

Walton Medical Centre

Quality Report

Breeze Hill Neighbourhood Health Centre

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Liverpool

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Website: www.waltonmedicalcentre.nhs.uk

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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 Walton Medical Centre Practice

On 10 August 2016. Overall the practice is rated as good.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised. We saw good evidence of improving the service by learning from adverse events and errors. Improvements were evident when patient complaints had been made.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

There were also areas of practice where the provider should make improvements. The provider should:

- A system should be in place to ensure the practice nurse has the opportunity to receive appropriate clinical supervision and support.
- The practice should maintain proof of identity of staff by having a recent photograph on their staff file.

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. There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients 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. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed. There were infection control policies and procedures in place, staff were aware of their responsibilities in relation to these. We found that the management of prescription pads and the storage of vaccination medicines required improvement but prompt action was taken by the provider.

Good



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Audits of clinical practice were undertaken. A system for ensuring the regular appraisal of staff was in place. The practice demonstrated how they ensured role-specific training and updating for relevant staff. The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw that patients were signposted to the relevant service. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had achieved high results for performance.

Good



Are services caring?

The practice is rated as good for providing caring services. We saw staff treated patients with kindness and respect. Patients spoken with and who returned comment cards were extremely positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were

Good



Summary of findings

caring, supportive and helpful. Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. Patients felt involved in planning and making decisions about their care and treatment.

Are services responsive to people's needs?

The practice is rated good for providing responsive services. 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. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. A range of appointments were available for patients.

Good



Are services well-led?

The practice is rated good for providing well-led services. The practice had appropriate systems in place for gathering, recording, evaluating accurate information about the quality and safety of care, treatment and support they provide and its outcomes. There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were clear about the vision and their responsibilities in relation to it. There were systems in place to monitor the operation of the service. Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice sought feedback from staff and patients, which it acted on. The practice had a focus on continuous learning and improvement. Practice specific policies were implemented and were available to all staff both in hard copy and on the practice intranet. A comprehensive understanding of the performance of the practice was maintained and known by all staff. Good monitoring systems were in place to ensure performance was high.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. The practice had named GPs for all patients and also specifically for those over the age of 75 years. The practice offered a variety of health checks for older people specifically memory screening and osteoporosis risk assessments.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives. The practice provided support and information to patients to encourage them to manage their long term conditions and provided care plans to patients to assist with this.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice liaises regularly with the Health Visitor to review children under 5, which includes vulnerable children and those newly registered at the practice. Child health surveillance and immunisation clinics were provided. The practice had a robust reminder system for parents who did not bring children and babies for immunisation, sending these letters out in their native language whenever possible. Appointments for young children were prioritised. The staff we spoke with had appropriate knowledge

Good



Summary of findings

about child protection and how to report any concerns. The safeguarding lead staff liaised with the health visiting service, school nurses and midwife to discuss any concerns about children and how they could be best supported. The practice provided a comprehensive and confidential sexual health and contraceptive service delivering the full range of contraceptive services.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. 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. The practice had an active website as well as noticeboards in reception advertising services to patients.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. There was a recall system to ensure patients with a learning disability received an annual health check and at the time of the inspection the practice was reviewing this patient register and the quality of care with the help of a primary care facilitator. The staff we spoke with had appropriate knowledge about adult safeguarding and how to report any concerns. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator. The practice worked with the Citizen Advice Bureau to improve outcomes for some patients who are suffering from anxiety relating to financial or employment difficulties. These patients were provided with advice from benefits advisers and debt counsellors to help address their problems.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. These patients were mostly known by reception staff and we saw they would call patients to remind them an appointment

Good



Summary of findings

had been booked for them. Patients experiencing poor mental health were offered an annual review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as psychiatry and counselling services. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression. Clinical and non-clinical staff had undertaken training in dementia to ensure all were able to appropriately support patients. The practice screens patients for dementia and will refer to the appropriate service. We work with the local mental health team and regularly meet with our mental health liaison practitioner.

