The Arch Medical Practice

Quality Report

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Arch Medical Practice on 19 October 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 an effective system in place for reporting and recording 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 the skills, knowledge and experience to deliver effective care and treatment.
- The practice had good policies for the recruitment of staff.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff from the citizen's advice bureau came to the practice Friday mornings to assist patents directly
- 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 provider was aware of and complied with the requirements of the duty of candour.

We saw the following areas of outstanding practice:

- The practice had two patients with neurological conditions who didn't always feel comfortable coming

Summary of findings

in to the reception to make appointments. The practice had offered these patients an option to email appointment request and they had the option to wait in a side room rather than in the main waiting room.

- The practice had identified a “Carer’s Champion” to ensure that the support to carers was being undertaken and to be available to carers as the first line of liaison. carers audit and had identified areas to improve how carers were recognised. The practice implemented actions to ensure the data in the electronic system was correct.

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?

Good

The practice is rated as good for providing safe services.

- The system for reporting and recording significant events was effective.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Prescription pads and prescription paper were securely stored. There were systems in place to check the prescription numbers and to monitor their use.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- 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.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect.
- The practice had identified a "Carer's Champion" to ensure that the support to carers was being undertaken and to be available to carers as the first line of liaison. The practice's computer

Summary of findings

system alerted GPs if a patient was also a carer. The practice had identified 67 patients as carers (0.5% of the practice list) and 35 patients (1% of the practice list) as having a carer. Patients identified as carers were offered an annual review of their health needs. A carers audit had identified that 53% of carers had a health check within the last year, 15% of carers had an agreed care plan and 42% of carers had a flu vaccination this year.

Are services responsive to people's needs?

Good

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.
- 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. The practice had undertaken a comprehensive analysis of the complaints to identify and share learning opportunities and trends.
- Staff from the citizen's advice bureau came to the practice Friday mornings to assist patents directly

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. 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.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

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

Older people

Good

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All elderly patients had been informed of their named GP.
- The practice offered same day appointments as well as telephone and face to face consultations.

People with long term conditions

Good

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.
- Performance for all five diabetes related indicators were above the national averages.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 84% compared to the national average of 81%.
- 99% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 83% compared to the national average of 78%.
- A record of foot examination was present for 90% of patients compared to the national average of 88%.
- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 79% compared to the national average of 78%.
- 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 87%, compared to the national average of 84%.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 64%, which was significantly below the national average of 82%. The practice had recognised the low figures due to the high turnover of patients especially the students and those form overseas and non-English speakers. The practice had produced a policy to offer telephone reminders for patients who did not attend for their cervical screening test. They had also produced leaflets in many languages.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 96% and five year olds from 53% to 84%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

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

- The 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.

Summary of findings

- 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.
- Telephone appointments were available if patients wished to discuss test results and urgent concerns and for those who may have difficulty attending surgery due to work commitments.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and had attended training in how to recognise domestic abuse.
- 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)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 89% compared to the national average of 88%.

Summary of findings

- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 79% compared to the national average of 84%.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in-line with the local and national averages in many areas (373 survey forms were distributed and 58 (16%) were returned).

- 82% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 74% and a national average of 73%.
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 79% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 76% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff as well as a helpful and polite service from the receptionists and the practice manager.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

From the most recent published results (September 2016) of the practice friends and family test, 92% of patients would recommend the practice based on 110 responses.

Outstanding practice

- The practice had two patients with neurological conditions who didn't always feel comfortable coming in to the reception to make appointments. The practice had offered these patients an option to email appointment request and they had the option to wait in a side room rather than in the main waiting room.
- The practice had identified a "Carer's Champion" to ensure that the support to carers was being undertaken and to be available to carers as the first line of liaison. A carers audit and had identified areas to improve how carers were recognised. The practice implemented actions to ensure the data in the electronic system was correct.

The Arch Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

Background to The Arch Medical Practice

The Arch Medical Practice (175 Royce Road, Manchester, M15 5TJ) serves the local population in Hulme. It is part of the NHS Central Manchester Clinical Commissioning Group (CCG) and provides services to approximately 15718 patients under a General Medical Services contract, with NHS England.

Information published by Public Health England rates the level of deprivation within the practice population group as level two 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 74 years for males and 80 years for females, both of which are 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 was generally similar to the average GP practices in England although the practice had a greater number of 15 to 29 year olds.

The practice has a lower percentage (49%) of its population with a long-standing health condition when compared to the England average (54%). The practice percentage (76%) of its population with a working status of being in paid work or in full-time education is above the England average (62%). The practice percentage (5%) population with an unemployed status is in-line with the England average of (5%).

