# The Handbridge Medical Centre

## 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

| | |
|---|---|
| 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 Handbridge Medical Centre on 2nd February 2016.

Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- There were systems in place to reduce risks to patient safety, for example, infection control procedures and the management of staffing levels.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt well supported. They had access to training and development opportunities and had received training appropriate to their roles.
- Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful.
- Services were planned and delivered to take into account the needs of different patient groups.
- Access to the service was monitored to ensure it met the needs of patients. Patients reported satisfaction with opening hours and said they were able to get an appointment when one was needed.
- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

We saw areas of outstanding practice:

- The practice had developed and recently implemented its own autism protocol. This acted as an aide memoire to staff when booking appointments for patients with suspected or

# Summary of findings

diagnosed autism and suggested reasonable adjustments to be made when attending the practice. It also stressed the importance of good communication with patients and their families or carers.

- The practice website had a page specifically for young people which included information on common health questions, sexual health and smoking. This also provided reassurances about confidentiality which encouraged young people to visit the GP about their health concerns. The practice had also adopted the "Zoe" system after reading about how this had been implemented at another practice. This allowed a young person to make an appointment without having to go through a triage process which encouraged them to make appointments about issues they may find it difficult to talk about.
- Following an audit a new role had been developed for a nurse in the management of coeliac disease. This was to ensure that these patients received a range of annual health checks, vaccinations and dietary advice. The nurse referred the patient to the GP if any issues were identified. A follow up coeliac audit 2015-2016 indicated that most patients were taking up their invitation to be seen annually for checks and vaccinations.

The areas where the provider should make improvements are:

- A record should be made of which clinician printable prescriptions have been allocated to as recommended by NHS Protect.
- A risk assessment of the storage of printable prescriptions and written patient records should be undertaken to ensure these are securely stored at all times.
- A disability access audit of the premises should be undertaken.

**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. Staff were aware of procedures for safeguarding patients from risk of abuse. There were appropriate systems in place to protect patients from the risks associated with staffing levels and staff skill mix and infection control. Safety events were reported, investigated and action taken to reduce a re-occurrence. The provider should take action to improve the security of prescriptions and patient records.

**Are services effective?**

Good

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles.

**Are services caring?**

Good

The practice is rated as good for caring. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment.

**Are services responsive to people's needs?**

Good

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. A disability access audit of the premises should be undertaken. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

**Are services well-led?**

Good

The practice is rated as good for providing well-led services.The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed, for example, to assist patients to remain living in their own homes where possible. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice kept a register of patients receiving palliative care to assist in reviewing and meeting the needs of these patients and their carers. The practice worked with other local practices to enhance patient care. For example, the practices had developed a role for a GP with a specialist interest in elderly care. The aim of this role being to complement the work of community Geriatricians and prevent hospital admissions where possible. The practice was in the process of producing a satisfaction survey to evaluate this service. The practice had identified patients at risk of unplanned hospital admissions and a care plan had been developed to support them. A system was in place to identify these patients and other vulnerable older people through their computerised records to ensure quicker access to a named clinician(s). Annual health reviews for patients over 75 years of age were carried out. These reviews provided the practice with a holistic assessment of a patients' health and needs, including the diagnosis of unknown disorders such as diabetes and dementia. It also enabled important information to be obtained such as the patients' next of kin or whether a Lasting Power of Attorney was in place.

### People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. Practice nurses were responsible for different long term conditions and kept up to date in their specialist areas. The practice had an established Year of Care

model for diabetic patients. This model empowers and works in partnership with patients to develop person centred care plans to manage long term conditions. The practice was currently developing management plans for other long term conditions such as asthma and chronic obstructive pulmonary disease (COPD). The practice was piloting a "telehealth" service which enabled patients to monitor their health at home and report their results to an advisor who advised on any action needed if there were changes to their conditions. This service was being piloted with a small group of patients and its aim was to improve access to health services and reduce unnecessary admissions or readmissions to hospital. The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives. The practice also referred patients to Self-Management for Life courses to assist them with long term conditions.

