

# The Clayton Medical Centre

## Quality Report

Wellington Street,  
Accrington,  
Lancashire,  
BB5 5HU

Tel: 01254 300 250

Website: [www.claytonmedicalcentre.co.uk](http://www.claytonmedicalcentre.co.uk)

Date of inspection visit: 9 June 2016

Date of publication: 13/07/2016

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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# 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	8
What people who use the service say	13
Areas for improvement	13

### Detailed findings from this inspection

Our inspection team	14
Background to The Clayton Medical Centre	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Clayton Medical Centre on 9 June 2016. Overall the practice is rated as good.

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

- The practice had an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff training was prioritised to ensure staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had made improvements to patient access during the previous year and was monitoring the impact of this for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review procedures for receiving and acting on nationally issued alerts to ensure that a record of alerts and actions taken is maintained.
- Streamline the complaints process and introduce a complaints policy which is shared with patients and staff.
- Review the protocol for numbers of blank prescriptions carried by GPs.

# Summary of findings

- Provide all staff with up to date information on the location of emergency equipment and medicines.
- Carry out a risk assessment for legionella and implement advised legionella control regime in line with the risk assessment.
- Review support for carers and patients who have experienced bereavement and introduce local policies to support these groups.

**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.

- Safety was seen as the responsibility of all staff who understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Safety alerts were acted upon although a record of actions was not maintained.
- Prescriptions were stored safely although GPs carried a complete pad of blank prescriptions.
- Emergency equipment and medicines were available although not all staff were aware of their location.
- Recent legionella water samples had been taken although a formal risk assessment had not been undertaken.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- A range of clinical audits demonstrated quality improvement.
- Personal and professional development was encouraged by the practice. 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.
- The practice recognised that it had been performing poorly for patient outcomes during 2014-2015, and actively managed this during 2015-2016, making improvements in 18 out of 25 (72%) of quality outcome framework indicators. Nationally validated data for 2014-2015 showed patient outcomes were low

Good



# Summary of findings

compared to the national average. For example, all five indicators for patients with diabetes were lower than local and national averages. 58% of patients had a recent blood test which was within a normal range, compared with the national average of 78%. However, the practice gave the inspection team details of 2015-2016 performance which showed this had been improved, although this data had not been validated.

- Likewise, in 2014-2015, 64% of patients with asthma had a review in the preceding 12 months, which was lower than the national average of 75%. The practice had improved performance to achieve the national target in 2015-2016, although again this recent data had not been validated.

## Are services caring?

The practice is rated as good for providing caring services.

- The practice had recognised a number of areas in 2015 which required improvement, and had undertaken a range of work to improve patient care. They anticipated that this would be demonstrated in future national and local patient survey responses.
- Patients we spoke to and the comment cards we received told us that GPs and nurses were seen as very caring.
- A number of staff had attended both Dementia Friends training and Compassion Champion training and worked with colleagues to highlight the importance of compassion for patients, colleagues and themselves.
- Data from the national GP patient survey (published in January 2016) showed patients rated the practice lower than others for some aspects of care. 23% of patients said they always or almost always saw or spoke with the GP of their choice, which was lower than the national average of 36%.
- 77% of patients said that the GP was good at treating them with care and concern, lower than the national average of 85%.
- Information for patients about services was available and support for carers and their families was available.
- The practice had identified 4% of registered patients as carers, and had plans to offer additional health checks and support to these patients.
- The practice had no policy in place for supporting patients who had experienced bereavement and informed the inspection team they had identified an area for improvement in offering more support to carers.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- 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. For example, the practice had accommodated Clinical Commissioning Group staff from the Integrated Neighbourhood Team (INT) and contributed to the management of this team through attendance at the steering group.
- The practice had made a range of changes in 2015 to the appointment system, increasing routine appointments available to pre-book and changing the phone number in response to an audit and poor patient feedback. The inspection team saw evidence that appointments were available and patients we spoke with us told us of considerable improvements. The practice told us that they intended to conduct an annual survey with support from the patient participation group (PPG) during July 2016 which they hoped would evidence the improvements they had made.
- 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. Learning from complaints was shared with staff and other stakeholders.
- National GP survey results published in January 2016 showed 37% of patients gave a positive answer in relation to ease of getting through to the surgery by phone, this was lower than the national average of 73%, though survey responses would have been collected during the period before the practice had completed and embedded changes in mid-2015.

## Are services well-led?

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

- The practice had achieved the Royal College of General Practitioners (RCGP) Quality practice Accreditation in 2015, as well as revalidation of Investors In People (IIP). The practice had a clear vision 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, some of which required updating and held regular governance meetings.

