

Clifton House and Nook Group Practice

Quality Report

Clifton House
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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?		Requires improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clifton House and Nook Group Practice on 6 June 2017. The overall rating for the practice was Inadequate and it was placed into Special Measures. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Clifton House and Nook Group Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 22 February 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 6 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as Good overall, with the key question of are services effective rated as Requires Improvement.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

Our key findings at this inspection were:

- The practice had taken action to remedy the breaches in regulation identified at the previous inspection.
- The practice now had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. When things went wrong, reviews and investigations were thorough and lessons learned were communicated throughout the practice to support improvement.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that

Summary of findings

care and treatment was delivered according to evidence based guidelines. We saw that the system for sharing drug safety alerts across the practice was sufficiently monitored.

- We saw that staff treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and told us that they were able to access care when they needed it.
- There was now a focus on continuous learning and improvement at all levels of the organisation.
- The patients and staff benefitted from access to the protocol, 'death of patient'. This ensured that all aspects of death and bereavement were dealt with appropriately, in a timely and sensitive manner. This also helped the GPs to facilitate early burial for religious reasons.

The areas where the provider should make improvements are:

- Continue to improve performance as measured by the Quality and Outcomes Framework (QOF) in order to improve the care and treatment received by their patient population.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service. These improvements now need to be sustained, moving forwards.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Clifton House and Nook Group Practice

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 second CQC inspector.

Background to Clifton House and Nook Group Practice

Clifton House and Nook Group Practice, Clifton House, 1 Church Street, Golcar Huddersfield HD7 4AQ and the branch site located at Nook Surgery, Salendine Shopping Centre, 144 Moor Hill Road, Huddersfield, HD3 3XA, provides services for 4,131 patients. The practice is situated within the Greater Huddersfield Clinical Commissioning Group and provides primary medical services under the terms of a personal medical services (PMS) contract.

Services are provided from a purpose built and accessible building which is owned by the provider. The population is mainly White British with some South Asian patients registered.

Information published by Public Health England rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the

highest levels of deprivation and level ten the lowest. Male life expectancy is 76 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

Dr Ilyas Ahmad is registered as a sole provider. Dr Ilyas Ahmad attends the practice four days a week and undertakes the equivalent of six clinical sessions. Locum GP cover is provided for the remainder of the week with two long-term (male and female) locum GPs offering a total of five sessions a week between them. The practice confirmed that the number of sessions were adequate for the number of appointments offered.

The practice has a nurse, a health care assistant and a practice manager. The provider also employs a team of part-time reception staff and a cleaner.

The main site at Clifton House is open Monday to Friday from 8.30am to 6pm. The branch surgery at Nook (which was also visited as part of the inspection) opens at 9am to 6pm from Monday to Friday, except Wednesday when the branch closes at 1pm. The provider does not offer any late clinics and surgeries. Surgeries typically run in morning and afternoon sessions.

Out of hours treatment is provided by Local Care Direct, which can be accessed by calling the surgery telephone number or contacting the NHS111 service.

When we returned for this inspection, we checked and saw that the previously awarded ratings were displayed as required in the premises and on the practice's website.

Are services safe?

Our findings

At our previous inspection on 6 June 2017, we rated the practice as Inadequate for providing safe services. This was because we found that medication was not stored securely, there were no documented checks of emergency equipment, the arrangements in place to maintain the cold chain for vaccines were not in line with guidance and appropriate health and safety assessments of the premises had not been completed.

At this inspection on 22 February 2018 we saw evidence that significant improvements had been made. At this inspection we rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice now had clear systems to keep patients safe and safeguarded from abuse.

- The provider now kept a log of maintenance checks for the emergency oxygen supply and defibrillator.
- The practice had an up to date fire risk assessment for the surgery premises at both locations. We saw evidence of records of equipment testing and fire drills being carried out. This reduced risks to the health and safety of service users receiving care and treatment.
- All patients on the Palliative care register were routinely reviewed at least every two weeks and more frequently if necessary, as dictated by their clinical needs. All palliative care patients were discussed regularly as a part of multi-disciplinary team (MDT) meetings.
- Patients were consistently reviewed following MHRA (Medicines and Healthcare products Regulatory Agency) alerts.
- The provider maintained an effective blood test reconciliation system.
- The practice conducted safety risk assessments. It had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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). We reviewed three staff files and found that the appropriate checks had been completed.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The practice had been subject to a recent IPC audit. An action plan was generated as a result and we saw that they were taking steps to address any issues that had been identified.
- The practice had ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for new and temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinicians we spoke with knew how to identify and manage patients with severe infections such as sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information. The GPs always checked the letters and tasked the administration staff accordingly.

