

# Archwood Medical Practice

## Quality Report

Woodley Health Centre  
Hyde Road, Woodley, Stockport  
SK6 1ND  
Tel: 0161 426 5800  
Website: [www.archwoodmp.co.uk](http://www.archwoodmp.co.uk)

Date of inspection visit: 15/06/2016  
Date of publication: 01/07/2016

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to Archwood Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Archwood Medical Practice on 15 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting, recording and responding to significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients were complimentary about the quality of service they received but some said that they found it difficult getting through to the practice by telephone. The practice was aware of this, and had been in

consultation with the Clinical Commissioning Group (CCG) for a lengthy period of time. The practice had just received confirmation that a new call routing telephone system was going to be installed.

- Patients told us they usually got an appointment quickly. The practice also offered a GP call back service. Urgent appointments were available the same day.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. The provider was aware of and complied with the requirements of the duty of candour
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice business plan was comprehensive and this was supported with action plans to improve and develop the service provided. This included improving team support systems with more team meetings and staff appraisal.

We saw one area of outstanding practice:

- Systems to monitor, track and risk assess the progress of most aspects of service delivery were recorded on spreadsheet 'trackers'. These enabled staff to quickly identify progress in mitigating risks, achieving specific targets and responding to shortfalls in service delivery to the benefit of patients. Examples included: the

monitoring of two week referrals to secondary care to ensure they were responded to and the monitoring of patients discharged from hospital who had a practice care plan in place so that telephone checks could be made to the patients to offer additional support if required.

The areas where the provider should make improvement are:

- Implement the planned programme of weekly clinical meetings.
- Implement the planned programme of staff appraisal.
- Continue to recruit patients to the patient reference group and consult with them as planned.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Significant events were investigated and areas for improvement identified and implemented.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were consistently above average compared to the national average. Data supplied by the practice, (not yet officially verified) for 2015-2016 showed the practice had achieved 100% of the points available.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice peer reviewed all secondary care referrals.
- Robust systems were in place to monitor and improve patients' experiences. For example two week referrals to secondary care were monitored and action taken if not responded to by the secondary care service and patients with care plans who were discharged from hospital were contacted to ensure their needs were being managed.
- Formal clinical meetings were undertaken every second month but plans were in place to increase this to weekly meetings.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff told us they received mandatory and role specific training. They said they felt supported by the management team. However the practice was behind in providing staff with annual appraisals. An action plan was being implemented to address this.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice at a comparable level to other practice in the locality.
- Patients said 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 easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Twice weekly visits to a local care home were undertaken – once a week by the GP followed by the practice nurse later the same week.
- A practice nurse visited housebound patients with a long term health condition and those identified at risk of unplanned admission to hospital at home. They carried out an assessment and recorded a care plan with the patient and or their carer.
- Patients said they found it easy to make an appointment once they got through on the telephone. 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 easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

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

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice was recruiting to the newly established patient reference group and had recruited 45 patients and plans were in place to consult with the group on the service provided by the practice.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example a practice nurse visited housebound and vulnerable patients at home to review their needs and agree a care plan.
- Twice weekly visits were undertaken to a care home to review all the patients registered with them.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Bi-monthly palliative care meeting were held and community health care professionals attended these.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's performance was comparable to the Clinical Commissioning Group (CCG) and the England average in four out of five of the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2014-2015. The practice had recruited a practice nurse with diabetes training and this had improved the practice's record of diabetic foot checks.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place 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 A&E attendances. Immunisation rates were comparable to the CCG for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Data showed that the practice performed similarly to the CCG and England average for the percentage of women aged 25-64 who had received a cervical screening test in the preceding five years with 81% compared to 82% for the respective benchmarks.
- We heard about positive examples of joint working with district nurses and health visitors.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered early morning appointments from 7.30am one morning per week and late night appointments twice a week until 7.30pm.
- 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.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients who were vulnerable or with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Good**





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- Data from 2014-15 showed that 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was similar to England average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months which was above the England average of 90% (2014-15 data).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

The national GP Patient Survey results were published on 7 January 2016. The results showed the practice was performing in line or above national averages. A total of 297 survey forms were distributed, and 115 were returned. This was a response rate of 39% and represented approximately 1.9% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) of 79% national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG 80% and the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG of 88% and the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG of 83% and the national average of 79%.

The practice was aware of patients' concerns especially around getting through to the practice on the telephone.

