they had confidence in the practice, were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Overall, patients told us the appointments system was flexible and they could get an urgent appointment when they needed one. However, a proportion of patients told us they had difficulty in booking a routine appointment.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Complaints had been investigated and responded to in a thorough, sensitive and timely manner.

Summary of findings

- The practice had a clear vision to provide a safe and high quality service.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice sought patient views about improvements that could be made to the service. This included the practice having and consulting with their patient participation group (PPG).

We saw one area of outstanding practice:

- The comprehensive method of collating, managing and actioning safeguarding information.

The areas where the provider should make improvement are:

- Review the system for booking routine appointments.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice.
- The practice had processes and practices in place to keep people safe and safeguarded them from abuse.
- Staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice. The provider held a copy of the local safeguarding procedure. The systems the practice had developed to ensure vulnerable patients were safeguarded were comprehensive, innovative and effective.
- Infection control practices were carried out appropriately and in line with best practice guidance.
- The practice had a large and well established staff team.
- Systems for managing medicines were effective and the practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients were comparable to local and national averages. For example; the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 93% compared to a local average of 93% and a national average of 90%. Immunisation and health screening uptake were in line with national averages.
- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.
- Staff worked on a multidisciplinary basis to understand and meet the range and complexity of patients' needs.

Summary of findings

- Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided. Patients were referred to secondary care in timely manner. Test results were read and responded to effectively.
- Clinical audits were carried out to drive improvement in performance and in outcomes for patients.
- Staff felt well supported and they had the training, skills, knowledge and experience to deliver effective care and treatment. A system of staff appraisals was in place and staff had undergone an appraisal within the last year.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. They gave us positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained their confidentiality.
- Data showed that patients generally rated the practice above others locally and nationally for aspects of care. For example having tests and treatments explained to them and for being treated with care and concern.
- Information for patients about the services available to them was easy to understand and accessible.
- The practice maintained a register of patients who were carers in order to tailor the service provided. For example to offer them health checks and immunisations.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of the local population and worked in collaboration with partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- Overall, the appointment systems was flexible and responsive to patient needs. The practice offered a range of pre-bookable, on the day and urgent appointments. Whilst the feedback about the appointments system was mostly positive we did receive some negative feedback relating to booking routine appointments. The provider should consider this and make additional adjustments to the system in response.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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 this.
- There was a clear leadership structure and staff felt supported by management.
- There were clear systems in place to govern the practice and support the provision of good quality care. This included arrangements to identify risks and monitor and improve quality.
- There was a culture of openness and the provider was aware of and complied with the requirements of the Duty of Candour.
- The practice proactively sought feedback from staff and patients. The practice had an active patient participation group (PPG). The PPG were very positive about the relationship with the practice and the changes they had made as a result of feedback.
- There was a clear focus on continuous learning, development and improvement linked to outcomes for patients. The challenges and future developments of the practice had been considered.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive and personalised care and treatment to meet the needs of older people in its population.
- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- The practice provided a range of enhanced services for older people, for example, the provision of care plans for patients over the age of 75 and screening for dementia. Health checks were also provided to patients over 75 years of age.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to or better than local and national averages. Screening uptake for bowel cancer and breast cancer were higher than local and national averages. For example, 78% of females aged 50-70 had been screened for breast cancer compared to a national average of 73%.
- GPs carried out regular visits to a local care home to assess and review patients' needs and to prevent unplanned hospital admissions. Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

People with long term conditions

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

Good



- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Data from 2014 to 2015 showed that the practice was comparable with other practices nationally for the care and

Summary of findings

treatment of people with chronic health conditions such as diabetes. For example, the percentage of patients with diabetes, on the register, who had had an influenza immunisation was 97% compared to a national average of 94%.

- Longer appointments and home visits were available for patients with long term conditions when these were required. The practice contacted patients following admission to hospital to check if they required any services from the practice.
- Staff referred patients for advice and support to promote healthy lifestyle choices such as smoking cessation, healthy eating and exercise. The practice hosted regular blood and physiotherapy services.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to local safeguarding policies, procedures and a spread sheet with relevant information and intelligence.
- Child surveillance clinics were provided for 6-8 week olds and immunisation rates were comparable to the national average for all standard childhood immunisations. The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they had identified to relevant professionals.
- Appointments were available outside of school hours. The premises were suitable for children and babies and baby changing facilities were available.
- Family planning services were provided. The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 82% which was comparable to the national average of 82%.

