Highlands Health Centre

Quality Report

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Date of inspection visit: 25 July 2017
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Highlands Health Centre on 25 July 2017. 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 and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice supported bereaved families through the provision of personalised cards six weeks following bereavement and again after one year.

Summary of findings

- One GP at the practice was a specialist methadone prescriber and supported a small group of local patients with drug addiction.
- The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country.

We identified areas of outstanding practice:

GPs at the practice were the first nationally to introduce the "Emotional Logic" cognitive behaviour talking therapy which has attracted positive feedback from 160 patients who have accessed it since its inception 12 months ago.

GPs provided near patient testing for women with a potential vaginal infections so they could access necessary treatment immediately instead of waiting 48 hours for the result of test swabs.

Importantly, we identified an area where the practice must make improvements;

The provider must ensure that the monitoring of patients registered with hypertension, diabetes and COPD (chronic pulmonary respiratory disorders) received regular health checks including blood pressure checks where appropriate.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were significantly below average compared to the national average in three key areas; COPD reviews, blood pressure checks for patients with diabetes and blood pressure checks for patients with hypertension.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients were truly respected and valued as individuals and were empowered as partners in their care. Data from the

Summary of findings

national GP patient survey showed patients rated the practice higher than the clinical commissioning group averages for 21 out of 23 aspects of care and higher than national averages for all aspects of care.

- Patients and external stakeholders told us that the practice staff went the 'extra mile' and that the care provided exceeded expectations. For example, the practice had been nominated for a national award for creating and introducing an innovative and caring talking therapy called "Emotional Logic", to support anxious and patients who had experienced stress, with their mental health and well-being.
- The practice recognised the totality of people's needs by providing talking therapies, massage therapies and other holistic therapies.
- The practice supported bereaved families through the provision of personalised cards six weeks following bereavement and again after one year.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country. This had been reviewed in May 2017.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, GPs provided in house microscopy (the use of microscopes to identify issues) on patients experiencing vaginal discharge so they could access necessary treatment immediately instead of waiting 48 hours for the result of test swabs.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

Summary of findings

- Patients we spoke with 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. Practice GPs provided weekly visits to three local nursing homes and shared patient information with those homes appropriately.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. A remedial therapist provided massage at the practice twice a week. The practice referred older patients to a memory café nearby.
- The practice provided flu vaccination clinics for patients over 65 years from September every year.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with long term conditions who had received regular health checks including blood pressure checks was below local and national averages in three areas; COPD, diabetes and hypertension.

Summary of findings

- The percentage of patients with diabetes, on the register, who had received a blood pressure check in the preceding 12 months was 53% which was lower than the clinical commissioning group (CCG) average of 77% and the national average of 78%.
- In the majority of areas the practice scored within local and national averages. For example; the percentage of patients with diabetes, on the register, in whom the last blood sugar reading was within the average safe range in the preceding 12 months was 79% which was comparable with the CCG average of 80% and the national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice had a children's play area in the waiting room and baby changing facilities.
- The practice provided support for premature babies and their families following discharge from hospital by offering check-ups and telephone consultations as required.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of six weekly post-natal checks and child health surveillance clinics. Regular immunisation clinics were held.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours from 6.30pm until 7.45pm on a Wednesday following consultation with patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had a website which was updated regularly, used a text messaging reminder service for appointments, online appointment booking and prescription ordering (electronic prescribing service EPS).

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 18 patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice provided GP visits to three local nursing homes and visits to a nearby hostel which included asylum seeker temporary residents.
- One GP at the practice was a specialist methadone prescriber and supported a small group of local patients with drug addiction. Another GP deputised for this role during any periods of absence.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice held a register of 18 patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice provided GP visits to three local nursing homes and visits to a nearby hostel which included asylum seeker temporary residents.
- One GP at the practice was a specialist methadone prescriber and supported a small group of local patients with drug addiction. Another GP deputised for this role during any periods of absence.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 224 survey forms were distributed and 125 were returned. This represented 3.3% of the practice's patient list of 3,810.

