Freeman Clinics Limited

Quality Report

Battle Hill Health Centre
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Freeman Clinics Limited (also known as Battle Hill Health Centre) on 6 September 2016. Overall, the practice is rated as good.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near-misses, and they are fully supported when they do so. Staff monitored and reviewed the activities carried out by locum GP staff to help them understand potential risks to safety, and obstacles to effective performance, so they could take appropriate steps to minimise them.
- There were clearly defined and embedded systems and processes, which helped to keep patients safe from harm.
- Services were tailored to meet the needs of individual patients and were delivered in a way that promoted flexibility and choice.
- Nationally reported Quality and Outcomes Framework (QOF) data showed that the practice's overall performance was above the local clinical commissioning group (CCG) and national averages.
- Results from the NHS GP Patient Survey of the practice showed that patient satisfaction levels regarding the convenience of appointments, telephone access and appointment availability, were either above, or broadly in line with, the local CCG and national averages. Staff were committed to improving access for patients.This included the provision of an additional 13 pre-bookable appointments on a Saturday and Sunday, at the walk-in-centre service.
- 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. Data from the NHS National GP

Summary of findings

Patient Survey of the practice showed patients rated them either higher than, or broadly in line with, local CCG and national averages, for most aspects of care. Staff also demonstrated their caring approach to patients through their participation in events organised by the practice, to raise funds for local charities.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The arrangements for governance and performance management were effective. Clinical audit was used to monitor quality and to make improvements. Staff had completed some very well structured first cycle audits, but now needed to move on to complete the second cycles of these audits.
- The practice had a well-developed vision regarding how they would deliver high-quality person-centre care, and were actively taking steps to deliver this, in collaboration with their commissioners.

We saw an area of outstanding practice:

- The practice had a very effective process in place for managing complaints. Staff genuinely welcomed complaints and saw patient feedback as an opportunity for learning and development. Complaints were handled in a way that allowed a gentle yet effective response to the patient, and which supported and encouraged clinicians to respond openly and learn from errors.

However, there were also areas where the provider needs to make improvements. The provider should :

- Develop a planned, structured approach to carrying out clinical audits.
- Improve the identification of carers within the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement.
- There was an effective system for dealing with safety alerts and sharing these with staff.
- The practice had clearly defined systems and processes that helped keep patients safe. Individual risks to patients had been assessed and were very well managed. Good medicines management systems and processes were in place. Required employment checks had been carried out.
- The premises were clean and hygienic, and overall, satisfactory infection control processes were in place.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion. This included providing advice and support to patients to help them manage their health and wellbeing.
- The practice used the information collected for the Quality and Outcomes Framework (QOF), to monitor and improve outcomes for patients. The data showed the practice's performance was above, or broadly in line with, local clinical commissioning group (CCG) and England averages.
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.
- The arrangements for governance and performance management were effective. Clinical audit was used to monitor quality and to make improvements. Staff had completed some very well structured first cycle audits, but now needed to move onto completion of the second cycle of these audits.
- Staff worked effectively with other health and social care professionals, to ensure the range and complexity of patients' needs were met.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- There was a strong, visible, person-centred culture. Staff treated patients with kindness and respect, and maintained patient and information confidentiality. Patients we spoke with, and most of those who had completed a Care Quality Commission (CQC) comment card, were happy with the care and treatment they received.
- Staff demonstrated their caring approach to patients through their participation in events organised by the practice, to raise funds for local charities. For example, staff had held an afternoon tea event for a charity for people with visual disabilities. Staff had also donated toiletries, so they could be used to help promote the dignity of homeless people. The practice was a designated safe haven, which meant staff were able to provide a temporary place of safety to vulnerable adults.
- Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels with the quality of GP and nurse consultations, and their involvement in decision making, was either above, or broadly in line with, the local CCG and national averages.
- Information for patients about the range of services provided by the practice was available and easy to understand.
- There were arrangements in place for helping patients and their carers cope emotionally with their care and treatment. However, the number of carers on the practice's carer register was low.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care.
- The majority of patients who provided feedback on CQC comment cards were satisfied with telephone access to the practice and appointment availability. Results from the NHS GP Patient Survey of the practice showed that patient satisfaction levels regarding the convenience of appointments, telephone access and appointment availability, were either above, or broadly in line with, the local CCG and national averages. Staff were committed to improving access for patients. This included the provision of 13 pre-bookable appointments on a Saturday and Sunday at the walk-in-centre service.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a very effective system in place for managing complaints. Staff genuinely welcomed complaints and saw patient feedback as an opportunity for learning and development. Complaints were handled in a way that allowed a gentle yet effective response to the patient, and which supported and encouraged clinicians to respond openly and learn from errors.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had good governance and performance management arrangements. They had clearly defined and embedded systems and processes that helped to keep patients safe. There was a clear leadership structure and staff felt well supported by the practice management team.
- The practice actively sought feedback from patients via their patient participation group. They had acted on this feedback by making improvements to the quality of care patients received.
- There was a strong focus on, and commitment to, continuous learning and improvement at all levels within the practice.