The practice was in consultation with the CCG to improve telephone access at the practice and had just received confirmation that a new telephone service with call routing was to be provided to the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards, 35 of which were positive about the standard of care received. The comment cards referred to GPs by name and gave examples of where the practice had supported them with their health care needs. A number of cards referred to the support the practice provided to their children. Patients said they had enough time to discuss their concerns that they felt listened to and involved in decisions about their treatment. One comment card referred to concerns about the attitude of reception staff.

We spoke with two patients the day after the inspection visit. They said that the GPs were very supportive and proactive in providing medical care and support.

A patient feedback action plan dated 2015 was available to the public on the practice website and this detailed the actions the practice was implementing in response to feedback received.

## Areas for improvement

### Action the service SHOULD take to improve

- Implement the planned programme of weekly clinical meetings.
- Implement the planned programme of staff appraisal.
- Continue to recruit patients to the patient reference group and consult with them as planned

## Outstanding practice

We saw one area of outstanding practice:

- Systems to monitor, track and risk assess the progress of most aspects of service delivery were recorded on spreadsheet 'trackers'. These enabled staff to quickly identify progress in mitigating risks, achieving specific targets and responding to shortfalls in service delivery to the benefit of patients. Examples included: the

monitoring of two week referrals to secondary care to ensure they were responded to and the monitoring of patients discharged from hospital who had a practice care plan in place so that telephone checks could be made to the patients to offer additional support if required.

# Archwood Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Archwood Medical Practice

Archwood Medical Practice is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a personal medical service (PMS) contract with NHS England. The practice is a partnership between two GPs. The practice has 6140 patients on their register.

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

The GP partners (one male and one female) are supported by two female salaried GPs. The practice employs a practice manager, a business manager, three part time practice nurses, two part time health care assistants as well as reception and admin staff.

The practice reception is open from 8am until 6.30pm Monday to Fridays with late night appointments available until 7.30pm on Mondays and Tuesdays and early morning appointments from 7.30am on Fridays.

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

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

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

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 June 2016.

During our visit we:

# Detailed findings

- Spoke with a range of staff including both GP partners, a salaried GP, the business manager, the practice manager, the reception manager, one practice nurse, one health care assistant, the medicine's coordinator, secretaries and members of the reception team.
- We spoke with two patients and reviewed 36 comment cards
- We observed how reception staff communicated with patients.
- Reviewed a range of records including staff records and environmental records.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

- Is it well-led?

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- There was an effective system in place for reporting and recording significant events. Records of significant events showed that detailed investigation had been carried out and actions to improve service delivery recorded.
- Staff told us they would inform the practice manager or the GP of any incidents and there was a recording form available on the practice's computer system. The staff we spoke with were able to provide examples of significant events that had been discussed with them.
- We reviewed safety records, incident reports, patient safety alerts and we saw evidence that lessons were shared and action was taken to improve safety in the practice. Examples of significant events investigated included prescribing and communication incidents.
- Evidence was available to demonstrate that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One GP partner was the lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Safeguarding briefings were stored on the practice's shared drive. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- Notices in the waiting room and GP consultation room doors advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was maintained and cleaned by the NHS Property Services. The practice monitored the standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead for infection control at the practice was absent so the practice manager and another practice nurse had been monitoring the GP practice to identify and mitigate any potential infection control risks. There was an infection control protocol in place and staff had received e-learning training. An infection control audit had been undertaken and was under constant review. Action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits and employed a medicine coordinator. In addition the practice had recently recruited the part time services of a pharmacist to assist with patient medicine reviews and discharge medicines. Blank prescription forms and pads were securely stored and there was a comprehensive prescription tracking spreadsheet that logged them all and monitored their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice carried out stringent background checks of the locums GPs they used. Comprehensive records of the

## Are services safe?

checks obtained were held securely. Locum packs were also provided and these included relevant information about the support staff available at the practice when the locum GP was working.

- There was a system in place to record and check professional registration of the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration and appropriate insurance for clinical staff was up to date and valid.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice landlord had supplied the practice of the building fire risk assessment and weekly fire alarm checks were undertaken. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had copies of other risk assessments in place for the premises such as Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. A comprehensive system of

work force capacity planning was in place to meet future staffing needs. A spreadsheet of staff planned absence was maintained, alongside known seasonal service demands to identify shortfalls in staffing. This allowed the practice to request cover, for example locum GP cover months in advance.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. In addition each consultation room also had an accessible panic button.
- All staff received annual basic life support training.
- A defibrillator was available on the ground floor and this was accessible to all practices in the building. This was checked daily.
- Oxygen with adult and children's masks was 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. The practice manager had identified that the security of medicines stored at the practice required strengthening and had formally requested action to undertake this from the building management team.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- All new guidance that came through the practice including that from the practice manager forum was added to a spreadsheet which contained links to the online guidance. Clinicians had quick and easy access to the updated guidance.
- Clinical meetings were held approximately every second month but it had been identified by nurses and GPs that they needed more opportunities to discuss clinical issues. Therefore weekly clinical meetings were planned in the near future.