Safe and appropriate use of medicines

The practice now had systems in place for the appropriate and safe handling of medicines.

- The provider now had a validated medical grade cool box for the transfer of vaccines between locations and there was a system to monitor maximum and minimum temperatures whilst the box was in use.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. Emergency medicines stored at the main and branch sites were now kept in a locked room.
- The practice kept prescription stationery securely and monitored its use.
- We saw that refrigerators used to store vaccines were well stocked and managed correctly. The practice had mechanisms in place to prevent refrigerators being turned off accidentally and thermometers were in place in each refrigerator which were calibrated on a regular basis.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had taken actions to support the effective use of antimicrobial prescribing. There was evidence of actions taken to support good stewardship.
- We saw Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation; these had been signed by the authorising body. (PGDs are written

instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines and visited them at home if needed, this included those patients being prescribed high risk medicines.

Track record on safety

The practice had a good safety record.

- There were effective risk assessments in place now in relation to safety issues.
- There was a health and safety policy available. Risks to patients were assessed.
- All electrical and clinical equipment, including the defibrillator, was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to improvements in safety.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw evidence that clinical incidents were recorded, analysed, action taken and learning was identified and shared. The practice had included in the 'significant event and serious incident' form a detailed assessment of the degree of significance and risk posed. A recent example, a patient was unhappy when they were not given a same day appointment and staff were given extra training as a result in how to deal with such situations.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events

Are services safe?

as well as patient and medicine safety alerts. For example, a recent alert regarding paraffin based creams and alternative water based creams were discussed at a team meeting.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 6 June 2017, we rated the practice as Inadequate for providing effective services. This was because data from the Quality and Outcomes Framework (QOF) showed patient outcomes were significantly lower than the local and national averages, there had been little clinical audit activity carried out in the previous 12 months to drive improvement in patient outcomes and some staff had not been provided with support through a documented appraisal or clinical supervision.

At this inspection on 22 February 2018 we saw evidence that some improvements had been made; however data from the Quality and Outcomes Framework (QOF) still showed patient outcomes were significantly lower than the local and national averages. Consequently, at this inspection we rated the practice, and all of the population groups, as Requires Improvement for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was comparable to other practices in the Clinical Commissioning Group (CCG) and nationally for the prescribing of medications such as hypnotics (drugs whose primary function is to induce sleep), antibacterial prescription items (drugs used to kill bacteria) and antibiotic items prescribed that were Cephalosporins or Quinolones. These antibiotics should only be used in specific circumstances or when other antibiotics have failed to prove effective in treating an infection.
- We found that all patients were treated according to their personal and cultural needs. The patients and staff benefitted from access to the protocol, 'death of

patient'. This ensured that all aspects of death and bereavement were dealt with appropriately, in a timely and sensitive manner. This also helped the GPs to facilitate early burial for religious reasons.

- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice had developed a 'tracker system' which was used by clinicians and reception staff to safely manage patients needing further follow up actions, for example due to abnormal blood results or blood pressure readings. This generated a pop up reminder on the computer screen within a set time to remind both clinicians and receptionist to ensure completion of the task. This has also been adopted to keep a track of two week wait referrals for suspected cancer.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- We checked the notes of patients living with diabetes and asthma and found effective use of templates and care plans as well as appropriate exception reporting and prescribing. There was a yearly recall system and medication reviews, more frequent reviews were held if required.
- Most patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to children aged 12 months to five years ranged from 88% to 100%.

Are services effective?

(for example, treatment is effective)

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. On the day of the inspection we spoke with some patients who said the practice treated them as a priority as they had an infant. Seven additional patients we spoke with told us that they were receiving good care.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 80%, which was above the 72% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-ups on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice was proactive in offering online services (18% of patients were registered for online services) as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances which may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances (34 patients, 0.8% of practice population) including homeless people, travellers and those with a learning disability.
- Vulnerable patients could appoint a named individual in line with the practice's policy to request and collect their repeat prescriptions.
- The practice has introduced meetings to address the needs of this patient group by working with other practices and better identifying vulnerable patients.