Services are provided from a purpose built building, with disabled access and some parking. The practice has a number of consulting and treatment rooms used by the GPs and nursing staff as well as visiting professionals such as midwives. The practice had recently been extensively refurbished and was officially opened by a local MP. The practice had liaised with the local community and groups when they held an open day.

The service is led by six GP partners (four female, two male) and three female salaried GPs who are supported by a team of nurses (including an advanced nurse practitioner and healthcare assistants). There is a practice manager as well as an administration team who also cover other duties such as drafting prescriptions. This is a training practice and as such also has trainee medical staff.

The surgery is open from 8am until 6:30pm Monday, Tuesday, Thursday and Friday and from 8am till 12:30pm Wednesdays. The practice is also a part of a federation of GP practices who provide extended hours cover for a number of practices in the area between 6pm and 8pm, Monday to Friday, as well as on Saturday and Sunday mornings. Patients are also able to attend appointments at a small number of local health centres as part of this arrangement. Out of hours cover is provided by the NHS 111 service and Go to Doc.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 19 October 2016.

During our visit we:

- Spoke with a range of staff including the GPs, the practice manager as well as staff from the administration team.
- Observed how staff interacted with patients and spoke with patients, carers and 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.

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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- There were nine significant events recorded since January 2016 to October 2016. The practice had carried out a thorough analysis of the significant events including a yearly review.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, in September 2016, there was a prescription error. To reduce the risk of reoccurrence the practice had put a system in place to ensure this would not reoccur by changing the processes for logging prescriptions and increasing the security measures.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP lead for safeguarding adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Clinical staff were all trained to child protection or child safeguarding level 3.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead. There was an infection control protocol in place and annual infection control audits were undertaken.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Prescription pads and prescription paper were stored in a locked filing cabinet. There were systems in place to check the prescription numbers and to monitor their use.
- Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked in the practice were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- A notice in the waiting room and in the treatment rooms advised patients that chaperones were available if required. Staff who carried out chaperone duties had received an appropriate Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had a recruitment policy that detailed the process to follow that included the appropriate checks to conduct during the recruitment process. We reviewed five personnel files and two locum GP files and found that appropriate recruitment checks had been undertaken prior to employment. For example, evidence was available for proof of identification, references, qualifications and registration checks with the appropriate professional body such as the Nursing and Midwifery Council.

Monitoring risks to patients

There was an up to date fire risk assessment with yearly fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The building

Good

Are services safe?

had an assessment in place for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). Systems were in place to ensure the Control of Substances Hazardous to Health (**COSHH**) regulations were being adhered to.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had access to a defibrillator and an oxygen cylinder with adult and children's masks in the centre.
- A first aid kit and accident book 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 and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) were 97.7% of the total number of points available, with 16.9% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed;

- Performance for all five diabetes related indicators were above the national averages.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 84% compared to the national average of 81%.
- 99% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 83% compared to the national average of 78%.
- A record of foot examination was present for 90% of patients compared to the national average of 88%.
- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 79% compared to the national average of 78%.
- 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 87%, compared to the national average of 84%.
- 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 89% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 79% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years; three of these were completed audits where the improvements made were implemented and monitored. In addition, the practice carried out medication audits aided by the CCG pharmacist and we saw evidence of improvements in practice prescribing.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included better identification and management of patients with Asthma.

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. It covered such topics as safeguarding, infection prevention and control, fire 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

Good

Are services effective?

(for example, treatment is effective)

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 on line resources and discussion at practice meetings.
- Staff received on-going training that included: safeguarding, fire procedures and basic life support.
- Staff told us their learning needs were identified through a system of appraisals, meetings and reviews of practice development needs.

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.
- Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were then signposted to the relevant service.

The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 64%, which was significantly below the national average of 82%. The practice had recognised the low figures due to the high turnover of patients especially the students and those form overseas and non-English speakers. The practice had produced a policy to offer telephone reminders for patients who did not attend for their cervical screening test. They had also produced leaflets in many languages.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 96% and five year olds from 53% to 84%.

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

Good

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 told us they knew when patients wanted to discuss sensitive issues or appeared distressed and could offer them a private room to discuss their needs. However, whilst in the waiting room, we could overhear conversations taking between the patients who were booking in with the reception staff. The practice management told us this was an area they were already looking into.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff as well as a helpful and polite service from the receptionists and the practice manager.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the national GP patient survey (July 2016) showed the practice performed above the local and national averages in three of the six areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 91%).
- 84% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 81% said the GP gave them enough time (CCG average 85%, national average 87%).
- 67% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

The CQC comment cards had positive comments in relation to how the patients were treated. All the patients we spoke with felt the doctors listened to them and empowered them to make positive decisions about their healthcare. Patients on the day confirmed they were satisfied with the service.