Summary of findings

What people who use the service say

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that the practice was performing in line with local and national averages. The practice distributed 280 forms, 111 were returned which represents just less than 2% of the total practice patient population.

- 99% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 75%.

- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. They said that all staff were helpful and caring and most of them would go the extra mile to ensure their needs were met. Patients said they were confident in the GPs who worked at the practice. Many of the cards commented on how happy they were to attend a practice with open access for appointment to GPs each day. We spoke with nine patients during the inspection and they aligned with these views.

Areas for improvement

Action the service **SHOULD** take to improve

- A system should be in put place to ensure the practice nurse has the opportunity to receive appropriate clinical supervision and support.

- The practice should maintain proof of identify of staff by having a recent photograph on their staff file.

Walton 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 adviser and a practice manager specialist adviser.

Background to Walton Medical Centre

Walton Medical Centre is responsible for providing primary care services to approximately 6824 patients. The practice has a General Medical Services (GMS) contract and offers a range of enhanced services such as flu and shingles vaccinations, unplanned admissions and timely diagnosis of dementia. The number of patients with a long standing health condition is about average when compared to other practices nationally. The practice has four GP partners, two practice nurses, administration and reception staff and a practice manager.

The practice is open from 8am to 6.30pm Monday to Friday. Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services. Home visits and telephone consultations are available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

The practice is part of the Liverpool Clinical Commissioning group. The Walton neighbourhood where the practice is placed, is the sixth most deprived in the city. The birth rate

is significantly above the Liverpool average in this neighbourhood and the third highest in the city. Unemployment is significantly higher than the city rate (8.5% compared to 7.2%) and 7% of the population are long term sick or disabled. People living in more deprived areas tend to have greater need for health services.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 August 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public 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.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out an annual analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. These included when patients had reported a complaint to the practice. We found other examples where the significant event process had been followed and events had been investigated with appropriate actions taken to reduce the same incidents occurring again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff we spoke with demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to

their role. We saw that staff took action when safe guarding concerns had been raised. GPs and nurses were trained to child protection or child safeguarding level 3.

- A notice was in place in each consultation room advising 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). Each doctor's room had a list of staff members who had been trained and who could act in a chaperoning capacity.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits and regular environmental premises 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 kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We found that blank prescription forms and pads were not adequately stored during our inspection. Prescriptions stocks were checked and recorded on delivery and mostly they were stored in a locked room. However, there was no record maintained of the distribution of pre-printed prescription form stock within the practice including the serial numbers, where, when (date/time) and to whom the prescriptions had been distributed. After the inspection the practice submitted evidence to show that

Are services safe?

immediate action had been taken to improve this. We found that Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We found that minimum, maximum and actual temperatures of the medicines fridge were recorded daily when the practice was open. However, one of the fridges sometimes used was a domestic fridge which was no appropriate or large enough for safe storage of vaccines. After the inspection evidence was provided to show that a specialist vaccine fridge was bought and was now in use.
- We reviewed four personnel files and found satisfactory information relating to, for example, qualifications and registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice manager agreed to add photographic identifications to the files after our inspection.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The premises had a site manager who had oversight of all the maintenance and control measures within the building. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. New roles had been developed to support staff to undertake additional training as part of the practice planning. We saw that there was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Informal arrangements were in place for a neighbouring practice to cover when practice meetings took place. After our inspection information was sent to us to show the arrangements had been made formal within a patient confidentiality agreement.

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 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. First aid kit and accident books 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was higher than the local and national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to 92% across the CCG and 88% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 80% compared to 77% across the CCG and 74% nationally.
- Performance for mental health assessment and care was higher than other practices. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (April 2014 – March 2015) was higher than the national averages, at 97% compared to 88% across the CCG and 89% nationally. The percentage of patients

with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (April 2014 – March 2015) was 95% compared to 88% nationally.