**Families, children and young people**

Good

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. A GP triage was held every morning which ensured children were seen the same day. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding children. The safeguarding lead GP liaised with and met regularly with the school health team, midwives and health visiting service to discuss any concerns about children and their families and how they could be best supported. The practice identified children/young people who were carers to ensure they were receiving the support they needed. They also identified children/young people with autism to ensure they received a longer appointment time. The practice website had a page specifically for young people that included information on common health questions, sexual health and smoking. This also provided reassurances about confidentiality which encouraged young people to visit the GP about their health concerns. The practice had also adopted the "Zoe" system after reading about how this had been implemented at another practice. This allowed a young person to make an appointment without having to go through a triage process which encouraged them to make appointments about issues they may find it difficult to talk about. Screening packs for young people were kept in the toilets at the practice for sexually transmitted infections so a consultation was not needed for this screening. The practice nurses had shared this information with nurses at the local high school. One of the GPs was the clinical lead for Starting Well in West Cheshire CCG which meant they had links with the Youth Senate and Children's Trust. These contacts as well as secondary care satisfaction questionnaires had

helped the practice to improve the services offered to children and young people. The practice was working with other local practices to pilot the provision of some paediatric care in the community rather than at hospital therefore improving patient access.

**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 practice offered pre-bookable appointments, book on the day appointments and telephone consultations. There was a daily duty GP available to triage and provide same day appointments where appropriate. Patients could book appointments on-line or via the telephone and repeat prescriptions could be ordered on-line which provided flexibility to working patients and those in full time education. The practice was open from 08:00 to 18:30 Monday to Friday allowing early morning and late evening appointments to be offered to this group of patients. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. The practice website provided information around self-care and local services available for patients. Reception staff were able to sign post patients to local resources such as Pharmacy First ( local pharmacies providing advice and possibly reducing the need to see a GP) and the "Physio First" service that was being piloted in the area (this provided physiotherapy appointments for patients without the need to see a GP for a referral). Students returning home for holidays were seen as temporary residents to ensure they received appropriate health care.

**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. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. There was a recall system to ensure patients with a learning disability received an annual health check. The practice had developed and recently implemented its own autism protocol. This acted as an aide memoire to staff when booking appointments for patients with suspected or diagnosed autism and suggested reasonable adjustments to be made when attending the practice. It also stressed the importance of good communication with patients and their families or carers. Staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and they had access to the practice's policy and procedures. All staff had received training in this. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A

# Summary of findings

member of staff was the carer's link. A representative from the Carers Trust visited the practice and provided information for patients about the services provided. The practice referred patients to drug and alcohol services and reported good communication with these services to ensure that it was managing the needs of patients.

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

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. Patients who did not keep appointments were followed up to ensure the practice was monitoring their health needs appropriately. Regular medication reviews were undertaken where patients were prescribed antipsychotic or antidepressant medications. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. There were clear referral processes for patients needing mental health assessments. The practice referred patients to appropriate resources to support them with their mental health, for example, to a military veteran's service or to drug and alcohol services. The practice had lead clinicians for mental health and dementia care who attended CCG meetings to discuss local health provision with the aim of improving access and services for patients. The practice carried out assessments of patients at risk of dementia to encourage early diagnosis and access to support. Patients with dementia had personalised care plans. The staff had attended training in dementia to highlight the issues patients living with dementia may face. Patients were referred to services to support them with their mental health such as counselling and psychiatry services.

# Summary of findings

## What people who use the service say

Data from the National GP Patient Survey July 2015 (data collected from January-March 2015 and July-September 2014) showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were similar to or above local and national averages. Three hundred and five survey forms were distributed, 129 were returned which represents 1.8% of the total practice population.

- 94% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 89% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 89% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 86% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 86% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was in line with local and national averages. For example:

- 77% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 85%.
- 71% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.

