

Little Harwood Health Centre

Quality Report

Plane Tree Road,
Blackburn,
Blackburn with Darwen,
BB1 6PH
Tel: 01254 617521
Website: www.lhhc.co.uk

Date of inspection visit: 7 December 2016
Date of publication: This is auto-populated when the report is published

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Little Harwood Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Little Harwood Health Centre on 7 December 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 a system in place for reporting and recording significant events.
- Risks to patients were assessed and generally well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. However, we noted the information did not include reference to the Parliamentary Health Service Ombudsman.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they generally found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. However, we identified opportunities for the improvement of governance systems, processes and supporting documentation. We noted the practice was aware of some governance issues and was in the process of assessing and addressing future governance needs.
- 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.

Summary of findings

The areas where the provider should make improvement are:

- Continue activity to review and improve governance systems and processes and ensure this includes consideration of recruitment records, management of safety alerts, maintenance of training records and the effectiveness of communication of information to all practice staff.
- Consider the development and improvement of complaint and significant event records to demonstrate learning and support timely and effective communication within the practice.
- Review and confirm that information about how to complain made available for patients is in line with recognised guidance and contractual obligations for GPs in England and includes reference to the Parliamentary Health Service Ombudsman.
- Review the support and training provided for the infection prevention and control lead to help them to carry out their role effectively.

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 a system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. However, we noted supporting records did not detail sufficient information to demonstrate any action taken was monitored or confirmed as effective.
- When things went wrong patients received reasonable support, truthful information, and a verbal or written apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed although there were opportunities to improve the management of safety alerts received by the practice.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they generally found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. We were told learning from complaints was shared with staff and other stakeholders. However, we noted summary records of complaints were not sufficiently detailed to inform trend analysis activity or demonstrate actions taken were checked to ensure they were effective. We also noted information about how to complain made available to patients did not include reference to the Parliamentary Health Service Ombudsman.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, we identified opportunities for the improvement of governance systems, processes and

Good



Summary of findings

supporting documentation related to recruitment records, management of safety alerts, complaints and significant events, training records and general communication of information to all staff.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. A member of the PPG told us the practice listened to and acted on the views of patients and the PPG.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice actively monitored patients at risk of hospital admission and discussed their needs at integrated team meetings.
- A weekly clinic/ward round was in place at a local nursing home that was usually undertaken by the same GP to provide continuity of care.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was between 66% and 96% and this was lower than the national average range of 78% to 95%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- 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.
- Cervical screening uptake data from 2014/15 for women aged 25-64 years was 74%, which was lower than the CCG average of 80% and the national average of 82%. The practice was aware of this and was taking action to improve patient engagement and performance.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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).

- 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations for patients unable to attend the practice.
- The practice offered 'flu' vaccination clinics at weekends to increase availability for patients.
- The practice was part of a federation of GP practices and patients were also able to attend appointments within the practice and a number of other local health centres as part of this arrangement.

Good



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 living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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).

- 72% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the preceding 12 months, which was higher than the national average of 89%.
- A record of alcohol consumption was recorded for 94% of patients with mental health related conditions compared to 89% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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 7 July 2016. The results showed the practice was performing in line with or above local and national averages. A total of 231 survey forms were distributed and 99 were returned. This was a response rate of 43% and represented approximately 1% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 75% and national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average and national average of 85%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards of which 19 were very positive about the standard of care received. Patients said that staff were very friendly, helpful and always treated patients with respect and dignity. Two cards included less positive comments related to prescribing and staff attitude.

We spoke with three patients and one member of the patient participation group, who was also a patient, during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Published results of the Friends and Family Test indicated that 84% of patients would recommend the practice to others.

Areas for improvement

Action the service SHOULD take to improve

- Continue activity to review and improve governance systems and processes and ensure this includes consideration of recruitment records, management of safety alerts, maintenance of training records and the effectiveness of communication of information to all practice staff.
- Consider the development and improvement of complaint and significant event records to demonstrate learning and support timely and effective communication within the practice.
- Review and confirm that information about how to complain made available for patients is in line with recognised guidance and contractual obligations for GPs in England and includes reference to the Parliamentary Health Service Ombudsman.
- Review the support and training provided for the infection prevention and control lead to help them to carry out their role effectively.

Little Harwood Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Little Harwood Health Centre

Little Harwood Health Centre is located on Plane Tree Road, Blackburn, BB1 6PH and provides general medical services from a purpose built building owned by NHS Property Services. A local NHS Foundation Trust operates a treatment room within the building and a consultation room is also used by the local GP federation.

The practice is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG) and provides services to approximately 11500 patients under a General Medical Services (GMS) contract with NHS England.

The average life expectancy of the practice population is slightly higher than the local average and slightly below the national average (82 years for females, compared to the local average of 80 and national average of 83 years, 77 years for males, compared to the local average of 76 and national average of 79 years).