People experiencing poor mental health (including people with dementia):

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than the national average of 84%. Exception reporting was 5% which was 5% below the national average.

- 63% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is significantly lower than the national average of 90%.
- The practice informed patients who experienced poor mental health (204 patients, 4.5% of patients) how to access various support groups and voluntary organisations.
- All staff had received training in supporting patients who lived with dementia.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, a recent audit of hypnotics, showed a significant reduction in the number of patients prescribed these, from 210 patients 18 months ago to 24 patients at the present time. The trend showed an ongoing steady reduction in the numbers.

The practice routinely attended local CCG protected learning sessions for updates and MHRA (Medicines and Healthcare products Regulatory Agency) advice was discussed at minuted practice meetings. The GPs were aware of CKS (Clinical Knowledge Summaries) and National Institute for Health and Care Excellence (NICE) guidance.

The most recent published Quality Outcome Framework (QOF) results for 2016/17 showed that the practice had achieved 73% (previously 73%) of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. The overall exception reporting rate was 4% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2016-17 showed:

- Overall performance for diabetes related indicators was comparable practices achieving 88% of available QOF points. This was 1% below the national average. We saw that 70% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12

Are services effective?

(for example, treatment is effective)

months. This was 8% above than the national average. Exception reporting was 8% which was 11% below the national average. This demonstrated that diabetes for these 70% of patients was being well controlled.

- Performance for mental health related indicators was mixed. Some indicators showed performance was lower than the local and national averages. For example 46% of eligible patients experiencing a serious mental illness had an up to date care plan. This was 33% lower than the national average. Exception reporting was 4% which was 5% below the national average.

- 61% of patients with a serious mental illness had a record of their blood pressure taken in the last year. This was 22% lower than the national average. Exception reporting was 4% which was 6% below the national average.

The QOF data that the practice showed us on the computer systems for next year already demonstrated a significant improvement compared to previous year. The provider told us they were in the process of reviewing all of their QOF results. They told us they tried to engage with patients opportunistically when they visited the GP or the nurse. A recall system was in place whereby staff printed out monthly recall lists and invited patients in for reviews that were due that month. This was done by sending a text message, writing or telephoning patients. The practice manager told us that they were actively reviewing QOF data and receiving support with improving their score with the help of the 'Data Quality Team' from the CCG.

The practice told us that in March 2018 staff would be checking the QOF data to maximise indicators where ever possible. The practice has recently employed a 'recall' person and their sole remit is QOF analysis and input.

The practice used information about care and treatment to make improvements. We saw examples of where best practice guidelines were implemented into practice and reviews undertaken.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- Long term GP locums and the advanced nurse practitioner (ANP) received documented clinical supervision and mentoring from the lead GP.
- Nursing staff now received documented clinical supervision from the lead GP.
- Staff appraisals had now been undertaken with all staff. We reviewed five CQC staff feedback forms which confirmed that these appraisals took place. We saw copies of appraisal documents and spoke with staff who confirmed appraisals took place.
- A register of mandatory training was maintained. Long term locums had a full record of mandatory training in place. The evidence held on the computer system training matrix was consistent with data supplied by the practice.
- The number of appointments offered to patients was now in line with the number expected for the practice population.
- The practice understood the learning needs of staff and provided protected learning time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice now provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a systematic approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice attended regular multidisciplinary team meetings as well as sharing information about their patients with out of hours providers.

Are services effective?

(for example, treatment is effective)

- The practice held a pre-diabetes list of patients they had identified as being at risk of developing the condition and recalled these patients every six months.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. For example, patients were referred to social services if they had any housing needs.
- Figures for 2015/16 showed that the practice proactively referred 94% of new cancer cases using the urgent two week wait referral pathway, compared to the national average of 50%. Practices with higher detection rates positively impact on the survival rates of their patients.
- 63% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to CCG average of 59% and a national average of 54%.

- 69% of female patients aged 50 to 70 had been screened for breast cancer in the previous 36 months compared to CCG and national averages of 70%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity and diabetes.
- Smoking and dietary advice and weight management clinics were run by a nurse and a healthcare assistant (HCA).