Good



# Summary of findings

- 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.
- 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 proactively sought feedback from staff and patients, which it acted on. There was a small active patient participation group, and the practice was working with other practices to ascertain how they could engage with a wider range of patients.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



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

- The practice 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 employed a community matron who provided care for older patients who were housebound, ensuring they received relevant care in their own homes, and making referrals where appropriate to additional support services.
- The practice was involved in a pilot scheme run by a local charitable organisation which aimed to increase support and reduce social isolation for older people with reduced mobility.

### People with long term conditions

Good



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.
- Data for 2014-2015 showed that the practice had been an outlier in care for patients with long-term conditions. For example:
  - All five indicators for diabetes were lower than national averages. For example, 91% had a flu immunisation the preceding flu season, compared with 94% nationally. Local data showed this had increased to 100% for 2015-2016.
  - 72% of patients had a cholesterol test in the last 12 months which was within a normal range, compared with the national average of 81%. Local data for 2015-2016 showed an increase to 83%.
  - 74% of patients had a blood pressure reading which was within a normal range during the previous 12 months, which was below the national average of 84%.



# Summary of findings

- 64% of patients with asthma had a recent annual review recorded in their record, which was also below the national average of 75%. Local data for 2015-2016 showed an increase to 79%.

Data shared with the inspection team showed that performance in a range of patient outcomes had significantly improved during 2015-2016, these included:

- Patients who had experienced strokes or mini-strokes,
- Patients with diabetes,
- Patients with chronic obstructive pulmonary disease (COPD, a lung condition).
- Patients with asthma.
- Longer appointments and home visits were available when needed, and reviews were carried out for housebound patients by the community matron.
- 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 practice nursing team and / or the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

**Good**



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

- There were 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 in line with local achievement levels 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, and we saw evidence to confirm this.
- 76% of eligible women had a cervical screening test in the preceding five years, which was below the national average of 82%. The data for 2015-2016 shared by the practice showed that this had also been improved to achieve the national average, although this had not yet been nationally validated.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

# Summary of findings

- We saw positive examples of joint working with health visitors who ran a weekly clinic for all local children from the practice building. The practice offered baby clinics at the same time to reduce visits and travel for parents.
- The practice offered a range of sexual health and family planning services including fitting of long-term reversible contraception.
- The practice referred patients to a counselling service for young people where appropriate.

## Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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 a range of minor surgery and joint injections which reduced travelling and made access easier for all age groups and helped patients avoid taking time off work to attend appointments elsewhere.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a higher number of patients with learning disabilities, 65 (1% of the practice list) and worked closely with two local residential learning disability centres. The practice offered longer appointments for patients with a learning disability, annual health checks and a quiet room for waiting or appointments at less crowded times for patients who found this easier.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, as well as supporting the development of the local Integrated Neighbourhood Team, which supported patients with social as well as health care needs.

# Summary of findings

- For particularly complex patients, case conferences and reviews were held in the patient's home, and GPs or the community matron attended.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- The practice worked closely with the local substance misuse service, which ran a monthly clinic from the practice premises and joint appointments with the GP were available where appropriate.
- Although the practice did not routinely accept requests for prescriptions by telephone, arrangements were in place to support vulnerable patients or carers with prescription requests by phone.

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

Good



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

- In 2014-2015, 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- 85% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan documented in their record in the last 12 months, which was in line with the national average of 88%.
- A number of staff and GPs were trained as Dementia Friends.
- 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 informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.

# Summary of findings

- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing below local and national averages. The practice discussed with the inspection team a range of changes which they had made in 2015, which it believed will have a positive impact when the next set of patient survey data is published. Of the 289 survey forms distributed 100 were returned (35%). This represented 1.5% of the practice's patient list.

- 37% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 58% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 69% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received, though several

mentioned the difficulties they had experienced previously in getting appointments and getting through to the practice by phone. A couple of comment cards mentioned that some staff required more compassion; other cards described all staff as helpful and friendly.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some patients named specific GPs and nursing staff in particular as very caring and taking the time to listen to them, although they also said they often had to wait, but did not mind as they were always given enough time with GPs who listened to them carefully.

There were 304 responses to the Friends and Family Test (FFT) for the practice for the 12 months prior to the inspection. Of these, 262 (86%) said they would recommend the practice. The practice had analysed the comments which were included with these, many of which related to the phone system and access to appointments and believed that the actions they had taken were beginning to improve these areas for patients.