Good



Summary of findings

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 practice offered a range of appointments to meet the needs of the working age population, those recently retired and students.
- Later appointments were available one evening per week and early morning appointments were provided two mornings per week.
- Patients had the option of telephone consultations and this was advantageous for some people in this group as they did not always have to attend the practice in person.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group.
- The practice offered NHS health checks for people aged 40-74 years of age.

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 in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- The practice worked closely with hard to reach groups, for example students and gypsy travellers. They ran regular registration sessions for new students at the nearby university campus to encourage them to register as patients whilst attending further education.
- 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.
- The practice was accessible to people who required disabled access and facilities and services such as a translation service were available. The practice had a hearing loop for people who required it.

Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Summary of findings

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).

- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to average. For example, data showed that 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This compared to a national average of 84%.
- The practice provided an enhanced service for screening patients to identify patients at risk of dementia and to develop care plans with them.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they took.
- One of the GPs at the practice made weekly visits to the local care and nursing homes and had built up a comprehensive knowledge of the patients living there.
- Patients experiencing poor mental health were informed about how to access a range of support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The results of the national GP patient survey published on 7 July 2016 showed the practice was performing well in comparison to other practices for patients' experiences of the care and treatment provided and their interactions with clinicians. The practice generally scored comparably to local and national averages for questions about patients' experiences of making an appointment. In total 278 survey forms were distributed and 104 were returned which equates to a 37% response rate. The response represents approximately 1% of the practice population.

The practice received scores that were comparable or higher than the local Clinical Commissioning group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time and having confidence and trust in the GPs.

For example:

- 93% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 91% and national average of 89%.
- 91% said the last nurse they spoke to was good at listening to them (CCG average 92% national average 91%).
- 89% said the last GP they saw gave them enough time (CCG average 87%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).

Overall, the practice scored similar or lower than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 66% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' compared to a CCG average of 59% and a national average of 73%.
- 73% were satisfied with the surgery's opening hours (national average 76%).
- 87% found the receptionists at the surgery helpful (CCG average 85%, national average 87%).
- 54% said they always or almost always got to see or speak to their preferred GP (national average of 59%).
- 71% described their experience of making an appointment as good compared to a CCG average of 69% and a national average 73%.

88% percent of patients who completed the survey described their overall experience of the surgery as good, compared to a national average of 85%.

We spoke with 13 patients during the course of the inspection visit and they told us the care and treatment they received was good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 147 comment cards. All of these were positive about the standard of care and treatment patients received. Staff in all roles received praise for their professional care. Staff were described as 'professional', 'courteous' and 'friendly'. On 27 of the comment cards, there were negative comments regarding difficulty in obtaining a routine pre bookable appointment and the time which patients had to wait for one.

Areas for improvement

Action the service **SHOULD** take to improve

Action the provider should make improvement are:

- Review the system for booking routine appointments.

Outstanding practice

We saw one area of outstanding practice:

Summary of findings

- The comprehensive method of collating, managing and actioning safeguarding information.

Doctors Hardy, Hughes, Harvey and Roberts (Hungerford Medical Centre)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience (a person who uses services themselves and wants to help the CQC to find out more about people's experience of the care they receive).

Background to Doctors Hardy, Hughes, Harvey and Roberts (Hungerford Medical Centre)

Hungerford Medical Centre is located close the town centre of Crewe. The practice was providing a service to approximately 10,000 patients at the time of our inspection. The practice is situated in an area with similar levels of deprivation when compared to other practices nationally. The percentage of patients with a long standing health conditions is lower than the local and national average, being 47% compared with the national figure of 54%. The practice is part of South Cheshire Clinical Commissioning Group (CCG).

The practice is run by four GP partners (two male and two female). There is an additional salaried GP. There are five practice nurses, one health care assistant, a practice

manager and a team of reception/administration staff. The practice is open from 8am to 6.30pm Monday to Friday. The practice provides two early morning surgeries (from 7am) and one late evening surgery (until 8pm) per week. The practice does not provide out of hours services. When the surgery is closed patients are directed to the local GP out of hours service and NHS 111. Information regarding out of hours services was displayed on the website and in the practice information leaflet.