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The practice monitored the process for seeking consent appropriately. We looked at clinical records and saw recordings of when consent was given.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The four patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- Feedback forms for the Friends and Family Test from August 2017 to February 2018 showed that 96% of patients were extremely likely or likely to recommend this practice (49 respondents). A recent comment was 'We have experienced kindness and courtesy from all the staff at this surgery, there have been no problems in obtaining an appointment'.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 247 surveys were sent out and 117 were returned. This represented about 2.8% of the practice population. Patient satisfaction on consultations with GPs was similar to the satisfaction on consultations with nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 84% of patients who responded said the GP gave them enough time compared to a CCG average of 90% and the national average of 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw compared to CCG average of 97% and national average of 95%.

- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 86%.
- 89% of patients who responded said the nurse was good at listening to them compared to a CCG average of 89% and the national average of 86%.
- 89% of patients who responded said the nurse gave them enough time compared to a CCG average of 93% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw compared to a CCG average of 98% and the national average of 97%.
- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 92% and the national average of 91%.
- 84% of patients who responded said they found the receptionists at the practice helpful compared to a CCG average of 89% and the national average of 87%.

The practice had developed and issued a 'Clifton House & Nook Patient Survey' in August 2017. The results showed 100% satisfaction with care and treatment. We looked at 26 of these questionnaires that highlighted good care and treatment.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Are services caring?

The practice proactively identified patients who were carers by asking patients about caring responsibilities when they booked appointments. The practice's computer system alerted GPs if a patient was a carer. The practice had identified 204 patients as carers (2.6% of the practice list).

Members of staff directed carers' to carer organisations to help ensure that the various services supporting carers were coordinated and effective.

- Staff told us that if families had experienced bereavement, the GP contacted them. The patients and staff benefitted from access to the protocol, 'death of patient'. This ensured that all aspects of death and bereavement were dealt with appropriately, in a timely and sensitive manner. This also helped the GPs to facilitate early burial for religious reasons.
- We were told by patients that in recognition of the religious and cultural observances, the GP would respond quickly, at times during the night, in order to provide the necessary death certification to enable prompt burial in line with families' wishes. The GP would then continue to liaise with the coroner, family and Imam as necessary and bereavement support information was given to the relatives of the deceased.

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

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 78% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 88%.

The survey results for the care provided by GPs were in line with CCG or national averages and this was consistent with other sources of patient feedback, including from those patient we spoke with during the inspection.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 6 June 2017, we rated the practice as Requires Improvement for providing responsive services. This was because services were not consistently offered to meet the needs of its population and appointment capacity was variable.

At this inspection on 22 February 2018 we saw evidence that improvements had been made. At this inspection we rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- Telephone line messages were now fit for purpose to inform patients of different arrangements at both sites.
- The practice understood the needs of its population and tailored services in response to those needs. The practice was positively embedded into the local community and liaised regularly with the local mosque, local leaders, community staff and the PPG.
- The practice offered online services for making appointments and requesting repeat prescriptions. The service regularly reviewed the uptake of these appointments so that they continued to meet demand. Currently 18% of patients were registered for online services.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. The GP told us that they would conduct home visits as and when required.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Most patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues. Other meetings included weight management, smoking cessation and alcohol misuse meetings.
- Patients with more than one long-term condition were able to access multi-condition reviews which saved them attending the practice on numerous occasions.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. Some patients we spoke with in the waiting area confirmed that this was the case.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice was proactive in offering online services, 18% of patients were registered for online services.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Are services responsive to people's needs?

(for example, to feedback?)

- A charity called 'Safe Haven'; a scheme to help those with learning difficulties retain their independence, was working with the practice on a regular basis.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients were given longer appointment times when necessary.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- The number of appointments offered to patients was now in line with the number expected for the practice population.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 247 surveys were sent out and 117 were returned. This represented about 2.8% of the practice population. The practice was generally in line for its satisfaction scores on consultations with GPs and nurses. For example:

- 61% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%. The practice's own survey showed that 'Being able to book an appointment' received a much better satisfaction score.
- 80% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 75% and the national average of 71%.

