

The Boulevard Medical Practice

Quality Report

Savile Park Road, Halifax HX1 2ES
Tel: 01422 365533
Website: www.boulevardpractice.co.uk

Date of inspection visit: 2 December 2015
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?	Outstanding	

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
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to The Boulevard Medical Practice	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 The Boulevard Medical Practice on 2 December 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive well led services. Specifically we rated the practice as outstanding for providing well led services.

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

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

- Information about services and how to complain was available and easy to understand.
- Patients said they usually found it easy to make an appointment with a GP but not necessarily with the GP of their choice. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw the following areas of outstanding practice:

- The practice had developed a 'Good Ideas' scheme where staff were encouraged to put forward ideas for innovating or improving service delivery.
- All staff were provided with a reflective journal which informed their annual appraisal and learning and development needs.

Summary of findings

- All staff had completed a personality assessment tool which enabled management and colleagues to be aware of individuals' working and learning style to elicit maximum efficiency and job satisfaction for all staff.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information; a verbal and written apology and were told about any actions taken 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 people safe and safeguarded from abuse.
- Staffing levels were at an appropriate level to meet patient need.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable with the locality.
- 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.
- We saw evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than or 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Calderdale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified for example a the practice were making use of a patient education website for diabetic patients in recognition of some patients' lack of understanding of their condition.
- Patients said they found it easy to make an appointment with GP, though not necessarily with the GP of their choice. 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as outstanding for being well led.

- It had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with the full staff team and was regularly reviewed and discussed within the team.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very active patient participation group which influenced practice development for example themed health promotion events were being developed to address needs of specific patient groups such as men's health issues.

Outstanding



Summary of findings

- The practice was aware of and complied with the requirements of the Duty of Candour. The partners and management team encouraged a culture of openness and honesty. The practice had good systems in place for knowing about notifiable safety incidents.

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.
- All patients over 75 years of age were offered an annual health check which included a medication review. Longer appointments, home visits and urgent appointments were available for those with enhanced needs.
- The practice worked closely with other health professionals such as the district nursing team and the community matron to ensure housebound patients received the care they needed.
- We sought feedback from two nursing homes whose residents were registered at the practice and were told the standard of care provided by the practice was excellent.

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.
- Within the preceding 12 months 90% of patients on the practice diabetes register had a recorded foot examination and risk classification completed which was higher than the national average
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and were offered a structured annual review to check that their health and medicines needs were being met. For those people 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

Good



Summary of findings

example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were higher than CCG averages for all standard childhood immunisations.

- The practice were looking at ways to help identify and support girls and young women who had experienced female genital mutilation (FGM).
- 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.
- The percentage of women who had a recorded cervical screening test in the preceding year was 86% which was higher than the national average
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Weekly baby clinics were held jointly with the health visitor offering health and developmental reviews, immunisations, baby checks and post natal checks for new mothers.
- Fortnightly meetings were held with the health visitor to discuss and plan care for families in greater need.

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 and flexible. Early morning appointments were available on Thursday from 7.20am with a GP or nurse practitioner and alternate Saturdays between 8.45am and 12.45pm with a GP, nurse practitioner, practice nurse or health care assistant.
- The practice was proactive in offering online services and had been successful in encouraging over one third of their patients to sign up for this service. The practice also offered a full range of health promotion and screening reflecting the needs of this group of patients.

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 children subject to a child protection plan and those patients with a learning disability.

Good



Summary of findings

- Annual health checks were offered to patients with a learning disability and longer appointments of up to 30 minutes were offered.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- It gave vulnerable patients information about how to access various support groups and voluntary organisations in the local area.
- Those patients who were also acting as carers were identified on the practice system and were offered an annual flu vaccination. Information about additional local support services was made available to this group of patients.
- 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).

- 87% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months.
- 88% of people with schizophrenia or other psychoses had had a care plan agreed and documented within the preceding 12 months..
- The GP partners had been trained to offer ten minute brief interventions around cognitive behaviour therapy (CBT) methods to help patients experiencing symptoms of anxiety or low mood.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice gave patients experiencing poor mental health information about how to access various support groups and voluntary organisations in the local area.
- It 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 people 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 on 2 July 2015. There were 299 survey forms distributed and 109 were returned. This represents a response rate of 37% of those distributed and 1.2% of the practice population as a whole.