### 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 from 2014 -2015 were 99% of the total number of points available with a rate of 5.5% exception reporting for all clinical indicators. This was just below the average for the Clinical Commissioning Group (CCG) and 3% below the England average. (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 supplied by the practice and logged with NHS England showed the practice had achieved 100% of the points available for 2015-2016.

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

- The practice achieved similar percentages in all but one of the QOF diabetic indicators for 2014-15 when compared to the CCG and the England averages. For

example data for diabetic patients and the HbA1C blood tests showed 81% of patients had received this compared to the CCG average of 80% and England average of 78%.

- The record of diabetic patients with a blood pressure reading recorded within the preceding 12 months was 79%. The CCG average was 80% and the England average was 78%.
- The record of diabetic patients with a record of foot examination recorded within the preceding 12 months was 70%, which was below both the CCG average of 85% and the England average of 88%. The practice nurse confirmed performance had improved in monitoring diabetic patients' feet because they were trained to provide this check.
- 87% of patients with hypertension had their blood pressure measured in the preceding 12 months compared to the CCG of 85% and the England average of 84%.
- 71% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG of 76% and the England average of 75%.
- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was similar to the CCG average of 87% and the England average of 84% better than the national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months which was comparable to the CCG and England average of 90%.

There was evidence of quality improvement including clinical audit.

- Evidence from two clinical audits was available which demonstrated improvements were implemented and monitored. These included a minor surgery audit to ascertain whether the clinical diagnosis correlated with histological diagnosis of the specimens removed. The first audit cycle identified that four out of 26 results did not correlate with the anticipated results. These were reviewed and learning identified and shared. The second cycle identified 25 out of 26 minor surgeries undertaken were safe with one case requiring a prompt two week referral to secondary care. Following the second cycle audit both GP partners attended a minor surgery update.



# Are services effective?

## (for example, treatment is effective)

- A second clinical audit reviewed the number of patients who had a diagnosis of dementia or who were within the risk age group for dementia and were prescribed anti-psychotic medication. The care these patients received was reviewed and assessed against a set criteria and the practice's performance was scored. Both the audit and re-audit showed the practice scored 100% against each criteria ensuring that clinical care provided to patients was appropriate and the level of care and treatment had been sustained.
- The practice maintained an extensive range of spreadsheets or 'trackers' to monitor and audit the progress the practice made on different aspects of the service the provided. For example robust systems were in place to monitor and improve patients' experiences. This included monitoring two week referrals to secondary care and taking action if they were not responded to promptly by the secondary care service and direct checks with patients, who had been discharged from hospital and who had an existing GP care plan in place to see if they had any additional health or support needs.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

Staff had the skills, knowledge and experience 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.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- 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. The practice acknowledged

that formal systems to support staff had not been implemented properly and staff had not benefited from annual appraisal. However we saw plans to implement systems of staff support. For example a reception manager had recently been recruited to provide the on the job support and supervision for the reception staff team. Plans were in place to undertake staff 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Systems to monitor and track the status of patient care plans, referrals and hospital discharges were maintained and responded to rigorously when issues were identified.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The GPs were aware of patients living in care homes who had Deprivation of Liberty Safeguards (DoLS) plans in place or applications pending.



# Are services effective?

(for example, treatment is effective)

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

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and England average of 82%. There was a policy to send contact reminder texts and letters to patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data supplied from the National Cancer Intelligence Network (NCIN) indicated that the practice's screening rates for breast cancer (74%) were approximately 5% higher than the CCG average and the England average. The uptake for bowel cancer screening reflected both the CCG and England average of approximately 56%.
- Childhood immunisation rates for the vaccinations given reflected the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 80% compared to the CCG rates of 93% to 79%. Data for five year olds ranged from 95% to 83% compared to the CCG range of 93% to 88%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–74. 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

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them some privacy to discuss their needs.

