

Dr T Mackenzie and Partners

Quality Report

Haslingden Health Centre
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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 Dr T Mackenzie and Partners on 3 February 2016. The overall rating for the practice was requires improvement, with ratings of requires improvement for the key questions of safety and leadership, and ratings of good for effective, caring and responsive. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Dr T Mackenzie and Partners on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 27 April 2017 and was undertaken in order to assess the improvements that the practice had told us they had implemented. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. We saw that when risks were identified, mitigating actions were completed in a timely manner and reviewed for effectiveness.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The management

Summary of findings

responsibilities around key lead roles within the practice had been clarified. The practice proactively sought feedback from staff and patients, which it acted on.

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

There were two areas where the provider should make improvements:

- Documentation relating to complaints received should be sufficiently detailed to demonstrate compliance with practice policy.
- Reviews of practice policy documents should be sufficiently thorough to ensure all are practice specific and contain up to date information and reference to external organisations.

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?

At our previous inspection on 3 February 2016, we rated the practice as requires improvement for providing safe services as the practice's governance arrangements were insufficient to appropriately mitigate risks to patients. These arrangements had improved when we undertook a follow up inspection on 27 April 2017. The practice is now rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received support, truthful information, and an appropriate apology.
- The practice now had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The management of infection prevention and control was thorough. We saw that regular IPC audits had been undertaken and there was a system in place to ensure that any identified actions were completed as a result.
- Arrangements around safeguarding had been improved since our previous visit. One of the GPs had taken on the role of safeguarding lead and was supported by the nurse practitioner. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Staff were able to describe in detail how appropriate action was taken when concerns were raised about patients' welfare.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

At our previous inspection on 3 February 2016, we rated the practice as good for providing effective services. Following our most recent inspection on 27 April 2017 the practice is again rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the local and national averages.
- Staff were aware of current evidence based guidance.

Good



Summary of findings

- Clinical audits demonstrated quality improvement and the practice was implementing a more structured approach to planning and coordinating audit and other quality improvement work undertaken.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

At our previous inspection on 3 February 2016, we rated the practice as good for providing caring services. Following our most recent inspection on 27 April 2017 the practice is again rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

At our previous inspection on 3 February 2016, we rated the practice as good for providing responsive services. Following our most recent inspection on 27 April 2017 the practice is again rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded

Good



Summary of findings

thoroughly to issues raised. Learning from complaints was implemented. However, complaint documentation held by the practice was not consistently detailed enough to demonstrate adherence to the content of the complaints policy.

Are services well-led?

At our previous inspection on 3 February 2016, we rated the practice as requires improvement for providing well led services as there were gaps in the practice's governance structure and associated documentation. These arrangements had improved when we undertook a follow up inspection on 27 April 2017. The practice is now rated as good for providing well led services.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The responsibilities around lead roles for safeguarding had been clarified.
- The practice had policies and procedures to govern activity although some, for example the prescription security protocol, contained out of date or incomplete information.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and we saw that managerial oversight of staff training had improved.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice worked closely with the clinical commissioning group (CCG) funded nursing staff who delivered care in the community to those patients resident in care homes.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes indicators demonstrated patient outcomes were in line with or above local and national averages.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice hosted a community phlebotomy service one evening each fortnight to facilitate ease of access to appointments for blood tests.

Summary of findings

Families, children and young people

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

Good



- 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.
- Recent data provided by the practice showed immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 80%, compared to the CCG average of 77% and national average of 76%.
- The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 82% and the national average of 81%.

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).

Good



- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours appointments each Tuesday.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 81% compared to the CCG average of 85% and national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing either slightly below or in line with local and national averages. A total of 247 survey forms were distributed and 118 were returned. This represented a response rate of 48% and was 1% of the practice's patient list.

- 79% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 84% and the national average of 85%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 cards, all of which were extremely positive about the standard of care and treatment received. Many of the cards praised clinicians and staff members by name and described the thorough, individualised treatment offered by the practice.

We spoke with four patients during the inspection, all of whom expressed satisfaction with the care they received and thought staff were approachable, committed and caring. The patients praised the helpful attitude of reception and administration staff at the practice and felt that clinicians took the time to explain issues and treatment options thoroughly.