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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed they were slightly below the local and national averages in two of the three areas. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%).

From the most recent published results (September 2016) of the practice friends and family test, 92% of patients would recommend the practice based on 110 responses.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 67 patients as carers (0.5% of the practice list) and 35 patients (0.22% of the practice list) as having a carer. Patients identified as carers were offered an annual review of their health needs. A carers audit had identified that 53% of carers had a health check within the last year, 15% of carers had an agreed care plan and 42% of carers had a flu vaccination this year. Actions from the audit had been implemented to ensure the data in the electronic system was correct.

Written information was available to direct carers to the various avenues of support available to them. The practice had a carers policy, a carers toolkit and had arranged carers coffee mornings to be scheduled on a regular basis. The practice had identified a "Carer's Champion" to ensure that the support to carers was being undertaken and to be available to carers as the first line of liaison.

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

Good

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 their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked with the other practices in the area to provide urgent appointments via the local federation. Members of the local federation had use of a common clinical system that ensured all GPs had access to the medical records.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had access to interpreters and telephone translation services were available. The practice employed bi-lingual staff members and had 426 patients recorded in the system as requiring an interpreter. The practice manager told us the actual figure could be higher. The practice records showed there were 57 different main languages spoken by the patients.
- The practice had opted to provide increased on the day appointments with the aid of an advanced nurse practitioner and some GP trainees ensuring that the right patient saw the right clinician at the right time all day. There was support from a GP if required.
- Access for disabled persons was provided by automated doors at the front entrance.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Patients could order repeat prescriptions and book appointments on-line.
- Staff from the citizen's advice bureau came to the practice Friday mornings to assist patents directly.
- The practice sent SMS reminders to patients to reduce the number of patients that didn't attend.
- The practice had two patients with neurological conditions who didn't always feel comfortable coming in to the reception to make appointments. The practice had offered these patients an option to email appointment request and they had the option to wait in a side room rather than in the main waiting room.

Access to the service

The surgery was open from 8am until 6:30pm Monday, Tuesday, Thursday and Friday and from 8am till 12:30pm Wednesdays. The practice was also a part of a federation of GP practices who provided extended hours cover for a number of practices in the area between 6pm and 8pm, Monday to Friday, as well as on Saturday and Sunday mornings. Patients were also able to attend appointments at a small number of local health centres as part of this arrangement. Out of hours cover was provided by the NHS 111 service and Go to Doc.

Results from the national GP patient survey (July 2016) showed that patient's satisfaction with how they could access care and treatment was above the local and national averages for two of the following three areas:

- 82% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 67% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).
- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.

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

Listening and learning from concerns and complaints

The practice had a 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 managed all complaints in the practice. There was a lead GP to manage any clinical complaints.

We saw information was available to help patients understand the complaints system such as posters and leaflets in the reception area. The practice had recorded 12 complaints between March 2016 and October 2016 including where patients had made verbal complaints. We looked at two of these and found they had been dealt with in a timely and open manner.

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 vision statement was: "To provide a high standard of clinical healthcare to all of our diverse population". This was underrpinned by the objectives which were: "To utilise both formal and informal teaching, training and mentorship tools, to have an awareness of the importance of role modelling and to incentivise and enthuse all team members to achieve personal and practice goals". These were clearly displayed and embedded in the practice during our inspection.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the mission statement 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.
- 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 clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 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 a verbal and written 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.

- Staff told us the practice held regular team meetings.
- Staff 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported and were involved in discussions about how to run and develop 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 had gathered feedback from patients through surveys and complaints received and submitted proposals for improvements to the practice management team.
- We saw an action plans from a patient survey and the patient participation group (PPG). The PPG met every two months and some participated via emails. The PPG had worked with the practice to reduce the number of patients that did not attend their appointments. One initiative was to send SMS reminders to patients.
- The practice had liaised with the local community and groups when they held an open day in October 2016 following an extensive refurbishment programme. The practice was officially opened by a local MP and everyone from the community was invited.
- The practice had gathered feedback from staff through staff meetings and clinical sessions. 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.

Are services well-led?

Good

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

- The practice had planned an all staff away day at a nearby university to enable the team to focus on how to improve the practice.

Continuous improvement

- The practice had a high turnover of patients due to the inner-city location and the turnaround of the student population. The practice had links with the local colleges and universities to ensure they worked together to provide a uniform service. The staff had previously attended the Student Union events to encourage students to enrol. Students had access to a dedicated GP which enabled them to have quicker appointments.
- The practice had a number of projects and pilots in place such as organising a walking group for women who felt isolated and engaging with a local college to hold an art competition whereby the successful paintings would be placed on the practice walls.