- 90% of patients described the overall experience of this GP practice as good compared with the CCG average of 90% and the national average of 85%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 83% and the national average of 73%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Patients described a very caring service with supportive staff, friendly and helpful receptionists and professional, approachable and knowledgeable GPs.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Between July 2016 and June 2017 there had been 218 respondents to the NHS Friends and Family survey. Of these, 203 were likely or extremely likely to recommend the practice (93%).

Areas for improvement

Action the service MUST take to improve

The provider must ensure that the monitoring of patients registered with hypertension, diabetes and COPD (chronic pulmonary respiratory disorders) received regular health checks including blood pressure checks where appropriate.

Outstanding practice

Highlands Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Highlands Health Centre

Highlands Health Centre is situated in the rural town of Ivybridge, South Devon.

The deprivation decile rating for this area is nine (with one being the most deprived and 10 being the least deprived). The practice provides a primary medical service to approximately 3,810 patients of a diverse age group. The 2011 census data showed that majority of the local population identified themselves as being White British. Public health data showed that 2.7% of the patients are aged over 85 years old which is lower than the local average (CCG) of 3.1% and comparable with the national average of 2.3%.

Highlands Health Centre is a training practice and supported medical students. There is a team of two GP partners, one female and one male; the partners are supported by two salaried GPs (both female). The GPs worked part time making the whole time equivalent of two. Partners hold managerial and financial responsibility for running the business. The GP team were supported by a practice manager, a book keeper, a senior receptionist, two practice nurses, a health care assistant and additional administration staff.

Patients using the practice also have access to community matrons, nurses and midwives, mental health teams, cognitive behaviour therapists, RISE counsellors (Recovery and intervention service for drug and alcohol support) district nurses, school nurses and health visitors. Other health care professionals visit the practice on a regular basis including the drug and alcohol support service (DAS) and a carer's clinic run by the NHS.

The practice is open from 8.30am to 6pm Monday to Friday. Appointments are offered between 9am and 11am and between 3.50pm until 5.40pm. Extended hours are provided every Wednesday from 6.30pm until 7.45pm. Outside of these times patients are directed to contact the out of hour's service and the NHS 111 number.

The practice offers a range of appointment types including face to face same day appointments, telephone consultations and advance appointments (twelve weeks in advance) as well as online services such as repeat prescriptions.

The practice has a Personal Medical Services (PMS) contract with NHS England.

This report relates to the regulatory activities being carried out at:

Fore Street

Ivybridge

Devon

PL21 9AE

We visited this location during our inspection.

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

Detailed findings

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 including Healthwatch, to share what they knew. We carried out an announced visit on 25 July 2017. During our visit we:

- Spoke with a range of staff including the practice manager, two receptionists, an administrator, two GPs, two nurses and spoke with four patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident occurred where a practice GP prescribed a patient a medicine (rosuvastatin) which was then incorrectly interpreted as another medicine (rivaroxaban) and dispensed by a local pharmacist where the patient had taken their prescription. The error was noted by the patient. The practice carried out an investigation including tests which ensured the patient had not suffered any adverse consequences. Shared learning took place which included a note on newsletters to remind patients to check the medicine dispensed by their pharmacist matches that shown on their prescription. The practice liaised with the pharmacist to avoid recurrence.
- Another incident involved a child who had been given a pre-school duplicate immunisation as their parent requested it and the parent did not have the child's red book showing past immunisations. When the practice became aware of the error they notified the parent and offered an apology. There had been no adverse consequences for the child. Shared learning included double checking the patient's computer records before administering immunisations, in addition to checking the patient's red book.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. From the sample of two documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The nurses had been trained to level two safeguarding.
- A notice in the waiting room 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken, most recently in July 2017, and we saw evidence that action was taken to address any

improvements identified as a result. For example, the audit identified that further training in IPC for non-clinical staff was required. This was planned to take place by September 2017.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice held a small stock of controlled drugs for emergencies (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available, which had been reviewed in June 2017. The practice manager was the named health and safety representative on health and safety posters displayed in staff areas.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency where assistance was required.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 86% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. The practice manager told us that staff were being provided with further support and training to ensure QOF details were being captured on every occasion to help improve these figures. The overall exception rate for the practice was 9% which was higher than the CCG and national average of 6%.