Areas for improvement

Action the service **SHOULD** take to improve

There were two areas where the provider should make improvements:

- Documentation relating to complaints received should be sufficiently detailed to demonstrate compliance with practice policy.
- Reviews of practice policy documents should be sufficiently thorough to ensure all are practice specific and contain up to date information and reference to external organisations.

Dr T Mackenzie and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr T Mackenzie and Partners

Dr T Mackenzie and Partners is based in Haslingden and is part of the East Lancashire Clinical Commissioning Group (CCG). The practice has 10069 patients on their register and provides services under a General Medical Services contract.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). Male and female life expectancy in the practice geographical area is 77 years for males and 82 years for females both of which are slightly below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register were similar to the average GP practice in England.

The practice had a higher percentage (63%) of its population in paid work or full time education than the England average (57%).

The service is provided by three GP partners (two male and one female). The practice also employs a practice manager, assistant practice manager, business manager, three practice nurses, two nurse practitioners as well as a

number of reception/administrative staff who also cover other duties. The practice also regularly employs locum GPs and is a training practice with trainees at different stages of their learning in the practice.

The practice is based in a refurbished health centre, under contract with NHS East Lancashire, and offers a comprehensive range of services. It is fully equipped with facilities for the disabled including disabled parking at the rear of the building, access ramps, double doors, disabled toilet, hearing loops in the reception area and a lift.

The practice is open 8am to 6.30pm Monday to Friday with extended hours on Tuesdays from 7am to 8pm. The practice triages calls they receive and make appointments available on the same day in accordance with assessed need. There is also provision for ill children to be seen the same day.

When the practice is closed Out of Hours services are provided by East Lancashire Medical Services and contacted by telephoning NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr T Mackenzie and Partners on 3 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services, and rated as good for providing effective, caring and responsive services. This resulted in an overall rating of requires improvement for the service.

We issued requirement notices to the provider in respect of regulation 12; safe care and treatment, regulation 13; safeguarding, regulation 17; good governance and

Detailed findings

regulation 18; staffing. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Dr T Mackenzie and Partners on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Dr T Mackenzie and Partners on 27 April 2017 in order to assess whether sufficient improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the clinical commissioning group to share what they knew. We carried out an announced visit on 27 April 2017. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, business manager, nurses, reception and administration staff and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 3 February 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk management, governance around safeguarding issues and infection control needed improving.

These arrangements had improved when we undertook a follow up inspection on 27 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any 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).
- From the eight documented significant events recorded since our previous visit, we looked at two examples in detail and found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received support, truthful information, an appropriate apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. We also saw that the practice had implemented an improved systematic approach to documenting the receipt, dissemination and any action taken following a patient safety alert being distributed.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a patient experiencing chest pain at the practice and requiring urgent medical attention, the practice's analysis of the event acknowledged that it was handled well, but also identified learning points to streamline the response further should the event

reoccur; it was agreed that clinical staff should explicitly let receptionists know when they leave the building for home visits, as the receptionists had initially been unsure which medical staff were available at the time of the incident. We saw that as well as this discussion being documented in staff meeting minutes, staff we spoke to were aware of the event and able to discuss the learning outcomes with us in detail.

- The practice planned to introduce an electronic document management system in the near future which would facilitate effective monitoring and trend analysis of significant events and further streamline the evaluation of any action taken.

Overview of safety systems and process

The practice had made improvements in this area and now had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding had improved since our previous visit and reflected relevant legislation and local requirements. Policies had been reviewed and were accessible to all staff. The policies now clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare; this had not been the case at the time of our previous inspection. There was a lead member of staff for safeguarding. When we last inspected this had been a nurse practitioner. However, one of the GPs now assumed this role, with the nurse practitioner acting as deputy. We were told that the GPs or the nurse practitioner attended safeguarding meetings when possible or provided reports where necessary for other agencies. Staff with lead responsibilities relating to safeguarding were able to discuss with us in detail how the practice had appropriately handled and followed up recent concerns regarding vulnerable patients' welfare.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, as was the nurse practitioner who took the role of deputy safeguarding lead.
- Notices in the practice premises advised patients that chaperones were available if required. During our previous visit we were informed that only clinical staff

Are services safe?

acted as chaperones, therefore no non-clinical staff 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). However, since our last visit the practice had taken the decision that specified non-clinical staff members would be asked to act as chaperones. We saw that all staff who acted as chaperones were trained for the role and had received a DBS check.