The practice has a General Medical Services (GMS) contract. The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, a health care assistant, the practice manager, reception and administrative staff.
- Spoke with District Nurses and a pharmacist located within the practice.
- Spoke with patients who used the service and met with members of the patient participation group (PPG).
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample key policies and procedures.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a form for recording these available on the practice's computer system. The practice carried out a thorough analysis of significant events. Significant events and matters about patient safety were discussed at a weekly practice meeting and we were assured that learning from events had been disseminated and implemented into practice to prevent a re-occurrence. Incidents were assessed and rated on a traffic light system so that more significant events were highlighted. Regular meetings were held to review significant events, identify any learning and share best practice.

Overview of safety systems and processes

The practice had processes and practices in place to keep people safe and safeguard them from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults. A copy of the local safeguarding procedure was accessible to all staff. The procedure outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical and non-clinical areas of the practice. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. All staff had received safeguarding training relevant to their role. Staff demonstrated they understood their responsibilities to report safeguarding. The practice kept a comprehensive spread sheet containing any information that might be relevant to vulnerable patients at the practice. This meant that there was a single place where staff could see information relating to potential safeguarding issues. This system had proved effective in linking information about vulnerable patients and had been identified as good practice by other GPs in the locality. The lead GP for safeguarding had recently arranged training on child sexual exploitation for all staff so their awareness of this issue was increased.
- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Only clinical staff acted as chaperones, were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurses was the infection control lead and they liaised with the local infection prevention team as required to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training with clinicians having been trained to a higher level. An infection control audit had taken place in March 2016 and we saw evidence that action was being taken to address any improvements required as a result of the audits. We noted that some waste bins in toilets were not pedal operated; the practice manager told us this would be addressed.
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. We noted that a new system for monitoring fridge temperatures had been introduced a few days before our inspection. It had been recognised by the practice that the previous system was ineffective. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a system to ensure the safe issue of repeat prescriptions. Patients who were prescribed potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. Medicines prescribing data for the practice was comparable to national prescribing data. The practice had emergency medicines, oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises. A system

Are services safe?

was in place to monitor the expiry dates of emergency medicines and the medicines we checked were in date and fit for use. Staff attended regular meetings with the Clinical Commissioning Group (CCG) to look at prescribing issues across the locality and how these could be improved. Prescriptions were stored securely and monitored to ensure they were always accounted for.

- The practice had a high level of staff retention and many of the staff across all roles had been in post for a number of years. We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that overall appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service. However, we noted that medical declarations had not been completed. The practice was unaware of the necessity to obtain these prior to employment. The practice manager said they would update their recruitment protocol and ensure any future recruitment included this. We were sent an updated recruitment protocol the day after the inspection.

Monitoring risks to patients

There were a number of procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and an annual review took place every December. We saw that risks identified had been actioned, for example carpets in consultation rooms had been removed and replaced with more appropriate flooring and yellow lines in the parking area had been repainted as they had become faded. The practice had up to date fire risk assessments and carried out regular fire drills. Infection control and Legionella protocols were in place. Portable appliance testing (PAT) took place on an annual basis and the items we looked at had all been checked and certified as safe within the last twelve months. Medical

equipment was listed on an inventory and had been calibrated and tested to ensure it was working effectively. We did note that one of the registrars was using their own equipment which did not appear on the practice inventory and had not been calibrated. The practice manager told us that there was usually only one registrar and they would provide practice equipment immediately for the additional registrar.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We noted that staff were multi skilled and could easily cover each other's roles in the event of an unexpected staff absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a system in place to ensure the medicines were in date and fit for use. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Systems were in place to record accidents and incidents.
- A system was in place for responding to patient safety alerts.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and an alternate building for use if needed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians assessed patients' 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. NICE provides evidence based information for health professionals.