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.

- Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed above, or broadly in line with, local clinical commissioning group (CCG) and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group.
- The practice offered proactive, personalised care which met the needs of older patients. For example, all patients over 75 years of age had a named GP who was responsible for overseeing their care.
- Staff worked in partnership with other health care professionals to ensure that older patients received the care and treatment they needed so that, where possible, emergency admissions into hospital could be avoided.

People with long term conditions

Good

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

- The QOF data showed the practice had mostly performed above, or broadly in line with, local CCG and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group.
- Nursing staff had lead roles in chronic disease management and patients at risk of unplanned admissions into hospital were identified as a priority.
- Patients with long-term conditions were offered annual reviews to check their health needs were being met and that they were receiving the right medication. Longer appointments and home visits were available when needed.
- Clinical staff were good at working with other professionals, to deliver a multi-disciplinary package of care to patients with complex needs.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to protect children who were at risk and living in disadvantaged circumstances. For example, regular multi-disciplinary meetings were held where the needs of vulnerable children and families were discussed. All clinical staff had completed appropriate safeguarding training.
- The practice offered a full range of immunisations for children. Publicly available data showed that childhood immunisation rates for the vaccinations given were broadly in line with local CCG averages. For example, childhood immunisation rates for the vaccinations given to children under two years old ranged from 94.2% to 98.6% (the local CCG averages ranged from 97.3% to 98.7%). For five year olds, the rates ranged from 92% to 98% (the local CCG averages ranged from 92.2% to 98.4%).
- The practice had a comprehensive screening programme. The QOF data showed the uptake of cervical screening for females aged between 25 and 64, attending within the target period, was above the national average, (84% compared to 81.8%.)

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 practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this group of patients.
- The QOF data showed the practice had mostly performed either above, or broadly in line with, local CCG and England averages, in providing recommended care and treatment to this group of patients.
- Patients were able to access out-of-hours appointments with a GP (8am to 8pm, 365 days of the year) at the walk-in-centre located in the same premises as the practice.

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.

- There were suitable arrangements for meeting the needs of vulnerable patients. The practice maintained a register of patients with learning disabilities which they used to ensure they received an annual healthcare review.

Summary of findings

- Systems were in place to protect vulnerable children from harm. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns, and they regularly worked with multi-disciplinary teams to help protect vulnerable patients.
- Appropriate arrangements had been made to meet the needs of patients who were also carers. However, the number of carers on the practice's register was low.

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).

- There were suitable arrangements for meeting the needs of patients experiencing poor mental health. The QOF data, for 2014/15, showed the practice had performed above, or broadly in line with, local CCG and national averages, in relation to providing care and treatment to this group of patients.
- Patients experiencing poor mental health were given advice about how to access various support groups and voluntary organisations.
- The practice's clinical IT system clearly identified patients with dementia and other mental health needs, to ensure staff were aware of their specific needs.
- Patients diagnosed with dementia, or who had been prescribed dementia medication, had had their needs assessed using a standardised dementia screening tool.
- The practice was working towards achieving accreditation for being a Dementia Friendly organisation. A senior member of staff had completed Dementia Champion training, and they had carried out dementia friends' sessions with staff, to increase the awareness of how to support patients with this condition.

Summary of findings

What people who use the service say

Feedback from patients was mostly positive about the way staff treated them. We spoke with two members of the practice's patient participation group. They told us: they received a good service from staff; that the practice was always clean and well maintained; and that staff were polite, friendly, and professional. They also said they were treated with dignity and respect, and they confirmed that staff listened to them and involved them in making decisions about their care and treatment. However, one of these patients told us it was sometimes difficult to get an appointment, and that appointment waiting times were not always good.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 34 completed comment cards the majority of which were very positive about the standard of care provided. Words used to describe the service included: excellent; very helpful; very happy; friendly; very positive; excellent compassion; fantastic; all aspects run well; caring attitude; in safe hands. However, three patients expressed concerns. One patient commented that they would like the practice to employ more 'regular' doctors to offer better continuity of care. Another patient reported that they had had appointments cancelled at the weekend and had then found it difficult to get another appointment within a reasonable amount of time. This person also said that it was difficult to get through to the practice on the telephone. A third patient told us they had raised concerns about their care, and the practice was looking into these.

Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed the practice's performance was either above, or broadly in line with, the local CCG and national averages. However, the practice had performed less well in relation to patients being able to obtain an appointment. For example, of the patients who responded to the survey:

- 93% had confidence and trust in the last GP they saw, compared with the local CCG average of 96% and the national average of 95%.
- 87% said the last GP they saw was good at listening to them, compared to the local CCG average of 90% and the national average of 89%.
- 86% said the last GP they saw was good at explaining tests and treatments. This was the same at the national average, but below the local CCG average of 89%.
- 82% said the last GP they saw was good at involving them in decisions about their care. This was below the local CCG average of 85%, but the same as the national average.
- 97% had confidence and trust in the last nurse they saw. This was just below the local CCG average of 98%, but the same as the national average.
- 92% said the last nurse they saw was good at listening to them, compared with the local CCG and the national averages of 91%.
- 89% said the last nurse they saw was good at explaining tests and treatments, compared with the local CCG average of 91% and the national average of 90%.
- 86% said the last nurse they saw was good at involving them in decisions about their care. This was the same as the local CCG average, but above the national average of 85%.
- 97% said the last appointment they got was convenient, compared with the local CCG average of 93% and the national average of 92%.
- 78% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG average of 86% and the national average of 85%.
- 90% found it easy to get through to the surgery by telephone, compared with the local CCG average of 79% and the national average of 73%.

  (319 surveys were sent out. There were 101 responses which was a response rate of 32%. This equated to 2.7% of the practice population.)

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Develop a planned, structured approach to carrying out clinical audits.
- Improve the identification of carers within the practice.

Outstanding practice

- The practice had a very effective system in place for managing complaints. Staff genuinely welcomed complaints and saw patient feedback as an opportunity for learning and development.

  Complaints were handled in a way that allowed a gentle yet effective response to the patient, and which supported and encouraged clinicians to respond openly and learn from errors.

Freeman Clinics Limited

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to Freeman Clinics Limited

Freeman Clinics Limited (also known locally as Battle Hill Health Centre) provides care and treatment to 3,791 patients of all ages, based on an Alternative Provider Medical Services (APMS) contract. (This is a locally negotiated contract open to both NHS practices and voluntary or private providers.) The practice is part of the NHS North Tyneside clinical commissioning group (CCG) and provides care and treatment to patients living in the Wallsend area of North Tyneside. We visited the following location as part of the inspection: Freeman Clinics Limited, Battle Hill Health Centre, Wallsend, North Tyneside, NE28 9DX.

Nationally reported data showed the practice had a lower percentage of people with long-standing health conditions than the England average, and less people with caring responsibilities. Life expectancies for both men and women were below the England average. There were higher levels of social deprivation, especially in relation to older people and children. The practice had a mostly white British population. National data showed that 1.6% of the population were from an Asian ethnic minority background, and 1.3% were from non-white ethnic groups.

The practice was located in a purpose built building which included adaptations to meet the needs of patients with disabilities. The provider also operated a walk-in-centre from the same building, which the practice's patients could access.

The practice has two salaried GPs in post (one male and one female.) The male GP acts as the clinical lead. The female GP was on maternity leave at the time of the inspection and was being covered by a female long-term GP locum. The practice has a vacant GP post (nine sessions) which they have just appointed to. There is also a practice nurse (female), a healthcare assistant (female), a practice manager, an assistant practice manager and a team of administrative and reception staff.

Opening times are as follows:

GP practice: 8am to 6:30pm. (Monday to Friday)

GP appointment times:

8am to 6:50pm. (Monday to Friday)

(Registered patients also had access to 13 pre-bookable appointments each day at the walk-in-centre.)

When the practice is closed patients can access out-of-hours care via the Northern Doctors Urgent Care Limited On-Call service, the NHS 111 service and the walk-in-centre based in the same premises.