The practice maintained appropriate standards of cleanliness and hygiene. When we inspected in February 2016 we found that full infection prevention and control (IPC) audits had not been carried out regularly and that risks highlighted as a result of those that had been completed had not consistently been acted upon. We found the practice had made improvements in this area when we visited in April 2017.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The nurse practitioner was the infection prevention and control (IPC) clinical lead and they had attended further training in this area since our last visit to keep up to date with best practice. There was an IPC protocol and staff had all now received up to date training. We saw that regular IPC audits had been undertaken since our previous inspection and we saw evidence that action was taken to address any improvements identified as a result.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads

were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed three personnel files, two of which were for staff recruited since our previous inspection. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We noted that job descriptions held in personnel files and shared with staff were now more specific and explicitly made reference to any lead roles assumed by staff.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment which was maintained by the estates management team for the building and regular fire drills were carried out. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
 - During our previous inspection we were told by members of the practice team that they felt staffing levels were not always sufficient. During our visit in April 2017 staff reported this had improved as the practice had recruited two new nurses.
 - All staff received annual basic life support training and there were emergency medicines available in the treatment room. However, we did note that the practice did not have a formalised system in place to risk assess or determine which emergency medicines the GPs should carry in their bags for use on home visits.
 - The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
 - Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
 - The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- Arrangements to deal with emergencies and major incidents**
- The practice had adequate arrangements to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 3 February 2016, we rated the practice as good for providing effective services. Following our most recent inspection on 27 April 2017 the service is still rated as good for providing effective services.

Effective needs assessment

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

We saw that staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Clinical staff took responsibility to ensure they kept themselves abreast with recommended best practice on an individual basis.

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 99.7% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.5% and national average of 95.3%. The practice had reported an exception rate of 11.9% for the clinical domains, compared to the local average of 11.5% and national average of 9.8% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was in line with or above the local and national averages. For example:
 - The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 81% compared to the clinical commissioning group (CCG) average of 81% and national average of 78%.
 - The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 91%, compared to the CCG average of 82% and national average of 78%. The practice was a positive outlier for this indicator.
 - The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 83% compared to the CCG average of 84% and national average of 80%.
- Performance for mental health related indicators was also generally in line with or above the local and national averages. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 94% compared to the CCG average of 88% and national average of 89%.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 94% compared to the CCG average of 90% and national average of 89%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 81% compared to the CCG average of 85% and national average of 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 86% compared to the CCG average of 84% and national average of 83%.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 80%, compared to the CCG average of 77% and national average of 76%.
- The percentage of patients with chronic obstructive pulmonary disease who had a review including an

Are services effective?

(for example, treatment is effective)

assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 92%, compared to the CCG average of 91% and national average of 90%.

There was evidence of quality improvement including clinical audit:

- We were shown three clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored. One of these completed audits, demonstrating improved gout management, had been shared with us during our previous inspection.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit examining antibiotic prescriptions for urinary tract infections resulted in a lower proportion of these prescriptions being issued following a telephone consultation, in line with best practice guidance.

Information about patients' outcomes was used to make improvements. For example, it had recently been identified that the practice had a high referral rate to ophthalmology. On investigation it had been identified that a high number of referral requests were originating from a local optician. The practice liaised with the optician and suitable training was arranged to address the issue.

The practice acknowledged that audit work undertaken previously had been on an ad-hoc basis. We saw that measures had been put in place to address this and move towards a more structured, planned programme of audit activity in order to more effectively document quality improvement within the practice. An advanced nurse practitioner had been appointed as an audit champion and had ring-fenced time set aside to allow for planning and collating audit work. The GPs told us their intention was that this would include and focus on examining adherence to any updated NICE guidance produced.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire

safety, health and safety and confidentiality. We saw that completed induction checklists were included in the staff files of the newly recruited nurses which documented the induction process undertaken.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had attended a 1:1 meeting with the practice's business manager in the previous six months and we saw that a planned programme of further meetings was in place to ensure all staff received regular appraisals.
- 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 training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We saw that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

Are services effective?