The practice had systems in place to keep clinical staff up to date. Staff had ready access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. GPs clearly demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice monitored the implementation of best practice guidelines through a range of regular clinical meetings. Protected learning time was provided on a monthly basis and all staff attended these meetings.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 93% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2014 to 31/03/2015 showed;

- The practice's performance for diabetes related indicators was comparable to the Clinical Commissioning Group (CCG) and national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 77% compared to a national average of 81%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 93% compared to a national average of 90%.
- The performance for mental health related indicators was comparable to or in some cases higher than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 92% compared to a national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 85% compared to a national average of 84%.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. A number of full cycle clinical audits had been completed in the last two years and these demonstrated improvements to the care and treatment provided to patients. For example, one audit had been carried out in response to new guidelines regarding the management of patients with atrial fibrillation (a heart condition that causes an irregular and or abnormally fast heart rate). The audit confirmed that the practice was already performing well and there was little room for improvement in that area. We discussed the fact that the audits undertaken by the practice lacked any strategic plan; the GPs told us that they wished to improve the approach to audit as they understood it was currently somewhat ad hoc.

Are services effective?

(for example, treatment is effective)

We saw the practice manager maintained a locally developed dashboard of information so they could readily assess and access information about the general running of the practice, for example, coding issues, staff sickness, overtime and complaints.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff. Staff we spoke with told us that they enjoyed the induction period and felt they were given sufficient time to become familiar with their role and their responsibilities.
- Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance. A clear and auditable record of staff training for staff in all roles was maintained and this gave a clear picture of the training needs and history of staff at the practice.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes and family planning. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development. Staff we spoke with told us that the appraisal process was useful and they were able to prepare and contribute fully to the process.
- Staff attended a range of internal and external meetings. GP attended meetings with the CCG and the practice manager was the lead in the CCG. Practice nurses attended local practice nurse forums. The practice was

closed for one half day per month to allow for 'protected learning time' which enabled staff to attend meetings and undertake training and professional development opportunities.

The practice was a training practice and also hosted medical students from the nearby Keele University. We spoke with a trainee GP who gave us very positive feedback about the quality of the training and support provided by the GPs.

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 intranet system. This included care plans, medical records, investigations 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 people to other services.

The practice reviewed hospital admissions data on a regular basis. GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Effective systems were in place to ensure referrals to secondary care and results were followed up.

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 people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a regular basis and the care and treatment plans for patients with complex needs care were reviewed at these. We spoke to a district nurse who was located within the practice and were told that communication and working relationships with the practice were first class. We also spoke with a pharmacist located in the attached pharmacy and they echoed the view that the practice was very professional and effective, providing speedy and well thought out resolutions to any issues that presented themselves.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. The

Are services effective?

(for example, treatment is effective)

practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. As part of this the practice had developed care plans with patients to prevent unplanned admissions to hospital and they monitored unplanned admissions. The practice had identified that one care home appeared to have a higher rate of unplanned admissions and had worked with the home in order to reduce these and improve patient care.

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. GPs were trained in relation to Deprivation of Liberty Safeguards (DoLS).
- 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, where appropriate, documented the outcome of the assessment.

Health promotion and prevention

The practice identified patients in need of extra support. These included patients in the last 12 months of their lives,

patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and those at risk of developing a long-term condition. Patients with these conditions or at risk of developing them were referred to or signposted for lifestyle advice such as dietary advice or smoking cessation. Information and advice was available about how to access a range of support groups and voluntary organisations.

The practice encouraged patients to attend national screening programmes. The practice's uptake for the cervical screening programme was 82%, which was comparable with the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer and screening rates were similar to the national average.

Childhood immunisation rates for the vaccinations given were higher than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 97% (national averages from 73% to 95%) and five year olds from 95% to 98% (national averages from 81% to 95%).

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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.
- The office manager had their desk positioned so that they could monitor reception staff and listen how patients were spoken to and dealt with. All reception staff had been provided with customer service training to further enhance their ability to deal professionally with patients.

The 147 patient Care Quality Commission comment cards we received were positive about the care and treatment they experienced. Comments told us patients felt the practice offered a good service and staff were courteous, friendly, caring and treated them with dignity and respect.

We spoke with 13 patients including one member of the patient participation group (PPG). They also told us they were happy with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average 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 91% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 89% 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 national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in making decisions 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.

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 around or higher than local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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.

Are services caring?

- Various information leaflets were available and available in different formats.
- The practice facilities were all located on the ground floor and disabled accessible toilet facilities were available.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 164 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. One of the nurses was a carers champion and had received specific training to assist them in that role. They were also involved locally with the carer's society.