- 85% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.
- 87% of patients who responded said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.
- 75% of patients who responded described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 70% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

The practice had developed and issued a 'Clifton House & Nook Patient Survey' in August 2017. The results showed 100% satisfaction with care and treatment. We looked at 26 of these questionnaires that highlighted good care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed eight complaints and found that they had been satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example an updated death and bereavement policy was developed to help patients needing urgent advice and support due to a bereavement.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 6 June 2017, we rated the practice as Inadequate for providing well-led services. This was because there were insufficient systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.

At this inspection on 22 February 2018 we saw evidence that significant improvements had been made. At this inspection we rated the practice as good for providing well-led services. These improvements now need to be sustained, moving forwards.

Leadership capacity and capability

- Leaders had started to show they had the capacity and skills to deliver high-quality care. The practice had accepted support and advice from the Clinical Commissioning Group (CCG) which included support with the implementation of policies.
- Leaders were now demonstrating they had the experience, capacity and skills to deliver the practice strategy and address risks.
- They were aware of issues and priorities relating to the quality and future of services. They understood the challenges and were starting to address them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff told us that they felt there was an open door management approach and that they felt comfortable raising issues with the managers.
- The practice had processes to develop leadership capacity and skills, including planning for the future.

Vision and strategy

The practice now had a new clear vision and credible strategy that aimed to deliver high quality care and promote good outcomes for patients.

- There was now a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The strategy was “To provide the highest quality primary health care service”.

- The practice had developed its vision, values and strategy jointly with patients, staff and external partners, including the CCG. We saw the vision displayed in the waiting area and staff area of the practice.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had taken steps to encourage a culture of high-quality care.

- Staff stated they felt respected, supported and valued. We saw examples of staff supported through adjustments to working arrangements to better suit their circumstances. The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were now processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received an appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All clinical staff were considered valued members of the practice’s clinical team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

Good 

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

There were now clear responsibilities, roles and systems of accountability to encourage and support good governance and management moving forwards.

- Structures, processes and systems to support good governance and management were now clearly set out and understood. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had now established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example the practice now has an effective procedures for cleaning, maintaining and checking the Defibrillator, Oxygen, Nebuliser and Spirometer.
- Communication and supervision between clinicians was effective and managed using a formal processes. There was consistent leadership from the lead GP.

Managing risks, issues and performance

The provider had introduced some clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had some processes in place to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.

The QOF data that the practice showed us on the computer systems for next year already demonstrated a significant improvement compared to previous year. They told us they tried to engage with patients opportunistically when they visited the GP or the nurse. A recall system was in place whereby staff printed out monthly recall lists and invited patients in for reviews that were due that month. The practice manager told us that they were actively reviewing QOF data and receiving support with improving their score with the help of the 'Data Quality Team' from the CCG.

Clinical audit now had a positive impact on quality of care and outcomes for patients. There was clear evidence of

action to change practice to improve quality. The information we saw the provider had collected in the audits of Benzodiazepines and Z drugs (also known as 'hypnotics') showed the practice was effectively managing these patients' care. The practice had proactively worked with patients through patient education and support, to achieve a considerable and ongoing reduction in usage of these medications. They also involved pharmacists and colleagues from secondary care, for example psychiatrists, to support patients where appropriate.

- The practice had trained staff to manage major incidents.
- The practice had implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- We saw evidence that learning from significant events and complaints was shared amongst staff.
- The lead GP spent time sitting in the reception area observing the interaction of patients with staff and regularly fed this back at practice meetings in an attempt to improve patient satisfaction.

Appropriate and accurate information.

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice told us that in March 2018 staff would be checking the QOF data to maximise indicators where ever possible. The practice has recently employed a 'recall' person and their sole remit is QOF analysis and input.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data and notifications to external organisations as required.

Are services well-led?

Good 

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

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support their aim to provide high-quality, sustainable services.

- A range of patients' staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group. We spoke with three members of the group who told us the practice was proactive and listened to the needs of patients. Recently patients discussed the separation of the building next door from the practice. This change was put forward by the PPG and was implemented by the practice management team.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a renewed focus on continuous learning and improvement at all levels within the practice. The provider had acted upon the findings from the previous CQC inspection and taken steps to improve the quality of the services provided. These improvements now need to be sustained, moving forwards.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.