Why we carried out this inspection

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

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. This 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 6 September 2016. During our visit we:

- Spoke with a range of staff, including the salaried clinical lead GP, two other GPs who regularly worked at the practice as locums, the practice manager, the assistant practice manager, the practice nurse and some administrative staff. We also spoke with two patients from the practice's patient participation group.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff had identified and reported on 17 significant events directly relating to the GP practice, during the previous 12 months. The sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events consistently and appropriately. Staff maintained a comprehensive spread sheet which provided a good overview of how each event had been handled.All events were reviewed at the practice's monthly clinical team meetings.
- The practice's approach to the handling and reporting of significant events ensured that the provider complied with their responsibilities under the Duty of Candour regulation. (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.)
- There was a system for recording, investigating and learning from incidents, and this was known by the staff we spoke with. Where relevant, patient safety incidents had been reported to the local clinical commissioning group (CCG) via the Safeguard Incident and Risk Management System (SIRMS). (This system enables GPs to flag up any issues via their surgery computer, to a central monitoring system, so that the local CCG can identify any trends and areas for improvement.)
- The practice had a system for responding to safety alerts. (All safety alerts, including those covering medicines, were forwarded to relevant staff by the administrative team, so that appropriate action could be taken in response. There was evidence that safety alerts had been handled appropriately. This included maintaining a comprehensive spreadsheet detailing what action had been taken and by whom.

Overview of safety systems and processes

The practice had a range of clearly defined and embedded systems and processes in place which helped to keep patients and staff safe and free from harm. These included:

- Arrangements to safeguard children and vulnerable adults. Policies and procedures for safeguarding children and vulnerable adults were in place and staff had access to these. The clinical lead GP and the nurse practitioner acted as the children and vulnerable adults safeguarding leads, providing advice and guidance to their colleagues, as and when necessary. Staff demonstrated they understood their safeguarding responsibilities and the clinical team worked in collaboration with local health and social care colleagues, to protect vulnerable children and adults. Children at risk, and vulnerable adults, were clearly identified on the practice's clinical IT system, to ensure clinical staff took this into account during consultations. Regular multi-disciplinary meetings were held to monitor vulnerable patients and share information about risks. Staff had received safeguarding training relevant to their role. For example, the lead clinical GP had completed level three child protection training. All staff had completed adult safeguarding training.
- Providing chaperones to protect patients from harm. All the staff who acted as chaperones were trained for the role and had undergone 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 chaperone service was advertised in the waiting area, and clinical templates included a reminder to offer a chaperone.
- Maintaining appropriate standards of cleanliness and hygiene. Cleaning services were provided by the local hospital foundation trust and audits were carried out by them, to make sure suitable standards of cleanliness were maintained. The practice nurse told us they had recently taken on infection control lead responsibilities, and that they were in the process of reviewing the practice's system and processes. Arrangements were being made for the nurse practitioner to undertake additional training, to help them carry out this role effectively. Although staff had completed infection control training, the practice nurse told us they would be providing refresher training on a regular basis. There were infection control protocols in place and these could be easily accessed by staff. Sharps bin receptacles were available in the consultation rooms and those we looked at had been signed and dated by the assembler.

Clinical waste was appropriately handled. The local hospital trust infection prevention control team had carried out an assessment of the health centre premises in November 2015. An action plan had been drawn up to ensure the concerns identified were addressed.

