Broadway 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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Broadway Medical Centre on 27 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise safety concerns and to report incidents and near misses.
- There were systems in place to maintain the health and safety of patients and staff at the practice and any learning identified from incidents was shared with staff.
- Staff assessed patients' needs and had effective procedures in place to ensure care and treatment was delivered in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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 and complied with the requirements of the Duty of Candour.

The practice premises were acknowledged as a challenge to providing privacy in the reception area and plans were in place to overcome this.

Summary of findings

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.

- There was an effective system in place for reporting and recording significant events which were shared with staff in team meetings and we saw evidence of documented action plans.
- Lessons were shared regularly at staff meetings to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed and there were enough staff to keep patients safe.
- Equipment required to manage foreseeable emergencies was available and was regularly serviced and maintained. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients.
- Staff referred to guidance from the National Institute for Health and Care Excellence and patients' needs were assessed and care was planned and delivered in line with current legislation.
- The practice provided enhanced services which included advanced care planning.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and the practice started a diabetes project organised by the Royal College of General Physicians in November 2015 for quality improvements in the treatment of this condition.
- The practice was proactive in ensuring staff learning needs were met and encouraged staff to develop their knowledge and skills.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

- Systems were in place for regular reviews of patients who had long term conditions.
- Staff had received training appropriate to their roles and the practice could show that appraisals and had been completed for all staff.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey results published in January 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients we spoke with told us they were very satisfied with their care and they had confidence in the decisions made by clinical staff. The comment cards patients had completed prior to our inspection provided positive feedback about staff, their approach and the care provided to them. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice building posed a challenge to maintain confidentiality in the reception area and staff were aware of this, renovation plans had been approved and work was due to commence in February 2016.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. A community psychiatric nurse held regular clinics at the practice to assess and review patients and the practice also employed a pharmacist so patients received regular medication reviews.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff at fortnightly team meetings.
- Patients with long term conditions were regularly reviewed and there were immunisation clinics for babies and children.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement and the practice worked closely with other practices and the local Clinical Commissioning Group.
- There were systems in place to monitor and improve quality and identify risk.
- The practice sought feedback from patients, which it acted on. A patient participation group had been formed and had recently appointed a chairman. The practice was actively trying to encourage patients to join the group and there was a display in reception detailing information of the next meeting.
- Staff were involved in the analysis of incidents and complaints during meetings for on-going improvements that benefitted patients.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for dementia and end of life care. The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required and 70% of patients aged 65 years and over had received their flu vaccination. The practice pharmacist carried out over 75 reviews and medication checks and held regular meetings with the GPs to discuss patient's needs. The practice worked closely with the rapid response team to support older people and others with long term or complex conditions to remain at home rather than going into hospital.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice appointed an advanced nurse practitioner in November 2015 to monitor and review patients with long term conditions. The practice is taking part in a diabetes project organised by the Royal College of General Practitioners (RCGP) for quality improvement in this condition and works with a specialist diabetic nurse on a monthly basis. The practice commenced this project in November 2015. Longer appointments and home visits were available when needed. All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children. The nurse offered immunisations to children in line with the national immunisation programme and the practice had established 6 week baby and postnatal checks in one appointment. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the

Summary of findings

premises were suitable for children and babies. We saw positive examples of joint working with midwives and health visitors and antenatal care was provided by the midwife who held a clinic once a week at the practice.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. It provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years. The practice was proactive in offering online services such as appointment booking, telephone consultations and repeat prescriptions services and offered a late surgery on a Tuesday evening from 6.30-7.30pm. There was a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments and annual health checks for people with a learning disability. Home visits were carried out to patients who were housebound and to other patients on the day that had a need. There was 12 patients on the learning disability register and four had received their annual health checks and the other eight patients had confirmed appointments for their annual reviews. No hearing loop was available, but the practice had a system in place which identified patients who required assistance or sign language interpreters to be booked. The practice held a register of 57 carers. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and held monthly meetings with the community matron. There was a system in place to identify patients who required additional support and extra time during appointments. Staff had received safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had 23 patients diagnosed with dementia on their register and 21 had had their care reviewed in a face to face meeting in the last 12 months. The community psychiatric nurse held two clinics a week at the practice to review and monitor patients experiencing poor mental health. Patients on the dementia and mental health register received annual reviews and patients unable to attend the practice were seen at home. It had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. 90% of the patients on the mental health register had had their care plans reviewed in the last 12 months. Patients were referred to AGE UK who had a dementia support worker and dementia cafes in the locality where patients and carers could meet up. Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. There were 371 survey forms distributed and 113 were returned. This represented 30% completion rate.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, five patients commented on difficulties they had in getting suitable appointments and 27 comments were positive about the standard of care received. Patients commented on how the staff always did their best. Patients said they received excellent care and staff acted in a professional and courteous manner. Patients commented on how satisfied they were with the reception staff and advice and the quality of care provided by the doctors and nurses.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable and caring. The patients commented on the planned changes to the building the practice had scheduled in February 2016 and how the practice had kept patients informed by displaying the proposed improvements in the waiting area. The practice had received nine responses to the monthly NHS Friends and Family Test (FFT). The FFT asks people if they would recommend the services they have used and offers a range of responses. At the time of our inspection results showed that all patients who had responded in were either 'extremely likely' to recommend the practice.