## Areas for improvement

### Action the service SHOULD take to improve

- Review procedures for receiving and acting on nationally issued alerts to ensure that a record of alerts and actions taken is maintained.
- Streamline the complaints process and introduce a complaints policy which is shared with patients and staff.
- Review the protocol for numbers of blank prescriptions carried by GPs.
- Provide all staff with up to date information on the location of emergency equipment and medicines.
- Carry out a risk assessment for legionella and implement advised legionella control regime in line with the risk assessment.
- Review support for carers and patients who have experienced bereavement and introduce local policies to support these groups.

# The Clayton Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, an Expert by Experience and a second CQC Inspector.

## Background to The Clayton Medical Centre

The Clayton Medical Centre provides primary medical services to around 6,626 patients in Accrington, East Lancashire under a personal medical services (PMS) contract with NHS England. The local Clinical Commissioning Group (CCG) is East Lancashire CCG.

The practice building was opened in 1990 and has seen a number of extensions to increase consulting rooms and administrative space.

There are three GP partners, two male and one female, one female nurse practitioner, two nurses, one of whom was also the community matron for over 75 year old patients, and an assistant practitioner. The practice is supported by a practice manager and a team of eight support staff. The practice is also a training practice, and supports medical students and GP trainees.

The practice is open from 8am until 6.30pm Monday to Friday, with the exception of one Monday each month when it is closed between 12.30pm and 3pm for staff training. During this time, patients are asked to contact a different number for urgent care.

Census data shows a varied practice population with double the numbers of over 75 year old than national

averages. Male and female life expectancy is in line with East Lancashire Clinical Commissioning Group (CCG) and national averages (practice male 76 years, CCG 77, England 79; practice female 80 years, CCG 81, England 83).

Information published by Public Health England rates the level of deprivation within the practice population as four on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest).

East Lancashire generally has a higher prevalence of Chronic Obstructive Pulmonary Disease (COPD, a disease of the lungs), smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

## 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 9 June 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff including two GPs, one nurse practitioner, a practice nurse and the assistant practitioner, the practice manager, and administrative and reception staff.
- Spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and/or family members
- 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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 apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events although no formal annual review was conducted.

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. For example, the practice had identified two themes for potential errors, in medication prescribing and duplicate patient names. The practice had taken a number of steps to prevent future errors occurring and reviewed near misses as significant events so all staff understood how potential mistakes could be avoided.

The practice could demonstrate that action had been taken in response to some nationally issued safety alerts, though a record was not kept of all actions taken, and the inspection identified concerns that some alerts could have been missed due to staff sickness. The practice took action on the day of the inspection to ensure that these would not be missed in future.

### 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:

- Safeguard arrangements for children and vulnerable adults. 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. The safeguarding lead was a GP who met weekly with health visitors to discuss children of concern. 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 3 and practice nurses were trained to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. Only nursing staff acted as chaperones and were trained for the role, they had also 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 nurse practitioner was the infection prevention and control (IPC) clinical lead liaised with the clinical commissioning group (CCG) IPC lead. There was an IPC protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the waiting room carpet and seating had been replaced, and there was a plan in place for replacement of carpets in consulting rooms and replacing taps in the room used for minor surgery to meet current requirements.
- 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 reviews of high risk medicines by the medicines manager, who ensured that all required monitoring was in place prior to submitting prescriptions to GPs for authorisation. The practice



## Are services safe?

carried out regular prescribing audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- The practice recognised that it was a high prescriber for antibiotics and a range of sedative/ hypnotic medication which the clinical team had been working hard to reduce with support from the CCG pharmacist medicines manager. Evidence which showed that the practice was making improvements was shared with the inspection team.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, GPs carried full prescription pads, which if stolen could lead to abuse or harm. The nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The assistant practitioner was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and one locum GP file 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- Health and safety was prioritised in the practice with clear lines of responsibility and effective procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a health and safety representative identified. The practice had up to date fire risk assessments. The inspection could not see evacuation instructions for patients in the waiting area, although staff were clear on the procedures, participated in regular fire drills and knew how to support patients out

of the premises. 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 a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection prevention and control. Water samples had been recently taken to check for legionella, although there was no legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was also a comprehensive CCTV system in use, which allowed administrative staff upstairs to monitor activity in public areas and support reception colleagues when appropriate.
- The practice had seen some staffing changes over the previous 12-18 months. The partners had arranged additional support during this time to mitigate risks from these changes. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were rotas in place for each staffing group and the practice had recently recruited a member of staff to work across administration and reception to help manage workloads.

### 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 treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in reception although not all staff were aware of the location of these. 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

## Are services safe?

contact numbers for staff, though there were areas which required updating in this plan which were discussed with the practice during the inspection. All GPs and lead staff carried emergency cascade contact cards with them in case of major incident.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88% of the total number of points available. The practice had worked consistently through 2015-2016 reporting year and local data suggested that patient outcomes had improved, although this data had not been nationally validated at the time of our visit.