The practice carried out audits that demonstrated quality improvement. For example, in the last two years medication audits such as the uptake of influenza vaccination and the campaign ran by the practice across April 2015 to March 2016. Findings were used by the practice to improve services with an improved strategy for next year. Another example included the GP practice review of patient cancer deaths to identify if there had been a recording of preferred place of care for patients and if this had been achieved. This was carried out from May 2013 to 2014. The practice completed peer reviews of patient referrals, they discussed patients and how the practice had managed their care. Partners were reminded to use the supportive care registers in place and closer working relationships were set up with the community nurses and palliative care team. The GP undertaking the audit devised a spread sheet for communicating the needs of such patients at the practice gold standard meetings to ensure continuity of care and improve information sharing.

The GPs we spoke with told us that the findings from audits were shared across the clinical staff team.

Effective staffing

- 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 and included a period of supervision/mentorship.
- The practice demonstrated how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and diabetes care.
- 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 nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an annual appraisal. However, access to clinical supervision for the practice nurses was not in place at the time of the inspection. The practice was aware of this and had agreed to review this after our inspection.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house face to face training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services. Monthly meetings were held with other healthcare professionals to discuss the on-going needs of patients with long term conditions and those at risk of hospital admissions. 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw that patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 68%, which was comparable with the CCG average of 68% and comparable to the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had achieved high results for performance. For example, females, 50-70, screened for breast cancer in last 36 months was higher when compared to other practices across the CCG (practice was 69%, CCG was 64%).

Childhood immunisation rates for the vaccinations given were good when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were at 94% and five year olds were also at 97%. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was higher than the local and national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to 92% across the CCG and 88% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 80% compared to 77% across the CCG and 74% nationally.
- Performance for mental health assessment and care was higher than other practices. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (April 2014 – March 2015) was higher than the national averages, at 97% compared to 88% across the CCG and 89% nationally. The percentage of patients

with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (April 2014 – March 2015) was 95% compared to 88% nationally.

The practice carried out audits that demonstrated quality improvement. For example, in the last two years medication audits such as the uptake of influenza vaccination and the campaign ran by the practice across April 2015 to March 2016. Findings were used by the practice to improve services with an improved strategy for next year. Another example included the GP practice review of patient cancer deaths to identify if there had been a recording of preferred place of care for patients and if this had been achieved. This was carried out from May 2013 to 2014. The practice completed peer reviews of patient referrals, they discussed patients and how the practice had managed their care. Partners were reminded to use the supportive care registers in place and closer working relationships were set up with the community nurses and palliative care team. The GP undertaking the audit devised a spread sheet for communicating the needs of such patients at the practice gold standard meetings to ensure continuity of care and improve information sharing.

The GPs we spoke with told us that the findings from audits were shared across the clinical staff team.

Effective staffing

- 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 and included a period of supervision/mentorship.
- The practice demonstrated how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and diabetes care.
- 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 nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services caring?

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an annual appraisal. However, access to clinical supervision for the practice nurses was not in place at the time of the inspection. The practice was aware of this and had agreed to review this after our inspection.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house face to face training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services. Monthly meetings were held with other healthcare professionals to discuss the on-going needs of patients with long term conditions and those at risk of hospital admissions. 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw that patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 68%, which was comparable with the CCG average of 68% and comparable to the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had achieved high results for performance. For example, females, 50-70, screened for breast cancer in last 36 months was higher when compared to other practices across the CCG (practice was 69%, CCG was 64%).

