

Haydock 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

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Overall summary

We carried out an announced comprehensive inspection at Haydock Medical Centre on the 11 January 2017.

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.
- There was an open and transparent approach to reporting and recording significant events. Risks to patients were assessed and well managed for example, arrangements to safeguard vulnerable patients, recruitment checks for new staff and keeping medicines safe.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about their care was positive. They felt there had been a lot of changes over the last couple of years with staff leaving but they felt that the practice team had become more stable. Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- The practice sought patient views about improvements that could be made to the service. This included the practice having and regularly consulting with a patient participation group (PPG) and conducting their own in house patient survey.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. Staff felt well supported in their roles and had undergone a regular appraisal of their work.
- The practice was in need of renovation but they were due to move to a new purpose built building in March 2017.
- The appointments system provided a range of appointments to meet patients' needs including urgent and on the day appointments. Feedback from some patients was that they had difficulty getting through to the practice by phone and that they sometimes waited too long for a routine appointment. The practice had introduced some changes to their phone system and had an action plan to review improvements to patient satisfaction.
- Complaints had been investigated and responded to in a timely manner.

Summary of findings

- The practice had visible clinical leadership and governance arrangements in place.
- Areas where the provider should make improvement:
- Monitor and audit phone lines to help identify peak times and to monitor how they were meeting patient demand.
- To review all results from the national GP patient survey that were lower than local and national averages and monitor actions and feedback responses from patients.

Letter from the Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. Staff learnt from significant events and this learning was shared across the practice.
- When things went wrong patients received support and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection. The practice updated their action plan from a recent infection control audit to show how risks had been minimised in the present building.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis. Some checks were carried out by the landlord of the building and the practice took actions to ensure all checks were up to date.
- Appropriate pre-employment checks had been carried out to ensure staff suitability.
- Systems for managing medicines were effective and the practice was equipped with a supply of medicines to support people in a medical emergency.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had reviewed systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those locally and nationally.
- Staff worked well with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided.

Good



Summary of findings

- Clinical audits were carried out to drive improvement in outcomes for patients.
- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. They gave us positive feedback about the caring nature of staff.
- The practice staff regularly engaged with their patients to ensure they had regular feedback about their services. They had developed detailed action plans to try and help improve patient satisfaction with the service regarding their feedback on phone lines and appointments. Information for patients about the services available was accessible and easy to understand.
- We saw staff treated patients with kindness, respect and maintained patient information and confidentiality.
- The practice maintained a register of patients who were carers in order to tailor the services provided. The practice had a carer's champion who supported patients to access support and signposted them to a local carers' support group.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of the local population and worked in collaboration with partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- They had redesigned how they dealt with correspondence entering the practice and used a document management system (Docman) . The system had clear protocols and audits to help show improved systems in the administration of record keeping.
- Most patients said they found it easy to make an appointment with a GP however a small number of patients felt that it was difficult to get through to the practice to make an appointment. This was reflected in the national patient survey. The practice had developed a few initiatives in response to patients' comments and included auditing and review of access to their phone lines and identifying peak times.

Good



Summary of findings

- The practice had basic facilities and was equipped to treat patients and meet their needs. They were due to move to a new building that was purpose built in March 2017.
- The practice responded to complaints raised and learning from complaints was acted upon.

Are services well-led?

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

- The practice had a vision to deliver good quality care and promote good outcomes for patients. Staff were clear about their responsibilities in putting their patients first.
- There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents. This information was shared with staff to ensure appropriate action was taken.
- The patient participation group supported patients' needs and welfare. They gave us examples of how the practice had made changes in response to their feedback. There was a focus on learning and improvement at all levels. The challenges and future developments of the practice had been considered.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Patients over the age of 75 had a named GP and had received a review to check that their health needs were being met. The practice had 129 patients' age over 65 years, with the provision of care plans for patients at risk of unplanned hospital admission.
- Care planning was carried out for patients with dementia care needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to local and national averages.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

Good



People with long term conditions

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Practice nurses held dedicated lead roles for chronic disease management. As part of this they provided regular, structured reviews of patients' health. They had revised how they reviewed their patients. In the last year they offered patients with several long term conditions a single, longer appointment to avoid multiple visits to the surgery.