The age distribution of the total practice's patient population is broadly in line with local and national averages although there is a higher percentage of patients over the age of 65 years (20%) when compared to the CCG and national averages (14% and 17% respectively).

The practice has a similar proportion of patients experiencing a long-standing health condition when

compared to CCG and national averages (57% compared to the CCG and national averages of 56% and 54% respectively). The proportion of patients who are in paid work or full time education is also similar (59%) to the CCG average of 57% and national average of 62% and the proportion of patients with an employment status of unemployed is 8% which is slightly higher than the CCG average of 7% and the national average of 5%.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by seven GP partners (four male and three female). In addition the practice employs one nurse practitioner, two practice nurses and one healthcare assistant. Clinical staff are supported by an assistant practice manager and a team of administration and reception staff. At the time of our inspection the practice had employed the assistance of two practice managers from local practices to assist in the management of the practice following the unexpected loss of the practice manager during 2016.

Little Harwood Health Centre is a teaching and training practice. They are accredited to train doctors to become GPs (registrars) and to support undergraduate medical students with clinical practice and theory teaching sessions.

The practice maintains good working relationships with local health and social services to support provision of care for its patients. Locally, they have close working links with care and nursing homes. Regular visits are made by the clinicians to these sites.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are also available during extended hours from 7.15am to 8am on Tuesday and 6.30pm to 8pm

Detailed findings

Monday, Tuesday, Wednesday and Thursday. The practice is part of a federation of GP practices and patients are also able to attend appointments within the practice and at a number of other local health centres as part of this arrangement.

Outside normal surgery hours, patients are advised to contact the out of hours service by dialling NHS 111, offered locally by the provider East Lancashire Medical Services.

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 7 December 2016. During our visit we:

- Spoke with a range of staff including GP partners, nursing staff, practice management and administrative staff. We also spoke with patients who used the service.
- Observed how staff interacted with patients and family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the assistant practice manager or interim practice managers of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written and/or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice regularly discussed significant events at practice clinical meetings.

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. However, we noted there were opportunities for improvement in the management of safety alerts. There was evidence of confusion over who held responsibility for maintaining an overview and records of associated activity. For example, while evidence was available to demonstrate action had been taken in response to alerts there were no systems in place to record or gain assurance appropriate action had been taken in response to all alerts received by the practice. We were told responsibilities would be clarified and supporting systems put in place as a matter of priority.

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:

- 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 clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and practice nurses trained to level two.

- A notice in the waiting room advised patients that chaperones were available if required and we were told only clinical staff acted as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Having been allocated lead responsibilities during 2016 the nurse practitioner was the practice lead for infection prevention and control (IPC) who attended practice nurse forums to keep up to date with best practice.
- There was evidence of the completion of IPC audits and the practice had an IPC policy in place that had been developed in November 2016. We saw evidence that action was noted for completion to address any improvements identified as a result of IPC audit activity.
- We noted the IPC lead had not been involved in the development of the IPC policy and was in the process of gaining an understanding of the content of the policy and the requirements of the IPC lead role. The IPC lead told us they felt they would benefit from additional IPC training and we also noted central training records maintained by the practice indicated no staff had received IPC training. However, interviews with staff and review of personal training documentation held by individuals revealed evidence of training completion.
- 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. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure

Are services safe?

- prescribing was in line with best practice guidelines for safe prescribing. Blank 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. Health Care Assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had generic procedures in place developed by the CCG dated 2012 to manage them safely. There were also arrangements in place for the destruction of controlled drugs. We noted the practice took immediate action following our inspection observations to liaise with the CCG to ensure the procedures detailed up to date information.
 - We reviewed five 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 (DBS). (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). However, the practice had informed us immediately prior to the inspection that an ongoing review of governance systems, processes and records had identified gaps in personnel files that were being addressed by the interim practice management team. For example the practice had identified indemnity cover was not in place for one of the practice nurses recruited during 2016. As a result, the practice told us priority action was being taken to arrange appropriate cover and associated surgeries were suspended until cover was in place.
 - There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
 - The practice had or had access to 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).
 - 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.

Arrangements to deal with emergencies and major incidents

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

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

Monitoring risks to patients

Risks to patients were assessed and generally well managed.

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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 (2015/16) were 96% of the total number of points available, with 12% overall clinical domain 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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to national averages. For example:
 - 96% of patients with diabetes had received an influenza immunisation compared to the national average of 95%.
 - A record of foot examination was present for 94% of patients compared to the national average of 89%.
 - The percentage of patients with diabetes for whom the last blood pressure reading (measured in the preceding 12 months) was within recommended levels was 91% compared to the national average of 91%.
 - The percentage of patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was within recommended levels was 79% compared to the national average of 80%.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was within recommended levels was 87% compared to the national average of 83%.
- Performance for mental health related indicators was higher when compared to national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 95% compared to the national average of 89%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 72% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- Practice records identified there had been eight clinical audits completed during 2016 and records indicated three of these were completed audits where the improvements made were implemented and monitored. For example, the practice had developed and documented a nurse led follow-up protocol to improve standards, increase efficiency and achieve consistency in managing patients with polymyalgia rheumatica (a condition that causes pain, stiffness and inflammation in the muscles around the shoulders, neck and hips).
- The practice worked closely with the local medicines management team to complete medicine audits and findings were used to improve outcomes for patients.