We received 27 comment cards and spoke to three patients. The majority of comments showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Patients considered their privacy and dignity were promoted and they were treated with care and compassion. Patients said that they were generally able to get an appointment when one was needed and that they were happy with the opening hours.

## Areas for improvement

**Action the service SHOULD take to improve**

# Summary of findings

- A record should be made of which clinician printable prescriptions have been allocated to as recommended by NHS Protect.
- A risk assessment of the storage of printable prescriptions and written patient records should be undertaken to ensure these are securely stored at all times.
- A disability access audit of the premises should be undertaken.

## Outstanding practice

- The practice had developed and recently implemented its own autism protocol. This acted as an aide memoire to staff when booking appointments for patients with suspected or diagnosed autism and suggested reasonable adjustments to be made when attending the practice. It also stressed the importance of good communication with patients and their families or carers.
- The practice website had a page specifically for young people which included information on common health questions, sexual health and smoking. This also provided reassurances about confidentiality which encouraged young people to visit the GP about their health concerns. The practice had also adopted the "Zoe" system after reading about how this had been implemented at another practice. This allowed a young person to make an appointment without having to go through a triage process which encouraged them to make appointments about issues they may find it difficult to talk about.
- Following an audit a new role had been developed for a nurse in the management of coeliac disease. This was to ensure that these patients received a range of annual health checks, vaccinations and dietary advice. The nurse referred the patient to the GP if any issues were identified. A follow up coeliac audit 2015-2016 indicated that most patients were taking up their invitation to be seen annually for checks and vaccinations.

# The Handbridge Medical Centre

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and a practice manager specialist advisor.

## Background to The Handbridge Medical Centre

The Handbridge Medical Centre is responsible for providing primary care services to approximately 7100 patients. The practice is based in an area with average levels of economic deprivation when compared to other practices nationally. The number of patients with a long standing health condition, health related problems in daily life and with caring responsibilities is about average when compared to other practices nationally.

The staff team includes four partner GPs, a further GP in the process of becoming a partner, two salaried GPs, three practice nurses, a health care assistant, practice manager, data manager supported by administration and reception staff. The practice is a training practice and at the time of our visit had one GP registrar working for them as part of their training and development in general practice.

The practice is open 08:00 to 18.30 Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including spirometry, near patient testing, flu and shingles vaccinations, anticoagulant monitoring and joint injections.

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

# Detailed findings

• 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)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 2nd February 2016. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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 comprehensive system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. All staff spoken with knew how to identify and report a significant event. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The practice held staff meetings at which significant events were discussed in order to cascade any learning points. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. A log of significant events was maintained which enabled patterns and trends to be identified. A review to ensure that appropriate action had been taken following a significant event was carried out and documented.

### Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and procedures were accessible to all staff. The procedures clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. We spoke with clinical staff who had attended safeguarding conferences in order to ensure that all relevant information was shared. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The safeguarding lead GP liaised with and met regularly with the school health team, midwives and health visiting service to discuss any concerns about children and their families and how they could be best supported. Missed hospital and immunisation appointments were reported to the health visiting or school nursing service for follow up. Alerts were placed on patient records to identify if there were any safety concerns.
- All staff who acted as chaperones had received training for this role. A disclosure and Barring Service check (DBS) had not been undertaken for all non-clinical staff who acted as chaperones. These 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. Following our visit we were provided with confirmation that these checks had been applied for.
- Appropriate standards of cleanliness and hygiene were followed. For example, cleaning schedules were in place, there was access to protective clothing and equipment and there was a system for the safe disposal of waste. There was an infection control protocol and staff had received training. There was a lead for infection control who liaised with the local infection prevention team to keep up to date with best practice. An audit had been carried out by the local Infection Prevention and Control Team in August 2015. This identified that good standards were being maintained and made some recommendations for improvements. We were informed that an action plan had been put in place to address the issues identified where possible.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Hand written prescriptions were securely stored. Some blank printable prescriptions were not held in lockable areas. A record of which clinician printable prescriptions had been allocated was not being made which is recommended by NHS Protect. Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines.
- We looked at the recruitment records for three members of staff employed in the last two years and found that in We saw that a recent check of the Performers List, General Medical Council (GMC) and Nursing and Midwifery Council (NMC) had been undertaken for all GPs and nurses at the practice and a system for reviewing these checks on a regular basis was in place. Evidence that all the GPs and a member of staff who undertook phlebotomy had a DBS check was not available at the time of our visit.
- The written patient records were stored in a building next to the practice and were kept in a lockable room but not in a lockable container. There were also some