Data from 2014-2015 showed lower achievement than average, for example:

- Performance for diabetes related indicators was lower than the national average. For example, 58% had a recent blood sugar test which was within a normal range, which was lower than the national average of 78%. Local data for 2015-2016 showed an improvement to 68% though this had not been validated.
- Performance for mental health related indicators was similar to national averages. For example, 86% of patients had a recent record of alcohol consumption in their record which was in line with the national average of 90% and 85% had a care plan documented in their record compared with the national average of 88%.

The practice had recognised the need for improvement and raised staff awareness of QOF indicators, introducing monthly monitoring and discussion at practice meetings.

There was evidence of quality improvement including clinical audit. Nurses had been involved in audit for several years, as had the medical students and trainee GPs.

- There had been 10 clinical audits completed in the last four years, five of these were completed audits where the improvements made were implemented and monitored. The audits included:
  - Cancer reviews.
  - Diabetes continuity of care.
  - Over 75 year old patients diagnosed with dementia had had a face-to-faced review in the preceding 12 months
  - Patients prescribed antiplatelet medication
  - Patients referred to smoking cessation.
  - Patients with hypertension.
  - Patients with atrial fibrillation (A heart condition).
  - Prescribing including benzodiazepines (hypnotic or sedative drugs which can become addictive and have significant side effects).
  - Staff knowledge of basic life support skills.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research, this included work to reduce levels of antibiotic prescribing and sedative or hypnotic medication to meet current NICE guidelines. The practice continued to make progress in reducing prescribing of high risk medications working with the CCG pharmacist medicines manager.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing patients with atrial fibrillation and ensuring they were prescribed in line with NICE guidance or referred where relevant to anti-platelet clinics.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff which included staff being given time to complete a range of on-line learning. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nurses had completed courses in asthma, respiratory care and diabetes for working with patients

# Are services effective?

(for example, treatment is effective)

with long-term conditions and the nurse practitioner and one nurse were currently being supported to complete a course in family planning and contraceptive implants.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice was committed to supporting staff continuing professional development, with staff having had support to undertake non-medical prescribing qualifications, practice management and general practice nursing courses.
- 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.
- The on-line resource used by the practice had been temporarily suspended by the provider, though was due to recommence at the time of our visit. The inspection team discussed with the practice the need for local induction procedures to include alternative training should new staff not be able to access this system.

## 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. Multi-disciplinary meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For particularly complex vulnerable patients, case reviews were held in the patients' home and GPs attended, along with the community matron or nurse practitioner.

## Consent to care and treatment

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

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

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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, those with learning disabilities or mental health conditions. Patients were signposted to the relevant service.
- Smoking cessation advice was available within the practice, and the local substance misuse service also ran clinics from the practice premises.

The practice's uptake for the cervical screening programme in 2014-2015 was 78%, which was comparable to the national average of 82%. The practice informed us that this was higher for the period 2015-2016, although the data had

## Are services effective? (for example, treatment is effective)

not yet been nationally validated. 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. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had a higher prevalence of cancer diagnoses 2.8% when compared to the national

average of 2.2%. Take up of breast cancer screening by eligible women was lower than the CCG average, 54% compared with 68% but other screening attendance was in line with national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 64% to 92% and five year olds from 62% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and 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 being courteous and very helpful to patients and treating 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 quiet room to discuss their needs.

Of the 19 patient Care Quality Commission comment cards we received, 13 were totally positive about the service experienced. Two cards mentioned staff attitude and four mentioned access to appointments as problematic at times, although all said they received good care from clinicians. Other patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the most patients felt they were treated with compassion, dignity and respect. The practice was variable for its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG and the national averages of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 64% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice had recently supported some staff to attend compassion champion training.

### 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. We also saw that care plans were personalised.

Results from the national GP patient survey showed responses were mainly positive to questions about their involvement in planning and making decisions about their care and treatment. Results were generally in line with local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national averages of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

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 65 patients as carers (1% of the practice list). Carers were offered flu

vaccinations and informed about a local carer support service. The practice intended to increase the support offered to carers by offering health checks. Written information was available to direct carers to the various avenues of support available to them.

There was no bereavement policy in place and the inspection did not observe a process for giving support to patients who had experienced bereavement.



# 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. This included accommodating members of the Integrated Neighbourhood Team and supporting the development of this team to improve health and social care support for vulnerable local patients.