If a family suffered bereavement, care was offered and often a sympathy card and flowers were sent to the family by the practice. In some cases members of the practice attended the funeral.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had identified one care home where the number of unplanned admissions were high. Data was gathered and discussed with the care home and some training and guidance given to their staff; this resulted in a reduction in the number of patients having to go to hospital at short notice. One of the GPs was the lead for visits to the care homes and had a care plan in place for each patient with an annual review taking place to ensure their needs were being met.

Longer appointments and home visits were available for older patients and patients with enhanced needs. Same day appointments were provided for patients who required an urgent appointment and for babies and patients with serious medical conditions.

Following feedback gathered by the PPG, a privacy booth had been constructed in the reception area so that patients requiring increased confidentiality could use this to speak to reception staff.

The practice engaged with the local community and had close links with a nearby primary school; art work from the pupils was displayed in the waiting area. The practice arranged for the local police to attend and make themselves available in the waiting area so patients could discuss any concerns they may have.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. The practice provided two early morning surgeries (from 7am) and one late evening surgery (until 8pm) per week.

Pre-bookable appointments were available up to four weeks in advance. Some patients we spoke with said it was sometimes difficult to obtain a pre-bookable appointment or had to wait a long time for one. We spoke with the practice about this issue, who advised they were going to review how they dealt with appointments in order to improve patient satisfaction.

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

- The percentage of respondents who gave a positive answer to 'How easy is it to get through to someone at your GP surgery on the phone' was 66% compared to a CCG average of 59% and a national average of 73%.
- The percentage of patients who were satisfied with their GP practice opening hours was 73% compared to a CCG average of 74% national average of 76%.
- 93% said they were able to get an appointment the last time tried, compared to a CCG average of 84% and a national average of 85%.
- 71% of patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 89% of respondents said the last appointment they got was convenient. This was higher than the CCG average of 92% and the national average of 92%.

Patients we spoke with or those who had completed comment cards told us that they were always able to get an urgent appointment when they needed one.

The practice was located in a purpose built building. The premises were fully accessible for people who required disabled access. A hearing loop system was available to support people who had difficulty hearing. Other reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services. For example, the practice had repainted yellow lines in the car park so they were more visible and had lowered kerbs to further improve access for wheelchair users.

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system for example a specific complaint information leaflet and information on the website.

We reviewed a number of complaints that had been received in the last 12 months. We found these had been dealt with in a timely way and with openness and

transparency. Lessons were learnt from individual concerns and complaints and shared with all staff. Complaints were a standing agenda item at practice meetings, which were held monthly and attended by all staff. Reviews of complaints took place to identify any trends and learning opportunities.

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. Staff we spoke with had a sound knowledge of the practice vision and told us that team work at the practice was very effective and one of the reasons they enjoyed working there. Staff told us they were consulted when the practice vision was agreed and this made them feel valued by the managers.

The GP partners had knowledge of and incorporated local and national objectives. GPs and managers had leads for various aspects of the practice's activity, for example safeguarding vulnerable patients, QOF and information governance.

Governance arrangements

The practice had systems and procedures in place to ensure the service was safe and effective.

The GPs used evidence based guidance in their clinical work with patients. The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.

The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).

There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care.

Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role. The practice policies were reviewed on a regular basis to ensure they were fit for purpose.

Overall, there were systems in place for identifying, recording and managing risks and for implementing actions to mitigate risks.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and listened to them. We were told there was a non-hierarchical ethos within the practice, where all staff were encouraged to contribute.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff were aware of which GPs had lead roles and special interests for the different areas of work and therefore they knew who to approach for help and advice. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with a range of training linked to their roles and responsibilities.

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

The practice actively encouraged and valued patient and staff feedback through a range of means such as; the patient participation group (PPG), face to face discussions, complaints, staff appraisals and staff meetings.

Staff told us they were involved in discussions about how to develop the practice, and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

The PPG was well established. Members of the PPG told us they were involved in a range of activities including regular attendance at meetings with practice staff.

Continuous improvement

There was a clear focus on continuous learning and development at all levels within the practice. This included the practice providing training for GPs, being involved in local schemes to improve outcomes for patients and

Are services well-led?

Good 

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

having representation on the CCG. The partners of the practice were aware and had plans in place to meet

changing demands, for example increased housing in the event of the HS 2 project being completed. The practice had completed a five year plan which was reviewed on a regular basis and updated if it was required.