written patient records which were not securely stored in the reception area. A risk assessment should be undertaken to determine how these documents can be made more secure.

**Monitoring risks to patients**

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed for staff to refer to. The practice had an up to date fire risk assessment and regular checks were made of fire safety equipment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and legionella.
- Arrangements were in place for planning and monitoring the number 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**

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 a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely.

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 and consent**

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. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. Current results were 98% of the total number of points available with 5.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- Performance for diabetes assessment and care was generally similar to or slightly above or below the national average. For example blood pressure readings for patients with diabetes was 85% compared to the national average of 78%. The percentage of patients on the diabetes register, with a record of a foot examination within the preceding 12 months was 96% compared to the national average of 88%. The percentage of patients with diabetes, on the register whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 81% compared to the national average of 80%.
- Performance for mental health assessment and care was similar to or above the national averages.
- Performance for cervical screening of eligible women (aged 25-64) in the preceding five years was similar to the national average.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 96% compared to the national average of 90%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 81% compared to the national average of 75%.

There was a designated member of staff and a lead GP for the QOF who reviewed the performance of the practice and alongside colleagues identified measures to improve performance where shortfalls were identified.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of prescribing which indicated improvements in prescribing practices. We also saw an audit of the management of coeliac disease. As a result of this changes were made to the services provided to these patients. A new role had been developed for the nurse in the management of coeliac disease to ensure that these patients received a range of annual health checks, vaccinations and dietary advice. The nurse referred the patient to the GP if any issues were identified. A follow up coeliac audit 2015-2016 indicated that most patients were taking up their invitation to be seen annually for checks and vaccinations. The GPs told us that they shared the outcome of audits with other GPs at the practice to contribute to continuous learning and improvement of patient outcomes.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, cancer, alcohol and drug misuse, dementia, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. The practice had monthly

Good

# Are services effective?

## (for example, treatment is effective)

multi-disciplinary meetings to discuss the needs of patients with complex needs, palliative care needs and to discuss the needs of younger children. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

**Effective staffing**

Staff told us that they had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality. We spoke to a new member of staff who confirmed they had been supported during their induction and were provided with the information they needed.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring and facilitation and support for the revalidation of doctors. A system was in place to ensure all staff had an annual appraisal.
- All staff received training that included: safeguarding, fire procedures, basic life support, infection control, health and safety and information governance awareness. Role specific training was also provided to clinical and non-clinical staff dependent on their roles. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies. We noted that a matrix showing all staff training was not available which would assist with monitoring and planning for the training needs of staff. This was made available following our visit.

**Coordinating patient care**

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

**Consent to care and treatment**

We spoke with clinical staff about patients' consent to care and treatment and found this was sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records.

**Supporting patients to live healthier lives**

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services. The practice actively promoted health screening, for example, one of the nurses was developing a campaign to encourage chlamydia screening amongst the 17-24 year old patient group. Patients with coeliac disease were receiving annual health checks, vaccinations and advice.

New patients registering with the practice completed a health questionnaire and were offered a health assessment with the nurse or health care assistant. A GP or nurse appointment was provided to new patients with complex health needs, those taking multiple medications or with long term conditions.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to or slightly above other

Good

# Are services effective?

## (for example, treatment is effective)

practices nationally. Childhood immunisation rates for vaccinations given for the period of April 2014 to March 2015 were generally comparable to the CCG averages (where this comparative data was available).