Broadway Medical 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 advisor and a practice manager specialist advisor.

Background to Broadway Medical Centre

Broadway Medical Practice provides primary medical services and has approximately 3700 patients and holds a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as for example, chronic disease management and end of life care. Dr Khera, GP Principal joined the practice in April 2013 as a partner. The main partner decided to retire in September 2013 and Dr Khera became the sole provider of primary medical services at the practice. Dr Khera has recently appointed a new GP Partner who will be commencing at the practice in April 2016.

Dr Khera was the owner of the building and recognised that the premises had not been updated for many years. Dr Khera had applied for funding and had been successful in securing financial support to improve the premises and work was scheduled to commence in February 2016.

The practice serves a higher than average population for those aged between 0-18 years. The population is 49.7% Asian (2011 Census data). The area served is ranked a high deprived area compared to England as a whole and ranked at four out of ten, with ten being the least deprived.

The practice team consists of one GP principal (female) and one long term locum GP (male). There is an advanced nurse practitioner who is a nurse prescriber and one healthcare assistant. There is a practice manager, four administration staff who share the responsibilities of reception and administrative tasks and a trainee receptionist who is learning the role under an apprenticeship scheme.

The practice is open to patients between 8.30am to 6.30pm Monday, Tuesday, Wednesday and Friday, 8.30am to 1.00pm on Thursday and extended opening hours are available on Tuesday evening from 6.30pm to 7.30pm. The practice closes for lunch from 2pm to 3pm and the phone lines are redirected to the out of hours provider from 1.00pm to 3.30pm daily. Emergency appointments are available daily and telephone consultations are also available for those who need advice. Home visits are available to those patients who are unable to attend the surgery. The out of hours service is provided by Primecare and NHS 111 service.

The practice is part of NHS Walsall Clinical Commissioning Group (CCG) which has 63 member practices. The CCG serve communities across the borough, covering a population of approximately 274,000 people. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

Why we carried out this inspection

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

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 inspecting, we reviewed a range of information we held about the practice and asked other organisations and health care professionals what they knew about the service. We carried out an announced inspection on 27 January 2016. During our inspection we:

- Spoke with two GPs, the advanced nurse practitioner, the practice pharmacist, the practice manager and two receptionists.
- Spoke with four patients and observed how staff interacted with patients.
- Reviewed 32 comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from five members of the patient participation group (this was a group of volunteer patients who worked with practice staff on how improvements could be made for the benefit of patients and the practice).

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice prioritised safety and reported and recorded significant events. Staff used incident forms on the practice intranet and sent completed forms to the practice manager. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Any incidents were discussed at fortnightly practice meetings. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

During the inspection we reviewed seven significant events and minutes of meetings where these were discussed and saw evidence of action being taken. For example blood results had been mismatched by the laboratory and added to the wrong patient's record. The practice identified the error, discussed at a meeting and reported the mistake to the laboratory for them to review their processes.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice took the necessary action after noticing that a prescription of a patient contained two variations of the same medication that had been commenced at the hospital. The practice contacted the patient to clarify which medicine they were taking and amended the prescription.