- The practice made individual arrangements for patients with learning disabilities, and worked closely with local care homes for these patients as required.
- 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 travel vaccinations.
- There were disabled facilities and translation services available though no hearing loop. Staff communicated with deaf patients in writing or offered them a private room or sign language interpreters if required.
- A range of sexual health services and minor surgery were available on the premises.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were usually from either 8am or 8.30am and until 12.30pm each morning and 1.30pm until 5.30pm each afternoon. The practice did not offer any extended hours provision.

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.

- 61% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 37% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice shared details of the actions they had taken with the inspection team to improve patient access and there was anecdotal evidence this had improved. This included changing the incoming telephone number so that phone call costs were lower for calling the practice and reviewing the appointment system. The practice intended to conduct a patient survey in July 2016 to review progress it had made, which the PPG had agreed to support them with. The practice hoped that this and more recent GP patient survey results would reflect positively on the changes and improvements they had made in 2015, and continued to monitor.

People told us on the day of the inspection that they currently were able to get appointments when they needed them, although this had not been the case in the past.

### Listening and learning from concerns and complaints

The practice had a system in place for handling compliments, complaints and concerns, although this required formalising in a practice policy.

- The practice manager was the designated responsible person who handled all complaints in the practice.
- Although there was no formal complaints policy in place, complaints were handled in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available to help patients understand the complaints system, with information displayed in the waiting area and on the practice website.
- All compliments and complaints were discussed with the wider practice team so that learning could be shared.

We looked at 10 complaints received in the last 12 months and found that these were acknowledged and responded to in line with contractual requirements, although formal records were not kept of telephone conversations. A cover sheet was in place for most complaints, and we discussed with the practice the benefits of using this more consistently. Lessons were learnt from individual concerns and complaints as well as from analysis of trends. The practice took action to improve the quality of care, for example in supporting staff with new guidance on dealing with prescription requests and changed the introductory message on the phone system.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice discussed development plans and was clear about the future direction of the practice and improving patient care.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This included:

- A clear staffing structure with staff who were aware of their own roles and responsibilities.
- A range of practice specific policies were implemented and were available to all staff, though the practice had some policies which required updating or localising.
- An understanding of the performance of the practice was maintained
- A comprehensive programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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 and practice manager 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 and 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.
- Formal records of verbal conversations were not always maintained, although this was implemented whilst we were on site.

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

- There was a strong team ethos within the practice and regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice was open about staffing changes and how these had impacted upon patient care and clear about how they were trying to improve this during the inspection.

### 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 included around six patients. Meetings had been infrequent although the practice informed us they intended to propose quarterly meetings with the PPG. The practice was also actively looking to increase to improve engagement by reaching more patients. Following poor feedback and complaints, the practice

# Are services well-led?

Good 

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

changed the phone number reviewed the appointments system. The practice asked the PPG for feedback on the new system and intended to conduct a patient survey in July 2016 with support from the PPG.

- The practice had gathered feedback from staff through regular discussions and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff described two areas where they felt their suggestions had been taken on board to make improvements, one was sharing quality and outcomes framework targets with all staff and the other related to medication prescribing for asthmatic patients. Staff told us they felt involved and engaged to improve how the practice was run.
- One specific area of feedback which the partners had taken on board stemmed from the recent external review of the practice's Investors in People (IIP) accreditation. Feedback from this review showed that staff had valued the presence of a GP partner at their annual appraisals the previous year (which was to support the locum practice manager). This feedback led the practice to agree that a partner would continue to work with the practice manager on staff appraisals.

## Continuous improvement

In October 2015 the practice achieved the Royal College of General Practitioners Quality Practice Award. The Quality Practice Award is a standards based quality accreditation process designed to improve patient care by encouraging and supporting practices to deliver the very highest quality

care to their patients. The award recognised the commitment of the practice team in providing high quality care and every aspect of the GP practice was assessed and checked to see if it met the required standards.

The practice was also recognised by Investors in People for staff support and development. A review of the IIP accreditation in 2015 found the practice to be meeting required standards to retain their accreditation.

The practice was a training practice with an ethos of supporting continuous learning for all. A number of the team had been supported over several years to complete personal and professional development, this included supporting the nurse practitioner to complete additional training and the independent non-medical prescribers qualification; helping a member of staff develop from receptionist to Health care Assistant and Assistant Practitioner, and practice management training for other staff. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area including the Age UK scheme to support people experiencing social isolation.

The practice recognised areas where they felt improvement was required and had already made significant improvement to patient outcomes, for example with changes made to the recall system and quality and outcomes framework in 2015. The whole practice team was clearly committed to giving patients the best possible care and working with other organisations to improve patient safety and outcomes.