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. The reception area was close to the waiting area. To promote privacy a screen door had been fitted so that patients could not hear staff talking to patients on the telephone. Patients at the reception could be overheard when talking to the receptionists due to the layout of the area. Patients were able to talk to reception staff in private if requested, however space was limited to enable this. Music was also played to limit patients overhearing patients talking to the receptionist.

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. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice identified children/young people who were carers to ensure they were receiving the support they needed. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

We received 27 comment cards and spoke to three patients. Patients indicated that their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. One comment card indicated that the patient had not been happy with the service and their comments were brought to the attention of the practice and registered managers.

We also reviewed correspondence from patients who had written to thank the staff team for the attention, care and treatment they or their family had received.

Data from the National GP Patient Survey July 2015 (data collected from January-March 2015 and July-September 2014) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about or above average when compared to local and national averages for example:

- 94% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 89% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 89% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 86% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

The practice manager and partners reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls.

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

Patients we spoke with on the day of our inspection told us that they felt health issues were discussed with them, they felt listened to and involved in decision making about the care and treatment they received.

Good

# Are services caring?

Data from the National GP Patient Survey July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally in line with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 86% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice worked with the local CCG to improve outcomes for patients in the area. For example**,** the practice offered a range of enhanced services such as spirometry, near patient testing, flu and shingles vaccinations dementia assessments and annual health checks for patients with a learning disability. The practice had also worked with other local practices to enhance patient care. For example, the local practices had developed a role for a GP with a specialist interest in elderly care. The aim of this role being to complement the work of community Geriatricians and prevent hospital admissions where possible.

As part of a pilot project introduced by the CCG patients could book appointments with a physiotherapist. The physiotherapist was able to carry out initial assessments rather than these being undertaken by the GPs which resulted in quicker access for patients and better use of GP time.

The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients and patients with complex needs.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice was open from 08:00 to 18:30 Monday to Friday allowing early morning and evening appointments to be offered to working patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- Alerts were placed on patients records to indicate specific needs. For example, longer appointments were made available for patients who needed them, such as patients with a learning disability, poor mental health or who had long term conditions.
- The practice had developed and recently implemented its own autism protocol. This acted as an aide memoire to staff when booking appointments for patients with suspected or diagnosed autism and suggested reasonable adjustments to be made when attending the practice. It also stressed the importance of good communication with patients and their families or carers.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- The practice website had a page specifically for young people that included information on common health questions, sexual health and smoking. This also provided reassurances about confidentiality which encouraged young people to visit the GP about their health concerns. The practice had also adopted the "Zoe" system after reading about how this had been implemented at another practice. This allowed a young person to make an appointment without having to go through a triage process which encouraged them to make appointments about issues they may find it difficult to talk about.
- Screening packs for young people were kept in the toilets at the practice for sexually transmitted infections so a consultation was not needed for screening. The practice nurses had shared this information with nurses at the local high school.
- Translation services and an audio hearing loop were available if needed.
- Reception staff had received training about identifying which services are best for patients and therefore avoiding unnecessary appointments with clinical staff. There were a number of protocols in place to guide reception staff when signposting patients or booking clinical appointments for patients.
- The practice opened at least one Saturday morning a year to ensure all eligible patients received vaccination for influenza.
- The staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.
- The practice was piloting a "telehealth" service which enabled patients to monitor their health at home and report their results to an advisor who advised on any action needed if there were changes to their conditions. This service was being piloted with a small group of patients and its aim was to improve access to health services and reduce unnecessary admissions or readmissions to hospital.
- The practice referred patients to Self-Management for Life courses to assist them with long term conditions.
- The practice staff had attended training on promoting the equality and diversity of patients.
- The practice staff had developed an information booklet for patients informing them about community services available to them.