Overview of safety systems and processes

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

- The practice had systems to manage and review risks to vulnerable children, young people and adults and reflected relevant legislation and local requirements and policies were accessible to all staff. Staff had received training relevant to their role. GPs were trained to the appropriate level and the latest update had been completed in December 2015. Staff demonstrated they understood their responsibilities and they were aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. There was a system to highlight vulnerable patients on the practice's electronic records. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings on a quarterly basis and provided reports where necessary for other agencies. We saw evidence of multi-agency working in order to keep patients safe.
- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and there was a completed cleaning schedule and a log of spot checks that were carried out. The advanced nurse prescriber was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address issues identified. The practice had completed an infection control audit in June 2015 and the practice achieved 94%. Some of the areas identified will be actioned during the renovation which are due to commence in February 2016.
- All single use items were stored appropriately and were within their expiry date. Specific equipment was cleaned and logs were completed. Spillage kits were available and clinical waste was stored appropriately and securely.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and security of medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and the practice pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The practice pharmacist carried out regular checks of the prescriptions awaiting collection and destroyed old

ones and reported patients that were on long term medications to one of the GPs for follow up. The nurse was a qualified Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. The practice had a system to enable the Health Care Assistants to administer vaccinations under a Patient Specific Direction.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risk to patients and staff safety. There was a health and safety policy available and a health and safety audit had been completed in August 2015. Fire alarms were checked on a regular basis and fire drills were carried out every six months. Fire equipment was checked by an external contractor on an annual basis and the practice had an identified fire safety lead.
- All electrical equipment was checked in February 2015 to ensure the equipment was safe to use and clinical equipment was checked in October 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place 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). A legionella risk assessment had been carried out in January 2014.
- The practice would use the same locums if required and completed the necessary checks. Staff had a flexible approach towards managing the day to day running of the practice and would provide cover as and when needed.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- We did find that there was no emergency pull cord in the disabled toilet, but this will be rectified with the planned improvements to the building.
- All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice also kept medicine to treat anaphylaxis (severe, potentially life-threatening allergic reaction). The expiry dates and stock levels of the medicines were checked and recorded by the practice nurse weekly and we found all were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage and the latest review of this document was November 2015. The plan included emergency contact numbers for staff. A copy of this plan was available on the staff intranet and a paper copy was kept in the office.
- There was no fire extinguisher in the waiting room, but since the inspection we have had confirmation that this had been actioned.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and analysed information in relation to their practice population. For example, the practice would receive information from the CCG on accident and emergency attendance and emergency admissions to hospital and they explained how this information was used to plan care to meet patient's needs.
- The practice employed a pharmacist who had lead roles in the reviews of patients over 75 and patients at risk of hospital admission.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.1% of the total number of points available, with 6.4% 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:

- Performance for diabetes related indicators was comparable to other practices (96.4%) and slightly higher than the national average (91.4%)
- The percentage of patients with hypertension having regular blood pressure tests was comparable to other practices (87.5%), but slightly higher than the national average (83.65%)
- Performance for mental health related indicators was comparable to other practices (100%) exception reporting (11.1%) and higher than the national average (88.47%).
- The dementia diagnosis rate was comparable to other practices (100%) exception reporting (5.9%) and higher than the national average. (84.12%)

The practiced monitored its QOF activity on a regular basis and worked closely with the practice pharmacists to ensure appropriate prescribing and with the advanced nurse practitioner to review and monitor patients with long term conditions.

The practice maintained a register for carers, patients requiring end of life care, patients with a learning disability, mental health condition and patients with a cancer diagnosis. The practice had 57 carers on the carers register and included this question on the new patient questionnaire so carers could be identified immediately.

Clinical audits demonstrated quality improvements and we saw evidence where changes had been implemented and monitored. The practice participated in local audits, national benchmarking, peer review and research. Findings were used by the practice to improve services. For example, one audit looked at statin medication for the primary prevention of chronic ventricular disease. The audit resulted in 33 records being analysed and 12 patients were commenced on statin medication and the remaining 21 patients were coded and reviewed for the purpose of diagnosis and treatment.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety, basic life support and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had

received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals 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. All staff had had an appraisal within the last 12 months and were encouraged to further their development opportunities. For example: one of the administration team was doing a care leadership and management course and another member of the administration team had commenced healthcare assistant training.
- Staff received training that included: safeguarding, fire procedures, basic life support, infection control and information governance awareness. Staff had access to and made use of 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. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice held quarterly meetings with the health visiting team to follow up on children who had missed immunisations and to discuss any concerns or safeguarding issues. The practice worked closely with the team that provided a rapid response service to support older people and others with long term or complex conditions to remain at home rather than going into hospital.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, homeless people, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81.66%, which was comparable to the national average of 81.8%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available. The practice also encouraged its patients to attend national screening programmes for example breast cancer screening and we saw information on display in the waiting area.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70.3% to 97.3% and five year olds from 90.9% to 100%.