(for example, treatment is effective)

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We were told by the GPs that additional training in this area had been attended following our previous inspection.
- 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 and signposted them to relevant services. 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.
- The practice worked with a substance misuse service which provided support to patients concerned about their substance or alcohol consumption.
- Patients were signposted to other relevant services according to their clinical need.

The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 82% and the national average of 81%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available and by offering telephone reminders where appropriate. There were failsafe systems 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 had a comparable uptake for attendance for national screening programmes for bowel and breast cancer screening. For example 56% of patients aged 60-69 had attended for bowel cancer screening within six months of being invited, compared to the CCG average of 54% and national average of 56%. The percentage of female patients aged 50-70 who had been screened for breast cancer within the last 36 months was 79%, compared to the CCG average of 71% and national average of 73%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Published uptake rates (from the year 2015/16) for the vaccines given were lower than CCG and national averages. For example, performance for the vaccines given to under two year olds failed to achieve the 90% target for any indicator and equated to a score of 8.2 (out of a possible score of 10), compared to the national average of 9.1. The percentage uptake for MMR vaccinations given to five year olds was better, and ranged from 94% to 99%, compared to the CCG range of 76% to 96% and nationally 88% to 94%. The practice shared more current, as yet unverified data with us during the inspection demonstrating how uptake rates for childhood immunisations had improved and that as of January 2017 the practice was achieving the 90% uptake target for all vaccinations offered.

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

At our previous inspection on 3 February 2016, we rated the practice as good for providing caring services. Following our most recent inspection on 27 April 2017 the service is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 14 patient comment cards we received were extremely positive about the standard of care and treatment received. Many of the cards praised clinicians and staff members by name and described the thorough, individualised treatment offered by the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients during our visit. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was slightly below average for its satisfaction scores on consultations with GPs, but performed higher for consultations with nurses. For example:

- 83% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 87%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 92%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 93% of patients said the nurse was good at listening to them compared with the CCG average of 93% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 generally in line with local and national averages. For example:

Are services caring?

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Staff also gave us examples where sign language interpreters were utilised by the practice for those patients with hearing difficulties.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 214 patients as carers (2% of the practice list). Once identified, carers were coded onto the practice's electronic patient record system and the practice had a system in place to recall them for an annual health check in order to ensure their health needs were met appropriately. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 3 February 2016, we rated the practice as good for providing responsive services. Following our most recent inspection on 27 April 2017 the service is still rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered extended hours on a Tuesday both in the morning and evening between 7 and 8am and 6.30pm and 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The appointment of a further two practice nurses meant the practice had been able to maintain the nurses' 15 minute appointment slots, as the practice recognised patients placed value on having sufficient time to discuss their needs in detail with the clinician.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had increased the number of available bookable GP telephone consultations in order to improve continuity of care for those patients wishing to speak with their preferred GP.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available, including sign language interpreters.

- A section of the practice's reception desk was lowered to facilitate access for those patients in wheelchairs.
- The practice hosted a community phlebotomy service one evening each fortnight as part of the local federation.
- The practice worked closely with CCG funded nursing staff who delivered services to patients resident in care homes.

Access to the service

The practice was open 8am to 6.30pm Monday to Friday with extended hours on Tuesdays from 7am to 8pm. The practice triaged calls they received and made appointments available on the same day in accordance with assessed need. Appointments were available between 8.30am until 11am each morning, other than Tuesdays when appointments were offered from 7am, and from 1.30pm until 6pm each afternoon, apart from Tuesdays when appointments were offered up until 7.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. On the day of our inspection, we saw that the next available routine pre-bookable appointment was the following day.

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

- 64% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 73%.
- 73% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 74% and the national average of 76%.
- 93% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 63% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

However, patients told us on the day of the inspection that they were able to get appointments when they needed them. They felt that appointments were always offered in a timely manner as long as patients were prepared to see any available clinician.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The GPs took responsibility to triage calls requesting 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 a system for handling complaints and concerns.

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

- We saw that information was available to help patients understand the complaints system. For example, a complaints leaflet was available from the practice reception.

We looked at three complaints received in the last 12 months and found that in general these were satisfactorily handled and that there was openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw that following one complaint regarding the issuing of a prescription, an alert had been placed on the patient record to ensure the issue did not reoccur.