Effective staffing

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

- 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However, we noted that staff training records held centrally within the practice had not been maintained consistently and work was ongoing to review and update the records at the time of our inspection.

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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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.

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. 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 cessation and alcohol consumption. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 74%, which was lower than the clinical commissioning group (CCG) average of 80% and the national average of 82%. The practice staff were aware of this opportunity for improvement and told us they took all opportunities to remind and invite patients for screening when they visited the practice. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were higher than or comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 97% and five year olds from 91% to 97%.

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

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 patient comment cards of which 19 were very positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two cards included less positive comments related to an experience of poor attitude displayed by some staff and not meeting patient prescribing expectations.

We spoke with one member of the patient participation group (PPG). They also told us they were very 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 showed patients felt they were treated with compassion, dignity and respect. The practice was generally higher than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% to the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 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 from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally higher than local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average and national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 212 patients as carers (approximately 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them and a named member of staff was identified as the lead point of contact for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

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 we were told the practice liaised with the CCG to implement improvements after the practice had identified a need to improve referral response times for patients with suspected rheumatoid arthritis.

- The practice offered extended hours appointments from 7.15am to 8am on Tuesday and 6.30pm to 8pm Monday, Tuesday, Wednesday and Thursday 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 had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were also available during extended hours from 7.15am to 8am on Tuesday and 6.30pm to 8pm Monday, Tuesday, Wednesday and Thursday. The practice was part of a federation of GP practices and patients were also able to attend appointments at a number of other local health centres as part of this arrangement. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 78% and 76% respectively.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 75% and 73% respectively.

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

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.

Practice staff were able to describe the system in place to assess the urgency of need when patients called to make an appointment. Staff were able to offer telephone consultations and would liaise with the GPs if a home visit was requested. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- A complaints policy was available to patients but we noted the policy and other complaint related information available to patients did not include reference to the Parliamentary Health Service Ombudsman.
- There was a designated responsible person who handled all complaints in the practice.
- Information related to the opportunity to make a complaint or provide feedback was displayed in the reception area. This information directed patients to seek further information from reception staff and we noted some staff needed to seek further advice as they were initially unaware of how to deal with requests of this nature.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled. Lessons were learnt from individual concerns and

Are services responsive to people's needs? (for example, to feedback?)

complaints and action was taken to as a result to improve the quality of care. However, we noted summary complaint records maintained by the practice did not consistently include sufficient information to detail the action taken or learning from complaints that could be used to inform

trend analysis activity. The way in which the records were maintained and managed made it difficult for the practice to communicate a clear understanding of related issues, the actions taken and also to identify any trends.

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 mission was to provide “First class family medicine to all patients and to develop services in line with the needs of the local community by working with colleagues in secondary care and social services”. The practice had a statement of purpose which included the mission statement and provided details of the aims and objectives of the practice to support achievement of the overarching mission statement.

This was communicated to practice staff and staff knew and understood the values of the practice.

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. We noted each practice partner had clearly defined lead responsibilities for both clinical and non clinical areas.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However, we identified opportunities for the improvement of governance systems, processes and supporting documentation related to recruitment records, management of safety alerts, complaints and significant events, training records and general communication of information to all staff. For example, while systems and processes were in place we noted that adherence to these and the maintenance of supporting documentation had not been consistent or effectively managed in the practice during the whole of 2016.

At the time of our visit two practice managers from neighbouring practices were providing interim practice management support to the practice. In addition we were told the practice had commissioned the services of a management consultant to inform a decision on the future governance requirements of the practice and support associated staff recruitment early in 2017.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings, although practice meetings usually only involved clinical staff and there were no meetings open to all staff and this had the potential to reduce the effectiveness of communication within the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or with managers and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice implemented improvements to appointment systems as result of patient and PPG feedback and also involved members of the PPG to liaise with patients to raise awareness of the improvements.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and provided personal development support to staff to enable staff to increase their knowledge and skills and as a result improve outcomes for patients.

We were told representatives of the practice had regularly attended GP update courses facilitated by a nationally recognised and RCGP accredited health care training provider. Learning from the courses was communicated to practice staff and used to improve practice activity and outcomes for patients. In addition practice staff regularly represented the practice at meetings with the clinical commissioning group and other locality meetings.

The practice was a teaching and training practice. They were accredited to train doctors to become GPs (registrars) and to support undergraduate medical students with clinical practice and theory teaching sessions. The practice had received positive feedback on the quality of training provided and we were told the practice had been identified as a "go to" practice for the deanery when GP registrars were identified as requiring additional support.