The practice scored below local and national averages for three key areas in QOF's clinical targets. Data from April 2015 to March 2016 showed:

The percentage of patients with chronic obstructive pulmonary disorder (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 72% which was lower than the CCG average of 91% and the national average of 90%.

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading(measured in the preceding 12 months) was within a safe range was 53% which was lower than the CCG average of 77% and the national average of 78%. Of the 185 patients registered with diabetes, 55 were shown as exceptions to this QOF indicator. This was a 30% exception rate which was higher than the CCG average of 12% and the national average of 9%.

The percentage of patients with hypertension in whom the last blood pressure reading (measuredin the preceding 12 months) was within a safe range was 70% which was lower than the CCG average of 84% and the national average of 83%.

The practice scored in line with local and national averages for the majority of QOF outcomes, for example;

- The percentage of patients with diabetes, on the register, in whom the last blood sugar reading was within the average safe range in the preceding 12 months was 79% which was comparable with the CCG average of 80% and the national average of 78%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100% which was higher than the CCG average of 89% and the national average of 89%.

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a completed clinical audit regarding osteoporosis; measuring the T score in patients on their treatment had been carried out. This audit found that the patients T score remained stable if they received treatment in line with NICE guidelines.
- A completed clinical audit regarding diabetes type two medicines on patients taking metformin had taken place. This studied those patients also taking cardiac medicine at the same time as metformin. The findings of this audit resulted in the rationalisation of their medicine, resulting in safer treatment, as it reduced the risks of side effects from medicine interaction.

Effective staffing

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

Requires improvement

Are services effective?

(for example, treatment is effective)

- 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, nurses had been provided with diabetes specialist training, COPD and immunisation vaccination training. Receptionists had been provided with external training courses to carry out their role.
- The practice ensured that all clinical staff had an up to date license to practice on the General Medical Council's (GMC) register for GPs, or the Nurses and Midwifery Council (NMC) register for nurses. All clinical staff had up to date indemnity insurance.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- 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.
- From the sample of two documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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

Consent to care and treatment

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

- Staff 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A dietician was available on the premises once a month, and smoking cessation advice was available from the

Requires improvement

Are services effective?

(for example, treatment is effective)

practice nurses. Approximately 48 patients had taken the opportunity to see the dietician in the last 12 months. Practice nurses had provided smoking cessation advice to 90 patients over the last 12 months.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 82% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 96% to 97% compared to the national target of 90%) and five year olds from 98% to 100% compared to the national average of 88% to 94%).

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. 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

Patients are truly respected and valued as individuals and are empowered as partners in their care. Data from the national GP patient survey showed patients rated the practice higher than the clinical commissioning group averages for 21 out of 23 aspects of care and higher than national averages for all aspects of care.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.
- Chaperone signs were displayed in the waiting room and in every treatment room.
- The practice offered a private room for patients to speak with a receptionist privately, for breastfeeding or for prayer or contemplation.

There was a strong, visible, person centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted patient's dignity. Relationships between patients who used the service and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by the practice leadership.

All of the 29 patient Care Quality Commission comment cards we received 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 described a very caring service with supportive staff, friendly and helpful receptionists and professional, approachable and knowledgeable GPs.

We spoke with four patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scores were in with or higher than local and national averages for the vast majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 88%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 97%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the practice had been nominated for a national award by BBC Radio 4. The practice was the first nationally to create and introduce the "Emotional Logic" cognitive behaviour talking therapy for anxious and stressed patients. This therapy has attracted positive feedback from the 160 patients who have accessed it since its inception 12 months ago. This national award celebrated professionals and projects which supported people with mental health needs.

Care planning and involvement in decisions about care and treatment

Good

Are services caring?

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Patients described a very caring service with supportive staff, friendly and helpful receptionists and professional, approachable and knowledgeable GPs.

Children and young people were treated in an age-appropriate way and recognised as individuals. For example, the practice provided immunisation booster clinics if children had missed them at school and used this opportunity to discuss smoking and sexual health with young people. Chlamydia testing kits were available from the practice nurses, who also provided emergency contraceptive advice.