Good



Summary of findings

- Data from 2015 to 2016 showed that the practice was performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. They referred patients to the COPD nurses and heart failure nurses.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care. The practice had close links with their district nursing team who were located in the same building.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Regular safeguarding meetings took place with health visitors to share information or concerns about child welfare.
- Immunisation rates were comparable for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. The practice had 1377 (18%) of patients aged under 16 and a further 152 (2%) of patients aged 16-18 years.
- Data for rates of cervical screening by the practice showed the percentage of women receiving this intervention was comparable with local and national averages, at 78%. (Clinical Commissioning Group average (CCG) 82% and national average 81%).
- Premises included baby changing facilities. Maternity services were offered in conjunction with locally commissioned services on site. Midwives provided maternity clinics.
- Babies and young children were always offered an appointment as a priority and appointments were available outside of school hours. Baby clinics were provided offering baby checks.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group. Online services included the booking of appointments and request for repeat prescriptions. Electronic prescribing was also provided. The practice had 4700 (63%) of patients aged between 18 and 67 years. Screening uptake for people in this age range was comparable with national averages. For example 67% of females aged 50-70 had been screened for breast cancer in the last three years, the national average was 72%.
- Extended hours appointments were provided daily one day a week 6.30pm to 8.30pm. They also provided flu clinics of a Saturday for patients to obtain their vaccination. Patients were offered telephone consultations for those patients who preferred to call the GP. This was advantageous for people in this group as it meant they did not always have to attend the practice in person.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients who had special needs such as 41 patients with learning disabilities, palliative care and 506 patients who were carers. The practice offered longer appointments for patients with a learning disability and were undertaking annual health reviews for these patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and kept up to date lists of those patients with Deprivation of Liberty safeguards (DoLs) in place liaising with their local care homes in regards to this.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to local and national averages. For example, data showed that 77% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This compared to a national average of 83%. The practice had identified 72 patients with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing comparably and lower with some local and national averages. Patients' experiences of making an appointment was lower than average. In the survey, 243 forms were distributed and 111 were returned. This represented slightly more than 1% of the practice's patient list.

- The percentage of respondents to the GP survey who described the overall experience of their GP surgery as fairly good or very good was 71%, compared to the national average of 84%.
 - The percentage of respondents to the GP survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery were able to get an appointment, was 63%, compared to the national average of 75%.
 - Of those who responded, 66% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 78%.
 - The practice had introduced a number of initiatives in response to patient views, such as introducing telephone consultations, extending the telephone queues from three to five patient calls, extending phone line opening hours from 8am to 6.30pm and a telephone recorded message. The message advised patients of the quieter times to ring back for signposting to things such as pharmacy and for test results. The practice continued to review their action plan and patient responses and had identified times to increase phone access and numbers of staff answering phones at peak times. They planned to monitor and audit their phone lines to help identify peak times and to monitor how they were meeting patient demand.
- We spoke with three patients and two members of the patient participation group during the course of the inspection visit. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards. All of these were positive about the standard of care and treatment patients received. Three patients felt they had problems accessing the phone lines to make an appointment.

Areas for improvement

Action the service SHOULD take to improve

- Monitor and audit phone lines to help identify peak times and to monitor how they were meeting patient demand.
- To review results from the national GP patient survey that were lower than local and national averages and monitor actions and feedback responses from patients.

Haydock 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 adviser.

Background to Haydock Medical Centre

Haydock Medical Centre is located in Haydock and is registered with CQC to provide primary care services. The practice has a General Medical Services (GMS) contract with a registered list size of 7462 patients (at the time of inspection).

The male life expectancy for the area is 78 years compared with the CCG averages of 77 years and the national average of 79 years. The female life expectancy for the area is 82 years compared with the CCG averages of 81 years and the national average of 83 years. The percentage of the patient population who have a long standing health condition is 66% which is higher than the national average of 54%.

The practice has three partners (one female two male GPs) and four salaried GPs, (two male and two female). They are also supported by one long term locum GP, two trainee GPs, two practice nurses and two health care assistants. The practice manager oversees the work of administration and reception staff that are all multi-skilled. The practice is a training practice offering support and experience to trainee doctors.

The practice is open from 8 am to 6.30pm each day. One day a week either a Monday or Tuesday they offer extended hours from 6.30pm to 8.40pm. Appointments start at 9am to 5.45pm. Patients requiring GP services outside of normal

working hours are referred on to the local out of hours provider, St Helens rota. Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits.

The practice staff acknowledged the building and its facilities do not fully meet patients' needs however they are due to move to a new purpose built building in March 2017. Car parking is available.