The results showed the practice was performing slightly lower than CCG and national averages in terms of telephone access to the surgery and making appointments, although they scored higher than CCG and national averages in terms of satisfaction with waiting time to be seen and in satisfaction with the receptionists. The practice had acknowledged these points and were working with their PPG to address the issues on which they scored less well. Three phone lines were available for incoming calls on a daily basis with a team of staff responsible for answering the phone. They had developed a protocol stating that every phone was to be answered within three rings. The practice were constantly reviewing the number of available appointments for patients. The practice were also promoting online services, and were able to demonstrate that 3300 patients, representing over a third of the patient population, had registered for this service.

- 61% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 90% found the receptionists at this surgery helpful compared to the CCG average of 86% and national average of 87%

- 83% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 94% said the last appointment they got was convenient compared to the CCG and national average of 92%
- 72% described their experience of making an appointment as good compared to the CCG and national average of 73%
- 70% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 70% and national average of 65%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards which were all positive about the standard of care received. Five of the respondents referred to some difficulties accessing appointments at times convenient to them but this had not detracted from the overall positive impression of the service provided by the practice.

We spoke with nine patients during the inspection, three of whom were members of the PPG. All nine patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Two patients said they had remained registered with the practice despite having moved house and having access to alternative GP practices closer to their home.

Outstanding practice

- The practice had developed a 'Good Ideas' scheme where staff were encouraged to put forward ideas for innovating or improving service delivery.
- All staff were provided with a reflective journal which informed their annual appraisal and learning and development needs.
- All staff had completed a personality assessment tool which enabled management and colleagues to be aware of individuals' working and learning style to elicit maximum efficiency and job satisfaction for all staff.

The Boulevard Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Boulevard Medical Practice

The Boulevard Medical Practice was previously known as Heath House Surgery. It is situated approximately half a mile from the centre of Halifax.

The practice is based in a Grade Two listed building with a modern purpose built extension having been added four years ago. They currently have 9072 patients on their patient list. Twenty three percent of their patient population is of South Asian origin. A small number of patients are of Eastern European origin. The practice provides General Medical Services (GMS) under a contract with NHS England. They offer a range of extended services such as extended hours access to appointments and childhood immunisations.

The practice has four GP partners, three of whom are female and one male. It also has two salaried GPs, one of whom is male and one female. The practice is a training practice which means it assists with the training of qualified doctors wishing to specialise in General Practice. There is

one female nurse practitioner, two practice nurses, both of whom are female and two female health care assistants (HCAs). The clinical team is supported by a practice manager and a team of administrative and reception staff.

The practice catchment area is classed as being within one of the less deprived areas in England.

The practice is open between 8am and 6pm with extended hours available on Thursday morning, when appointments available with a GP or nurse practitioner from 7.20am. Additional appointments are available every second Saturday morning with a GP, nurse practitioner, practice nurse or health care assistant (HCA) between 8.45am and 12.45pm.

Weekly clinics are held including family planning, well woman, antenatal, baby clinic, asthma, diabetes and 'Happy Heart' services. The practice is able to refer to CCG wide services such as counselling, weight management and drug and alcohol services. Out of hours care is provided by Local Care Direct which is accessed via the surgery telephone number or by calling the NHS 111 service.

The Boulevard Medical Practice is registered with the Care Quality Commission to provide treatment of disease disorder or injury, surgical procedures, diagnostic and screening procedures, maternity and midwifery services and family planning.

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

Detailed findings

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

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Calderdale CCG to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national GP patient survey, the NHS Friends and Family Test (FFT) as well as information and feedback on NHS choices. In addition we contacted two local nursing homes whose residents are registered with the practice, for their feedback.

We carried out an announced inspection on 2 December 2015. During our visit we:

- Spoke with a range of staff including two GPs a nurse practitioner a health care assistant, the practice manager, support services manager and a member of the administration team.
- In addition we spoke with community staff aligned with the practice, including a district nurse a community matron and a health visitor.
- We also spoke with a representative of the company responsible for cleaning the practice.