The practice was situated in an old building. There was a ramp to the main entrance, disabled toilet and a doorbell for patients requiring assistance into the building. Disabled parking was available on the road outside the practice. The majority of GP consultation rooms were upstairs. No lift was available and patients were advised to notify reception if they required a consultation in a downstairs room and this was facilitated. An alert was also on patients' records indicating if they needed to be seen downstairs. The practice had not completed a recent disability access assessment. The practice manager had identified a member of the PPG who was skilled in such assessments and they were going to approach them for assistance in completing this.

### Access to the service

Appointments could be booked in advance and booked on the day. Telephone consultations were also offered. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice. The appointment system was closely monitored to ensure it met the needs of patients. There was clear written information for patients in the waiting area about the range of appointments offered which included tips on making the most of appointments.

The practice did not routinely use text messaging reminders for appointments but did telephone patients booked in for longer appointments, such as minor surgery to encourage attendance.

Results from the National GP Patient Survey from July 2015 (data collected from January-March 2015 and July-September 2014) showed that patient's satisfaction with access to care and treatment was in line with local and national averages. For example:

- 77% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 85%.
- 71% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.

We received 27 comment cards and spoke to three patients. Patients generally said that they were able to get an appointment when one was needed and that they were happy with the opening hours. One comment card indicated the patient could not always get an appointment when needed and another indicated there could be a long wait after the allocated appointment time to see a GP.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available for patients to refer to in the waiting room, in the patient information booklet and on the practice website. This included the timescale for when the complaint would be acknowledged and responded to and details of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of written complaints. We reviewed a sample received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

improve practice where appropriate. A log of complaints was maintained which allowed for patterns and trends to be easily identified. The records showed openness and transparency with dealing with the complaints.

# 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 statement of purpose which outlined its aims and objectives. These were to provide excellent medical treatment to patients, by staff who are suitably trained and skilled for their role, to involve patients in their care and treatment, to refer patients to other services where appropriate and to monitor the quality of the services provided. The aims and objectives of the practice were not publicised on the practice website or in the waiting areas. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

**Governance arrangements**

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- 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 which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

**Leadership and culture**

The partners in the practice had the experience, capacity and capability to run the practice and ensure good quality care. They prioritised safe and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. The reception and administrative staff met to discuss their roles and responsibilities and share information. Partners and the practice manager met to look at the overall operation of the service and future development. This included an away day in July 2015 that had been facilitated by a company independent of 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 the patient participation group (PPG) and through surveys and complaints received. Patients could also leave comments and suggestions about the service via the practice website or in the suggestion box located at the entrance to the practice.
- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test

# Are services well-led?

Good

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

(FFT)is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for the last four months showed that a high number of patients would recommend the practice to family and friends. In October 99% of patients (out of 67 responses) in November 100% (out of 15 responses) in December 100% (out of 18 responses) and in January 89% (out of 19 responses) said they would be extremely likely or likely to recommend the practice.

- There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, privacy in the reception area, getting appointments with the nursing team and getting through on the telephone had been suggested as areas for improvement. Records and a discussion with the PPG members and staff indicated that the practice had taken action to address these issues as far as possible. The PPG members told us that the main issue for patients at present were the premises and availability of parking. Members of the PPG had ran events alongside days set aside for influenza immunisations in 2014 showcasing local support organisations and in October 2015 encouraging patients to complete the Friends and Family test.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, the reception team had suggested putting together an information booklet for patients about the different services available in the community. The reception team had produced this document which was in the process of being printed.

**Continuous improvement**

The practice team was forward thinking and was part of local initiatives to improve outcomes for patients in the area for example the practice had worked with the CCG and other practices to develop a role for a GP with a specialist interest in elderly care. The aim of this role being to complement the work of community Geriatricians and prevent hospital admissions where possible. The practice was also working with other local practices to pilot the provision of some paediatric care in the community rather than at hospital therefore improving patient access.

The practice was aware of future challenges. For example, the premises in which the practice was not suitable for all patients, parking was limited and there was a shortage of space which restricted the amount of staff who could work there and consequently restricted the services that could be offered to patients. The registered manager and practice manager told us that they were having regular discussions with the Clinical Commissioning Group and NHS England about moving to alternative premises.