We received 36 Care Quality Commission patient comment cards; 35 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients referred to being able to get appointments when they needed them and specific GPs were identified as being particularly responsive to individual circumstances. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two patients who also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were comparable to the clinical commissioning group (CCG) and England averages. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 92% and the England average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 90% and the England average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the England average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the England average of 87%.

### Care planning and involvement in decisions about care and treatment

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and England average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. Although staff confirmed that this service was rarely used as the patient list consisted of patients who spoke English. A hearing loop system was available for those people with hearing impairment, although this was waiting repair.

## Are services caring?

### **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. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them at their convenience.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered evening appointments with a GP, a practice nurse and a health care assistant on Mondays and Tuesdays until 7.30pm and early morning appointments were available from 7.30am on Fridays.
- There were longer appointments available for patients with a learning disability or special health care needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A practice nurse visited housebound patients, those with a long term condition and patients at risk of unplanned admission to hospital and carried out an assessment and recorded a care plan with the patient and / or their carer.
- GPs provided home visits to patients living in care homes as requested. In addition the practice carried out twice weekly visits to the care home allocated to their practice. A GP visited at the beginning of the week and a practice nurse visited later in the week. This reduced the number of requests by the care home for urgent visits and ensured continuity of care for patients.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice promoted patient access to a range of community health care support initiatives including patient education programmes for the self-management of long term conditions such as diabetes.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

### Access to the service

The practice reception was open from 8am until 6.30pm Monday to Fridays with later evening appointments available twice a week and early morning appointments available once a week. In addition to pre-bookable

appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice also offered a GP patient call back service.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the England average of 73%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the England average of 73%.

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This included a GP call back to the patient. In cases where the patient's healthcare needs were urgent and therefore 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 an effective system in place for handling complaints and concerns.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system, for example on the practice website and there was a patient complaint leaflet and form available from reception.

All complaints were recorded on a spreadsheet which logged the progress and outcome of the complaints investigations and the actions taken by the practice. We looked at two complaints received in the last 12 months and found these were satisfactorily handled. They were dealt with in a timely way, with openness and transparency.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice purpose with its aims and objectives were displayed on their website. The practice purpose was "...to provide patients who are registered with the practice with high quality healthcare and to seek continuous improvement of the health status of the practice population overall."

- The staff we spoke with were all committed to providing a high standard care and service to patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had identified that support for the staff teams could be improved and were implementing plans to address this. A new post of reception manager had been created and recruited to. GPs and nurses led on clinical areas and administrative and reception staff members were allocated responsibilities in line with their role and experience.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous internal audit which was used to monitor quality and to make improvements. Action plans to improve service delivery were monitored through comprehensive spreadsheet logs which allowed robust tracking of progress and achievements.
- There was a rigorous system for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice engaged with the Clinical Commissioning Group (CCG) and attended meetings to contribute to wider service developments.

### Leadership and culture

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 very approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, truthful information and an appropriate apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- A number of meetings were held regularly at the practice, including a twice yearly full staff meeting. The practice had reviewed the frequency of staff support systems including team meetings and identified that these need to be developed further. Plans were in place to hold weekly clinical meetings and the new role of reception manager would facilitate reception team meetings.
- Staff told us there was an open culture within the practice and there were opportunities every day to raise any issues with the practice manager or GP partners. They said they felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice was recruiting patients to the newly established patient reference group and intended to consult with this group on sending out a practice based

# Are services well-led?

Good 

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

patient questionnaire. It had 45 members. Prior to the formation of the patient reference group the practice had an online practice patient forum with included members of the public as well as patients. A review of the patient forum identified that it was no longer was appropriate to the development of the GP practice.

- The practice website displayed the most recent results from a patient questionnaire and the action plan from 2015. The action plan identified areas for improvement including better telephone access and appointment availability outside normal office hours. We saw evidence that demonstrated the practice had and was responding to patient concerns.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had sent out a staff questionnaire in November and December 2015. The response rate was not very high but the issues identified by staff had been used as part of the plan to improve systems to support the different staff teams.

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice recognised future challenges and areas for development and had established rigorous systems to identify record, monitor and mitigate any risks to patients, staff and the quality of service. All areas identified for development or improvement were added to the master business plan where progress was actively monitored and remedial action taken as required.
- The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk and vulnerable patients. Informal but productive working relationships had been developed with the district nursing teams located close to the GP practice.
- The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.
- The practice worked closely with the Clinical Commissioning Group (CCG).

## Continuous improvement