Childhood immunisation rates for the vaccinations given were good when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were at 94% and five year olds were also at 97%. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as flu and shingles vaccinations, and the timely diagnosis of dementia. The practice was responsive in terms of seeking and acting upon patients views. We saw in reception there were publicised comments forms and a box for patients and public to contribute views. We were told that patient experience feedback was discussed at staff meetings and appropriate actions taken. The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients and patients with complex needs. Other examples of how the practice responded to meeting patients' needs were as follows:

- The practice had an active website as well as noticeboards in reception advertising services to patients of all age groups.
- There were longer appointments available for patients who needed them, for example, for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice worked with the Citizen Advice Bureau to improve outcomes for some patients who are suffering from anxiety relating to financial or employment difficulties. These patients were prescribed advice from benefits advisers and debt counsellors to help address their problems.
- Translation services were available for patients.
- The practice nurse worked with the diabetes specialist nurse on a monthly basis to review the needs of the more complex diabetic patients.
- The practice provided support and information to patients to encourage them to manage their long term conditions and provided care plans to patients to assist with this.

- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. If needed the GPs undertook home visits. 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 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. We saw that information was available to help patients understand the complaints system. Staff we spoke with were aware of how to respond to a patient who wanted to complain. The practice kept a record of written complaints. We reviewed a sample of two received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. A log of complaints was maintained which allowed for patterns and trends to be easily identified. The records showed openness and transparency with dealing with the complaints.

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 staff we spoke with told us it was the aim of the practice to deliver high quality care and promote good outcomes for patients. The practice did not have a recorded mission statement which was displayed so that patients knew and understood the values. However, the patients we spoke with and comments received indicated that these aims were being achieved in that they were receiving good care and treatment and they were happy with access to the service. The website and waiting area displayed information about Patient Rights and Responsibilities which detailed the rights of patients when using the service, for example, to be treated courteously and be provided with appropriate information about their health.

Governance arrangements

The practice had appropriate systems in place for gathering, recording, evaluating accurate information about the quality and safety of care, treatment and support they provide and its outcomes. Information was gathered about the safety and quality of their services from a number of sources as follows:

- Feedback from patients
- Adverse incident monitoring
- Comments and complaints made by patients and members of the public
- Use of information from national and local clinical sources

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were clear systems to enable staff to report any issues and concerns. There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff both in hard copy and on the practice intranet. A comprehensive understanding of the performance of the practice was maintained and known by all staff. Good monitoring systems were in place to ensure performance was high.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their

performance. The practice used the findings from clinical audits including those undertaken at national level to improve practice and ensure patient safety. There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included patient and staff safety risks. The practice had appropriate systems in place for gathering, recording and evaluating information about quality and safety of care from a number of different sources.

Leadership and culture

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff said they felt respected, valued and supported. 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.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical and non-clinical staff had meetings to review their roles and keep up to date with any changes. GPs and nurses met together to discuss clinical issues such as new protocols or to review complex patient needs. Partners and the practice manager met to look at the overall operation of the service and future development.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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 had systems in place to ensure that when things went wrong with care and treatment. The practice gave affected people reasonable support, truthful information and a verbal and written apology and they kept written records of verbal interactions as well as written correspondence.

The practice had policies in place to ensure there was a confidential way for staff to raise concerns about risks to

Are services well-led?

Good 

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

patients, poor service and adverse incidents. A Whistle Blowing policy was in place and staff said they would use this without fear of recrimination. 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.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice did not have a Patient Participation Group (PPG) that met on a regular basis, instead a virtual group was contacted from time to time for their views.

The practice had a support structure in place for supervision which included informal one to one sessions with staff. We observed however that the practice nurse did not have the opportunity to undertake professional clinical supervision and at times she was not able to attend the practice clinical meetings. The practice was aware of this at the time of inspection and were looking to access this for the practice nurse in line with her professional regulatory requirements. The development of staff was supported through a regular system of appraisal that promotes their

professional development and reflects any regulatory or professional requirements. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. We found that mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Daily clinical meetings were held to discuss practice matters and to review patient referrals. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example, the practice nurse had recently set up monthly clinics for patients with diabetes to work alongside the diabetes specialist nurse to review complex patients. We saw other examples such as participation in a CCG led safeguarding audit reviewing the practice processes and systems in place for the management of safeguarding practice matters.