The practice is part of St Helens Clinical Commissioning Group (CCG). The practice offers a range of enhanced services including, flu vaccinations and learning disability health checks.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11th January 2017. During our visit we:

Detailed findings

- Spoke with a range of staff including the administrators, the GPs, nurses and spoke with five patients who used the service.
- Observed how patients were being cared for and how staff interacted with patients on arrival at the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with members of the patient participation group (PPG).
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.
- 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).

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?

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

Are services safe?

Our findings

Safe track record and learning

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

- The provider was aware of their responsibilities to report notifiable incidents under the duty of candour. Staff told us they would inform the practice manager of any incidents. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, they received support and an apology.
- The practice carried out a detailed analysis of significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

• Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies 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 GP attended safeguarding meetings when possible and had provided reports where necessary for other agencies, when they had been requested to do so. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. For example the GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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 protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The last infection control audit undertaken scored 87%. The practice has carried out an in house audit and action plan following this audit to show all actions taken to reduce risks. The staff acknowledged the fabric of the building such as sinks did not always meeting current best practice but the new built building they were moving to in March 2017 offered compliance with purpose built facilities.
- The landlord managed the maintenance contract for legionella which needed updating. The practice manager checked that a self assessment would provide appropriate cover until they moved to their new building. The practice developed a self-assessment of the risk and management of Legionella and measures were in place to mitigate risks associated with Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice carried out regular

Are services safe?

medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Medicines prescribing data for the practice was comparable to national prescribing data.

- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and checks through the DBS.

- **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. A range of health and safety related policies and procedures were readily available to staff.
- The building was managed by the landlord and various checks and updates to the environment and facilities were carried out by them.
- The practice had up to date health and safety related risk assessments and safety checks were carried out as required. For example, fire safety equipment, electrical equipment and clinical equipment were checked to ensure they were working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for all the different staffing groups to ensure enough staff were on duty. Staff explained that they had experienced a period of instability over the last 2 years due to staff movement but they felt they had a more stable team with the staff currently employed by the service.

- **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training. The practice had emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a system in place to ensure the medicines were in date and fit for use. All medicines we checked were in date and ready for use.
- The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks.
- A first aid kit was readily available.
- Systems were in place for the recording of accidents and incidents. 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.

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 and Care Excellence (NICE) best practice guidelines. They demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice monitored the implementation of best practice guidelines through regular clinical meetings. The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

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). Results published from data from April 2015 to March 2016 showed the practice achieved 96.6% of the total number of points available. Overall exception reporting was 10.5%, which is higher than the national average of 5.7%. (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). The staff had developed an action plan to help improve targets and exception reporting which in 2015/2016 had already seen some improvements to scores reducing within more comparable levels to CCG and National levels. In 2015/16 the practice underwent a significant staff turnover. New management had introduced a holistic review and methodology of managing patients with co-morbidities within planned and extended appointments. They had reviewed their exception reporting policy and planned to continue demonstrating decreasing QOF exception reporting with continued monitoring of their detailed action plan. This practice was not an outlier for any QOF (or other national) clinical targets.

Data from April 2015 to March 2016 showed performance in outcomes for patients was comparable to that of the Clinical Commissioning Group (CCG) and national average. For example;

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 98.6% (CCG average 91%, national average of 89%).
- Data showed performance for diabetes related indicators was in line with the national average. For example:
 - The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 81%, compared to the CCG average of 80% and national average of 78%.
 - The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 81% compared to a CCG average of 81% and a national average of 80%.
 - Performance for mental health related indicators was above both local and national averages. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in their record, in the preceding 12 months, was 99%, compared to the CCG average of 90% and national average of 89%.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of alcohol consumption, in their records in the preceding 12 months was 90%, compared to the CCG average of 91% and national average of 89%.
- We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. A number of clinical audits had been completed in the last twelve months. One of these reviewed the treatment and review of hormone replacement therapy, (HRT) which the practice carried out every 12/18 months. The audit had evolved over

Are services effective?

(for example, treatment is effective)

time to reflect up to date guidance when considering the safe prescribing of HRT. The staff identified areas of learning through this audit to help show improvements to patient care and to reduce any potential risks.

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. The needs of patients with more complex health or social care needs were discussed at multi professional meetings.