- Appropriate arrangements for managing medicines, including emergency drugs and vaccines. There was a suitable system for monitoring repeat prescriptions and carrying out medicines reviews. Suitable arrangements had been made to store and monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records. Patient Group Directions (PGD) had been adopted by the practice, to enable their nurse to administer medicines in line with legislation. These were up-to-date and had been signed. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Appropriate systems were in place to manage high risk medicines. Stocks of prescription forms were checked and logged on being received into the practice. These were securely stored.
- The carrying out of a range of employment checks to make sure staff were safe to work with vulnerable patients. We looked at a sample of three staff recruitment files. Appropriate indemnity cover was in place for the clinical staff. The provider had obtained information about staff's previous employment and copies of the relevant qualifications. They had also obtained written references for each member of staff and proof of identity. The provider had also either carried out a DBS check on each person or obtained evidence that one had been completed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. For example, the practice had arranged for all clinical equipment to be serviced and calibrated, to ensure it was safe and in good working order. A range of other routine safety checks had also been carried out. These included checks of fire, electrical and gas systems**,** the completion of an up-to-date fire risk assessment and carrying out an annual fire drill. Most staff had completed fire safety training. A comprehensive health and safety risk assessment had been completed in 2015, to help keep the building safe and free from hazards. A legionella risk assessment had been carried out and actions identified had been completed. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.) A health and safety information poster was on display in the administrative area, to help raise staff's awareness of good practice.
- There were suitable arrangements in place for planning and monitoring the number and mix of staff required to meet patients' needs. We were told there had been a significant turnover of GPs during the previous 28 months, which had in turn led to high usage of GP locums as the practice had been unable to recruit a salaried GP. However, the practice now had a long-term salaried GP who had agreed to act as the clinical lead and the provider had also just appointed a full time salaried GP, who was due to start work shortly. The lead clinical GP had been given six non-clinical sessions, to enable them to carry out their lead roles effectively. These roles included providing referral advice to the staff working in the walk-in-centre, carrying out audits and providing advice and support to the nursing staff working in the walk-in-centre. In addition to this, a regular GP locum had agreed to cover the short-term absence of the other part-time salaried GP who worked at the practice. A dedicated team of administrative staff ensured there was sufficient GP cover both within the practice and in the walk-in-centre. One of the GPs we spoke with identified potential risks in relation to the use of GP locums, but said the GP rota cover had now improved and included time to catch up with administrative work.

  Appropriate arrangements were in place to cover reception and administrative duties, with the rotas being prepared up to 12 weeks in advance. There had been some recent staff turnover, but a full complement was now in place. Administrative staff had allocated roles, but were also able to carry out all reception and office duties when required.

Arrangements to deal with emergencies and major incidents

The practice had made satisfactory arrangements to deal with emergencies and major incidents.

Good

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff had completed basic life support training, to help them respond effectively to an emergency.
- Staff had access to emergency medicines that were kept in the walk-in-centre. These were kept in a secure area and staff knew of their location. All of the emergency medicines we checked were within their expiry dates.

Staff also had access to a defibrillator and a supply of oxygen (located in the walk-in-centre) for use in an emergency. Checks of these were carried out by nursing staff from the walk-in-centre.

- The practice had a business continuity plan to help staff respond effectively to major incidents, such as power failure or building damage. A copy of the plan was also kept off site by key individuals. The plan included emergency contact numbers for staff and details of other practices that would help in the event of a major incident.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The clinical lead GP told us staff were able to access guidelines via a local portal system which provided quick access to the most up-to-date NICE guidance and local guidelines. Evidence obtained during the inspection indicated that risks to patients' safety were well managed and there were systems and processes in place to monitor the quality of the work carried out by GP locum staff.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), to monitor and improve outcomes for patients. These outcomes were mostly above the local clinical commissioning group (CCG) and England averages. (QOF is intended to improve the quality of general practice and reward good practice).

The QOF data, for 2014/15, showed the practice had obtained 97.2% of the total points available to them for providing recommended care and treatment. This was above the local CCG average of 96.7%, and the England average of 94.8%. For example:

- Performance for most of the diabetes related indicators was either better than, or broadly in line with, the England averages, For example,
- Performance for the mental health related indicators was also either better than, or broadly in line with, the England averages. For example, the data showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses, whose alcohol consumption had been recorded, during 1 April 2014 to 31 March 2015, was higher when compared to the England average (94.7% compared to 80.3%). The data also showed that the percentage of patients with the specified mental health conditions, who had had a comprehensive, agreed care plan documented in their medical record, during the same time period, was just below the England average (73.7% compared to 77.2%).

The practice's exception reporting rate, at 15.6%, was 6% above the local CCG average and 6.4% above the England average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) We discussed the practice's higher than average exception reporting rate with the clinical lead GP. Evidence obtained during the inspection indicated that the 'call and recall system' used by the practice was effective and efficient, and there were good internal processes in place. Patients received an initial letter inviting them to attend for their healthcare review. Failure to respond to the initial request was followed up by a personal telephone and a second letter. We saw the practice maintained a monthly recall template to help manage this key process. Decisions to exempt patients were made by the clinical lead GP.

Clinical audit was used to monitor quality and to make improvements. Staff had completed some very well structured first cycle audits, but now needed to move on to complete the second cycles of these audits. Although only a few clinical audits had been carried out, they were relevant and clearly linked to areas where staff had either received external feedback about potential issues or, where they wanted to check that the practice's performance was in line with current guidance. However, a planned and structured programme of clinical audits was not in place. The inspection team recognised that this was linked to the previously use of locum GP staff, which made it more difficult to plan and deliver clinical audit activity.