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:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 117 patients as carers (just over 3% of the practice list). The practice used the register to refer carers to a carer's clinic, which took place once a month. This service provided sign posting advice about support services available. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

The practice supported bereaved families through the provision of personalised cards six weeks following bereavement and again after one year. The first card was followed by an offer of a consultation at a flexible time and location to meet the family's needs and to provide them with advice on how to find a support service.

The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country. The practice had identified 26 military veterans to date, which was 0.6% of the practice list. The practice's policy had been reviewed in June 2017.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours every Wednesday evening between 6.30pm and 7.45pm. The practice had consulted with its patients, staff and patient participation group regarding these hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- GPs provided in house microscopy (the use of microscopes to identify issues) on patients experiencing vaginal discharge so they could access necessary treatment immediately instead of waiting 48 hours for the result of test swabs. Approximately 16 patients had accessed this service in the last 12 months.
- There were accessible facilities, which included a hearing aid induction loop, and interpretation services available.
- The practice offered a private room for breast feeding, praying or contemplation if required.
- The practice rented out a treatment room to a remedial therapist who provided massage, reiki and holistic therapies twice weekly.
- The practice offered "Emotional Logic" weekly clinics which provided talking therapy about adjusting to change, relieving distress and empowering people to make decisions.
- The practice offered massage, muscle and joint rehabilitation services on site, together with a range of other holistic therapies.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. The practice offered information in larger fonts or in braille format if required. A guest speaker from the Royal National Institute of the Blind had given a talk at the practice in the last 12 months to help improve staff awareness for these patients.

Access to the service

The practice was open from 8.30am to 6pm Monday to Friday. Appointments were offered between 9am and 11am and between 3.50pm until 5.40pm. Extended hours were worked every Wednesday from 6.30pm until 7.45pm. Outside of these times patients were directed to contact the out of hour's service and the NHS 111 number.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages, in some cases significantly higher.

- 83% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 98% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 92% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 76%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 83% and the national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Waiting times were significantly lower than CCG and national averages; 83% of patients said they did not normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.

The practice had a system to assess:

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

This was achieved by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets displayed in the waiting area showed how to make a complaint should a patient wish to do so.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a relative of a patient had complained that a practice GP had spoken with the patient in the waiting room and this had been a breach of confidentiality. The practice investigated this and found that no one else had been present in the waiting room at the time, this had not been a formal consultation and no breach had occurred. The practice manager offered a meeting with the patient, their relative and a full explanation was provided. The patient was satisfied with the outcome.

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 had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas; safeguarding, IT and infection control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice must review its understanding of the performance of the Quality Outcomes Framework (QOF), especially in regard to regular blood pressure checks for patients with hypertension and diabetes, together with annual health reviews for all patients with COPD.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. These were included on the agenda of clinical governance monthly meetings.

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. Staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. Monthly clinical governance meetings, reception meetings as required and weekly GP 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 and supported in doing so. We noted team development days were held twice a year. During these development days the practice closed for a half a day whilst cover was provided by the out of hours service. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service

Are services well-led?

Good

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

delivered by the practice. For example, staff had suggested changes to the rotas which had been implemented. This included increasing or reducing hours worked at the request of the staff themselves.

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had approximately 60 members who met online and submitted proposals for improvements to the practice management team. For example, PPG suggestions on protecting privacy in the waiting room were implemented. This included the provision of a sign in the waiting room offering a private room for consultation with a member of reception if required.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through twice yearly staff development days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and the practice listened to staff feedback. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Following their successful introduction of "Emotional Logic" cognitive behaviour talking therapy, practice GPs continued to carry out research into projects supporting people with mental health needs.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider was failing to provide safe care and treatment in the form of regular health checks for patients with long term conditions (COPD, hypertension, diabetes). These patients were being exposed to a significant risk of exposure to avoidable harm through failing to provide regular health checks, including blood pressure checks. This was a breach of regulations 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Effective monitoring of patient's health care must be carried out in line with CCG and national targets. The practice scored significantly below average in QOF for the regular monitoring of registered patients with hypertension, diabetes and COPD. Regulation 12(1) of the The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.