Effective staffing

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

- An induction programme was provided to newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had access to and made use of e-learning training modules and in-house training. The practice did not have an overall training plan in place, however the practice manager advised this would be implemented to show overall management of the whole staff teams training needs.
- Staff had been provided with training in core topics including: safeguarding, fire procedures, infection control, basic life support and information governance awareness. Staff had also been provided with role-specific training. For example, staff that provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics. Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- **Coordinating patient care and information sharing**
The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.
- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. General practitioners followed national standards for the referral of patients with suspected cancers meaning they would be seen within two weeks.
- Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. Care plans had been developed for patients at most risk of an unplanned admission. The practice monitored unplanned admissions and shared information as appropriate with the out of hour's service.
- Hospital discharge letters were managed appropriately and the practice reviewed hospital admissions data on a regular basis.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- **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 were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.
- **Supporting patients to live healthier lives**

Are services effective?

(for example, treatment is effective)

The practice provided advice, care and treatment to promote good health and prevent illness. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Information and advice was available about how patients could access a range of support groups and voluntary organisations.
- The practice monitored how it performed in relation to health promotion. Information from QOF and other sources were used to identify where improvements were needed and to take action. The practice offered national screening programmes, vaccination programmes and long term condition reviews.
- Information from QOF for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention were comparable to other practices locally and nationally. The practice's uptake for the cervical screening programme was 78%, the CCG average of 82% and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. There were 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.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were around the national average with persons aged (60-69) screened for bowel cancer in the last 30 months at 64% (national average 58%).
- 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 five year olds ranged from 96% to 98% compared with the National averages of 87% to 93%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Health promotion information was available in the reception area and on the website and patients were referred to or signposted to health promotion services.

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We made patient comment cards available at the practice prior to our inspection visit. We received 30 completed comment cards and all of these were positive and complimentary about the caring nature of the service provided by the practice. We spoke with three patients who were attending the practice at the time of our inspection plus two members of the Patient Participation Group (PPG).

Patients overall offered positive feedback about the services provided by the GPs and the whole staff team. Three patients offered their opinions and suggestions about various aspects of the service regarding their difficulties accessing the phone lines and appointments.

Staff demonstrated a patient centred approach to their work during our discussions with them. Staff told us they felt the staff knew the needs of the patients well. They felt they had been through a difficult time over the past few years during the changes with staffing but felt they now had a good stable team.

Following the results of the national GP patient survey for the practice the provider had developed a detailed action plan and had reviewed other forms of patient engagement with their PPG members, NHS Choices website, their friends and family results and their own in house survey which was in the process of being analysed by an external company. They had changed their answering machine to increase their call waiting from three to five callers and advised patients of particular busy and peak times, and quieter times for

them to ring through for results. Their action plan identified other areas they planned to review, including audits of phone lines to help the practice determine their busy periods and the trial of increasing staff manning phones during these busy periods. The practice had showed they were responding to patient feedback and continued to work on main themes. Results from the national GP patient survey were comparable with and lower in some areas when compared to local and national averages. For example:

- 94% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 93%, national average of 92%).
- 82% said that the last time they saw or spoke to a GP; the GP was good or very good at listening to them (national average 86%).
- 93% said that the last time they saw or spoke to nurse; they were good or very good at listening to them (national average 91%).
- 98% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 98%, national average 97%).
- The practice scored lower than the national average with regards to the helpfulness of reception staff and for patients' overall experiences of the practice: For example:
 - 78% of respondents said they found the receptionists at the practice helpful (CCG average 84%, national average of 87%).
 - 71% described their overall experience of the practice as 'fairly good' or 'very good' (CCG average 84%, national average of 85%).
- **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. Three patients told us they had experienced a lot of changes within the practice over the

Are services caring?

last few years resulting in a lot of staff leaving. They felt this had an impact in the past but they felt that the practice and the staff team were more stable and they had got use to the newer members of staff.

- Patient feedback from the comment cards we received was positive and aligned with these views.

Results from the national GP patient survey showed patient results were comparable and lower than local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.
- The practice provided facilities to help patients be involved in decisions about their care:
- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice supported diverse groups of patients including local nursing homes.

- **Patient and carer support to cope emotionally with care and treatment**

- We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions and support was also available at the practice and on the practice's website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 506 patients (approximately 5% of the patient population) as carers. Written information was available to direct carers to the various avenues of support available to them and they also had one staff member who was a carers' champion.

Patients receiving end of life care were signposted to support services. The practice had a policy and procedure for staff to adopt following the death of a patient. The GP made contact with family members or carers following bereavement to offer them support and signposted them to bereavement support services.