- In addition we spoke with nine patients including three members of the patient participation group (PPG) and received 50 comment cards where patients and members of the public shared their views and experience of the service.
- We observed communication and interaction between staff and patients, both face to face and on the telephone.

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

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

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

- 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, it was identified that data had been entered onto the wrong patient's record where two patients had the same surname. As a result a protocol was developed and an alert added onto the patient's electronic record to alert clinicians that more than one patient with the same surname existed.

When there were unintended or unexpected safety incidents we saw evidence that people received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 provided reports, or fed back information via the health visitor where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3.
- A notice in clinical rooms advised patients that chaperones were available, if required. Reception staff

who acted as chaperones always wore a white coat during their time involved in chaperone duties. This identified to the patient that the member of staff was acting in a capacity other than their reception role and differentiated between the two roles. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams and attended infection prevention and control champions meetings to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were thorough and robust. This included obtaining, prescribing, recording, handling, storing and security. However we did find one medicine used for local anaesthesia in a drawer in one of the GP rooms which was out of date. This medicine had not been in use for some time and it was immediately destroyed. We were confident that this was an isolated incident and were satisfied that the GP in question would no longer store medicines in his desk drawer. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Are services safe?

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.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had appropriate 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.
- 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 fit for use.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 93.7% of the total number of points available, with 5.8 exception reporting. Exception reporting rates allow for patients who do not attend for reviews or where certain medications cannot be prescribed due to a side effect to be excluded from the figures collected for QOF. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 87.2% which was lower than CCG and national averages which were 90.3% and 87.4% respectively. For example the percentage of patients on the diabetes register who had a recorded foot examination in the preceding 12 months was 84.7% compared to a CCG average of 98.8% and national average of 88.3%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was higher than CCG and national averages of 99% and 98% respectively.
- Performance for mental health related indicators was 88.5% which was lower than CCG and national averages which were 96.3% and 92.8% respectively. For example the percentage of patients with a diagnosis of

schizophrenia or other psychoses who had a comprehensive care plan documented in the preceding 12 months was 81.1% compared to a CCG average of 90.9% and national average of 88.3%.

- Performance for dementia related indicators was 96.2% which was higher than CCG and national averages which were 95.1% and 94.5% respectively. For example the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 89.8% compared to a CCG and national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included standardising treatment approaches for patients experiencing urinary tract infections (UTI).

Information about patients' outcomes was used to make improvements such as ensuring that patients taking anti-depressant medication were reviewed in accordance with guidelines, that treatment doses were in accordance with recommended dosage levels and that blood tests were undertaken to monitor kidney function.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. All staff were expected to keep a reflective diary which informed the appraisal process, allowing for staff to reflect on their learning and development needs.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a fortnightly basis with the health visiting team and on a quarterly basis with the palliative care team, district nurses and community matron; and that care plans and patient records were routinely reviewed and updated.

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 under 16 years of age assessments of capacity to consent were carried out in line with relevant guidance, such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment without the need for parental knowledge or consent.
- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. Consent was recorded on the patient's electronic record. Written consent for surgical procedures was obtained and scanned onto the system.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation services were provided in-house by the health care assistant (HCA).

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 83.5% and the national average of 83.6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 94% to 99%. Flu vaccination rates for the over 65s were 72%, and at risk groups 49%. These were comparable to CCG and national averages.

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

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice showed us evidence that 66% of eligible patients had

accessed this intervention in the past year. This compares with a CCG average of 58%. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

All of the 50 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 90% said the GP was good at listening to them compared to the CCG and national average of 89%
- 89% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%
- 93% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%

- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%
- 90% said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%

Care planning and involvement in decisions about care and treatment

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

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

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%

Staff told us they no longer had access to interpreter services. However two of the GP partners and one receptionist was able to speak languages compatible with their patient group. In addition the practice website provided access to translation pages for up to 90 languages.

Sign language interpreters were available when needed for patients with hearing difficulties. For those patients with visual impairment information was available in large print and information was printed on yellow paper to aid clarity of reading

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. All patients identified as carers were offered an annual flu vaccination and were provided with information relating to local support services.