Flu vaccination rates for the over 65s were 70%, and at risk groups 56%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. The practice completed a health assessment questionnaire during new patient registration and offered health checks to these patients. Appropriate follow-ups on the outcomes of health assessments and checks were made.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff could offer patients a private area and room to discuss their needs if required.

We received 32 CQC patient comment cards and all 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. We also spoke with four patients who told us the service they received was excellent. The staff were supportive and friendly and they felt that they were listened too and had time to discuss their needs.

We received feedback from five members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed overall patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 86%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey results published in January 2016 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:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. The practice also had a deaf interpretation service available for patients.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, Home Eye Care and Alzheimer's support.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients on the practice list as carers. Information leaflets were available to direct carers to the various avenues of support available to them.

Good

Are services caring?

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

The practice had not analysed the latest patient survey results at the time of our inspection, but we did review the action plan of the July 2015 survey and we saw evidence of improvements that had been made. For example: Data showed lower results for access of appointments. The practice held a meeting to review how they managed demand and also discussed possible options with a neighbouring practice who had recruited an advanced nurse practitioner. Due to the positive feedback received from the neighbouring practice, the practice decided to advertise and recruited an advanced nurse practitioner in November 2015 to improve patient access.

- The practice offered extended hours once a week for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and transltion services available.
- Staff were aware of the need to recognise equality and diversity and acted accordingly.
- The practice used notes and reminders on patient records to alert staff of patients with known visual, physical or hearing impairments.
- The practice had baby changing facilities, space for prams, suitable waiting areas for children and a place available for baby feeding.

Access to the service

The practice was open between 8.30am and 6.30pm Monday, Tuesday, Wednesday and Friday and 8.30am to 1.00pm on Thursday. Appointments were from 9.00 am to 12.00 noon and 3.00 pm to 5.50 pm Monday, 9.20am to 12.20pm and 4.30pm to 6.20pm Tuesday, 9.00am to 12.10pm and 3.00pm to 5.20pm Wednesday, 9.00am to 11.50am Thursday and 9.00am to 1.30pm and 4.00pm to 6.10pm Friday. Extended surgery hours were offered between 6.30pm to 7.20pm on a Tuesday evening. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments with a GP were also available for people that needed them.

Results from the national GP patient survey results published in January 2016 showed that patient's satisfaction with how they could access care and treatment was higher in comparison to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 86% of patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 69% of patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This information was available on the practice website and in a complaints leaflet.

We looked at 3 complaints received within the last 12 months and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency with dealing with complaints. Apologies were offered to patients when required. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 and staff understood the values and aims of the practice. Staff we spoke with demonstrated a commitment to providing a high quality service that reflected the vision. The premises had seen no investment for many years, so the practice applied for the infrastructure bid in February 2015 and was the only practice successful in securing funding for improvements.

The practice was a member of a local federation and the GP Principal attended regular meetings. With the planned refurbishment, the practice had plans to develop the services they offered. For example, full range of contraceptive services and a minor surgery room.

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 GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff had lead roles and they prioritised safe, high quality and compassionate care. The GPs 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 practice 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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings on a fortnightly basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, 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), Friends and Family Test results and through comments and complaints received. The PPG had recently been set up and had appointed a chairperson. On speaking with members of the group they were enthusiastic to promote the group and told us they were receiving support and encouragement from the practice staff to be a part of the future of the practice.
- The practice had gathered feedback from staff through appraisals and regular staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Are services well-led?

Good

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

Staff told us they felt involved and engaged to in how the practice was run and were very excited about the improvements to the building that were scheduled to commence in February 2016.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in initiatives to improve outcomes for patients, for example the practice is currently looking at a text messaging service to remind patients of their appointments and reduce the amount of DNAs. The practice was working on improving staff development and one of the receptionists had commenced a management course and another health care assistant training.