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. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

- There were longer appointments available for patients who required these.
- Home visits were available for older patients, patients with a learning disability and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical conditions that required same day consultation.
- The practice provided a translation service.
- The practice offered extended opening hours one day a week either a Monday or Tuesday 6.30pm to 8.30pm.
- The provider had developed a 'Did you know' information leaflet that they had asked the PPG group to review before they introduced it to their patients. The leaflet was very detailed offering a lot of information relevant for patients about the practice.

• Access to the service

The practice was open between 8am and 6.30pm Tuesday to Friday and 8am to 8.30pm Mondays. Appointments were available from 9am throughout the day until 5.45pm. The appointment system was sufficiently flexible to respond to peoples' needs. The appointment system had been reviewed and adapted to provide a range of appointments, offering 15 minutes for each single appointment. People told us that they were able to get an appointment when they needed one if their need was urgent. Two patients told us they felt they had to wait too long for a routine appointment and that this could be between two to three weeks. We found the next available routine appointment was two weeks from the date of our visit. Three patients also told us they found it difficult to get through to the practice by

phone to book an appointment. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable and lower than local and national averages. For example:

- 49% of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and the national average of 73%.
- 56% of patients described their experience of making an appointment as good (national average 73%).
- 96% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- Following the results of the national GP patient survey for the practice the practice manager had developed a detailed action. They had changed their answering machine to increase their call waiting from three to five callers and advised patients of particular busy and peak times, and quieter times for them to ring through for results. Their action plan identified other areas they planned to review including audits of phone lines to help the practice determine their busy periods and the trial of increasing staff manning phones during these busy periods. The practice had showed they were responding to patient feedback and continued to work on main themes to help improve patient satisfaction. Staff felt that when they moved to their new building that better improved facilities would help them to better meet their patient's needs.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The main practice was on ground level for patient access but was in need of renovation. The practice were due to move to a large purpose built building that all staff were looking forward to. They acknowledged the limitations of their present building but felt their new building would offer accessible and improved facilities for all patients.

Are services responsive to people's needs?

(for example, to feedback?)

- **Listening and learning from concerns and complaints**

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with.
- There was a designated member of staff who handled complaints. We looked at a sample of complaints received in the last 12 months. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with an explanation and an apology when this was appropriate.

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 included the provision of high quality, safe and effective healthcare. Staff we spoke demonstrated that they supported the aims and objectives and the values linked to these. They consistently demonstrated a patient centred approach to their work.

The partners had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality.

Governance arrangements

The practice had a governance framework with effective arrangements in place to govern the service and ensure good outcomes were provided for patients. The structures and procedures in place 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 and accessible on line. Staff we spoke with knew how to access these and any other information they required in their role.
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions. A system for the reporting and management of significant events was in place.
- The GPs used evidence based guidance in their clinical work with patients.
- The provider had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.
- The QOF data showed that the practice achieved comparable results with other practices locally and nationally for the indicators measured. They had action plans in place to further review and improve on their management of exception reporting.
- Clinical audits had been carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.

- The GPs had met their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).

- Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care.

Leadership and culture

On the day of the inspection the partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure good quality care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen them.

- The partners were aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The processes for reporting concerns were clear and staff told us they felt confident about raising any concerns. The GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment. The practice gave affected people support, information and an apology

Staff in all roles felt well supported and appropriately trained and experienced to meet their responsibilities. Staff described a good working environment; good team working and they told us they felt valued.

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

- The practice actively encouraged and valued feedback from patients. Feedback we attained from patients was overall positive and they told us they felt staff provided a good quality service. They told us about their experiences over the last two years with the changes in the staff team but felt the practice had much improved with better stability and continuity of staff.

The practice had gathered feedback from patients through the patient participation group (PPG) and through their own in-house surveys. The PPG met twice

Are services well-led?

Good 

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

a year, and submitted proposals for improvements to the practice management team. For example, in requesting staff wear name badges and offer their name when answering phones and in putting up a stand by reception for patients to stand behind to help patient confidentiality while at the front desk.

- 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.
- The practice also sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (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 2016 showed that the majority of patients who had completed the survey were either likely or extremely likely to recommend the practice.

- The practice used information from complaints received to make improvements to the service.

- **Continuous improvement**

There was a focus on continuous learning and improvement within the practice. The provider was aware of challenges to the service. They were clear on the areas they intended to develop and were open about the areas of work which they felt required improvement. They had shared their action plans with us describing how they were managing their QOF and exception reporting and their management of phone lines and appointments. Everyone was looking forward to the new practice and the benefits of a purpose built building to accommodate all of the staff and patients' needs. They were equally clear about what they did well, especially the introduction of the management of their administration and use of 'Docman.'