Staff told us that if families had experienced bereavement a sympathy card was sent, along with information relating to additional support services and useful information for the recently bereaved. Individual GPs would decide on any additional follow up which may be appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified, for example the practice had provided bench seating outside the practice, and had fitted drinking water facilities in response to patient comments

- The practice offered early morning appointments on Thursday morning from 7.20am with a nurse practitioner or GP.
- Appointments were available on alternate Saturday mornings between 8.45am and 12.45pm with a GP, practice nurse or HCA
- There were longer appointments available for people with a learning disability.
- Home visits were available for older or housebound patients.
- Same day appointments were available for children and those with serious medical conditions.
- Facilities for those with mobility difficulties were good.
- Hearing loop facilities were available for those patients with hearing difficulties
- Information was available in large print or on yellow paper for those patients with visual difficulties. In addition the practice had a selection of reading glasses available for patient use.
- A lift was available to allow access to the first floor consultation rooms.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Early morning appointments were available on Thursday morning with a GP or nurse practitioner from 7.20am. Additional appointments were available on alternate Saturday mornings with a GP, nurse practitioner, practice nurse or HCA between 8.45am and 12.45pm. Nurse appointments were bookable in advance whilst the majority of GP appointments were booked on the day. The practice also offered a 'ring back' service for those patients presenting with urgent need where no appointments were available.

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. The practice had acknowledged that patient satisfaction with getting through to the surgery by phone was lower than average and were addressing this by dedicating incoming telephone lines during busy periods, encouraging patients to register for online appointment booking and reducing outgoing calls from the practice during busy periods. People told us on the day that they were able to get appointments when they needed them.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 61% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%
- 73% patients described their experience of making an appointment as good compared to the CCG and national average of 73%
- 70% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and national average of 65%

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- A patient information screen in the waiting area encouraged patients to give feedback on the quality of care received.
- A comments book was available in the waiting area and we saw that all comments had been personally responded to by the practice manager, advising of any action taken as a result of comments made.

We looked at 17 complaints received in the last 12 months and found they were satisfactorily handled, an explanation was given and an apology was offered. We noted the Parliamentary Health Service Ombudsman details were included in the complaint response letters.

The practice held regular reviews of complaints received where lessons were learned and disseminated to all staff

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

through staff meetings and email communication. Lessons were learned and action taken as a result to improve the quality of care, for example a patient complained that they had missed their turn in a flu vaccination clinic. As a result

the practice initiated a system of deploying a member of staff to issue numbered tickets to all those patients attending for a flu vaccination to ensure that all attendees were seen in the correct order of arrival.

Are services well-led?

Outstanding



(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 staff had collectively agreed their values and strengths which included being caring, honest and respectful and showing commitment and a good team spirit. This was regularly reviewed and updated in response to staff comments.
- The practice had a robust strategy and supporting business plans which reflected their vision and values.
- All the staff we spoke with were enthusiastic about working at the practice and spoke with pride of their engagement with practice initiatives and improvements.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- Staff understanding and awareness of practice policies and procedures was tested and refreshed by use of a 'knowledge quiz' used during protected learning time events.
- There was a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners and management team in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners and management team were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners and management team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gave affected people support which was reasonable, giving a truthful explanation and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the partners and management team 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.
- Staff training and development was central to the ethos of the practice. All staff kept a reflective diary with informed their learning and development and helped them to identify gaps in development need.
- The practice paid for staff to have access to health care cover which provided help with costs of dental, optical, physiotherapy and other therapies and treatments.
- All staff had completed a personality assessment tool which enabled management and colleagues to be aware of individuals' working and learning style to elicit maximum efficiency and job satisfaction for all staff.

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.

Are services well-led?

Outstanding



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

- The practice had developed a 'Good Ideas' scheme which encouraged staff to identify areas where they thought systems or processes could be improved. Ideas were then piloted and adopted if they were found to be effective. A quarterly vote was taken and the best idea rewarded with a prize.
- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a five to six weekly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For

example patients had requested that alternative telephone numbers were provided for patients to access when the surgery was closed. These were listed on the practice website as well as in the practice building.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area for example they were piloting a care planning tool to be used with children with asthma and epilepsy which they were sharing with school nurses.