We did note that assurance could not be gained from the practice's complaints documentation in all cases that the complaints policy had been followed robustly. For example, in two of the cases there was no record of an acknowledgement of the complaint being sent to the patient within three working days as per the practice protocol. In these cases the practice had provided a thorough written response within seven working days of the date of original complaint. In one case, the final response letter did not highlight the patient's right to escalate their complaint to the Parliamentary Health Service Ombudsman should they be unhappy with the outcome, as the practice's policy stated that it should do. The practice manager advised us how a complaint response letter template had since been created which would ensure this information was consistently included.

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 3 February 2016, we rated the practice as requires improvement for providing well led services as we found gaps in its governance arrangements.

These arrangements had improved when we undertook a follow up inspection on 27 April 2017. The practice is now rated as good for providing well led services.

Vision and strategy

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

- The practice had developed a patient charter which was displayed on the practice website and outlined the rights of the patients. Staff we spoke with knew and understood the values of the practice and were able to articulate the priority of providing a caring and supportive environment for patients.
- The practice had formulated a clear short term quality improvement plan which was regularly monitored and updated to document progress and facilitate prioritisation of key issues. The practice was also in the process of developing a longer term business plan, and we saw meeting minutes corroborating that discussions around this were underway.

Governance arrangements

During our previous inspection in February 2016 we found that the practice's governance arrangements required improvement. For example, we found that the staffing structure required some clarification and that not all staff had access to adequate job descriptions outlining the scope of their role. We found that key policy documents lacked sufficient information and that meeting minutes were not sufficiently detailed to accurately record information flow within the practice. We also saw that when risks were identified, mitigating actions were not always completed in a timely manner.

During our most recent inspection on 27 April 2017 we found that the practice had made improvements to its overarching governance framework which supported the delivery of the strategy and good quality care. This framework outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. The division of management responsibilities for the lead members of staff for safeguarding within the practice had been clarified and all staff now had access to appropriate job descriptions.
- An understanding of the performance of the practice was maintained. A comprehensive demand and capacity audit was planned to be conducted in July in order to identify any areas of concern in current clinical provision and subsequently to review and further refine the practice appointment system.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- Meetings were regular and facilitated effective dissemination of information and changes to practice staff. We saw that meeting minutes contained sufficient detail to accurately document the information that had been passed on and to whom.
- A programme of continuous clinical and internal audit was being developed and embedded into practice in order to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks. We saw that when risks were identified, mitigating actions had been implemented in a timely manner.
- Practice policies were in place and were available to all staff. These were dated indicating they were updated and reviewed regularly. However, we did note that not all contained up to date, practice specific information. For example, we were provided with a copy of the practice's prescription security protocol, dated as reviewed in January 2017, which made reference to the Primary Care Trust (an organisation since superseded by the CCG) and contained incomplete information regarding the regularity with which uncollected prescriptions would be destroyed. When we raised this with practice staff, a further copy of the document was provided which contained appropriate information.

Are services well-led?

Good 

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

- The practice planned to purchase a new electronic document management system in the near future to further streamline governance arrangements and communication channels within the organisation.

Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment it gave affected people support, truthful information and a verbal and written apology.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. A regular staff bulletin had also been put in place to ensure staff were aware of such issues as changes to key policies and procedures, the dates of upcoming meetings as well as which staff members were due to be on leave.
- Staff were extremely positive about the changes put in place since our previous inspection and told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and we viewed minutes of meetings demonstrating how the practice shared information with PPG members to gauge patient feedback. In March 2017 the practice had also conducted a patient survey and had received 29 responses. The results of this survey were due to be discussed and analysed jointly with the PPG at their next meeting. In response to previous feedback the practice had updated the telephone appointment system for GPs to offer more appointments and to improve continuity of care.
- The NHS Friends and Family test, complaints and compliments received
- Staff through staff meetings, appraisals and discussion. 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. For example, as a result of analysis of key themes following the staff attendance at one to one meetings with the practice business manager, all staff had been awarded a pay rise.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice placed priority on upskilling staff and was proactively sourcing training courses to further develop the skills of the practice manager and assistant practice manager, for example training around employment law was being arranged.