We were provided with access to two clinical audit reports. In the first one, the clinical lead GP had carried out an audit to check that staff: had obtained the consent of patients undergoing minor surgery using the appropriate documentation; had reviewed patients' histology reports and had given them the appropriate post-operative information. The audit also aimed to identify whether the post-operative infection rate was below 5%. The findings of the audit showed 100% compliance across all areas. There was evidence that the findings had been shared with staff during GP practice meetings. We were told the second cycle of the audit was due to take place shortly. The clinical lead GP had also carried out full two-cycle audit to check whether patients prescribed disease-modifying

anti-rheumatic drugs were being appropriately monitored, in line with NICE guidance. Again, this audit showed 100% compliance. The outcomes of the two-cycle audit had also been shared during a practice meeting.

The practice had also participated in local CCG medicines optimisation audits, and had agreed to participate in a local pilot, which meant that for a designated period of time, they had access to a full time clinical pharmacist. Staff told us this person would carry out face-to-face medication reviews, oversee prescriptions, manage changes to patient information following their discharge from hospital, and help the practice to carry out medicine audits.

Effective staffing

Staff had the skills, knowledge and experience needed to deliver effective care and treatment. For example:

- The practice had an induction programme for newly appointed staff. Those staff we spoke with told us they had received an appropriate induction which had met their needs.
- The practice could demonstrate how they ensured staff undertook role specific training. For example, the practice nurse told us they had completed additional post qualification training to help them meet the needs of patients with long-term conditions.
- Staff made use of e-learning training modules, to help them keep up to date with their mandatory training. This included such areas as health and safety, infection control and safeguarding. Most staff had completed the training they needed to help them keep patients safe. The clinical lead GP told us they had received ten and half study days during 2016, with another full day planned for November. They said the provider was very supportive of them completing any training they felt they needed to undertake.
- Suitable arrangements were in place to provide staff with an appraisal. Clinical staff underwent 360 degree feedback sessions every three years, to help support their professional development. The practice nurse we spoke with confirmed the clinical lead GP carried out their appraisals. They told us they had access to clinical supervision, via a local nurse professional forum. Appropriate arrangements were in place to ensure the salaried GPs received support to undergo revalidation with the General Medical Council.

Coordinating patient care and information sharing

- The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment.
- The information included patients' medical records and test results. Staff shared NHS patient information leaflets, and other forms of guidance, with patients to help them manage their long-term conditions.
- All relevant information was shared with other services, such as hospitals, in a timely way. Important information about the needs of vulnerable patients was shared with the out-of-hours and emergency services. The clinical lead GP had put an effective system in place to monitor the practice's referral rates to other services. These had been higher than the local CCG averages, because of the high use of locum GPs. The system included providing regular GP locums with feedback about the quality of their referrals and, on occasion, re-directing their referrals, to ensure compliance with local CCG guidelines and criteria. Referral rates were now comparable with other local practices.
- Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs, and to assess and plan on-going care and treatment.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (MCA, 2005).
- When staff provided care and treatment to young people, or adult patients whose mental capacity to consent was unclear, they carried out appropriate assessments of their capacity and recorded the outcome.
- Clinical staff had completed MCA training, to help them appropriately assess the needs of patients lacking capacity to make informed decisions.

Good

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion. For example:

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged between 40 and 74 years.
- There were suitable arrangements for making sure a clinician followed up any abnormalities or risks identified during these checks.
- The practice had a comprehensive screening programme. Nationally reported QOF data showed the uptake of cervical screening for females aged between 25 and 64, attending during the target period, was higher, at 84%, than the national average of 81.8%. The data also showed that the practice had 'excepted' fewer patients than the England average. The practice had protocols for the management of cervical screening, and for informing women of the results of these tests. These protocols were in line with national guidance.
- Patients were supported to stop smoking. The QOF data showed that, of those patients aged over 15 years who smoked, 96.7% had been offered support and treatment during the preceding 24 months. This was above the local CCG average of 92.6% and the England average of 94.1%. The data also confirmed the practice had supported patients to stop smoking using a strategy that included the provision of suitable information and appropriate therapy.
- The practice offered a full range of immunisations for children. Publicly available information showed they had performed well in delivering childhood immunisations, and clinical staff told us the rates had improved during the previous 12 months. Childhood immunisation rates were broadly in line with the local CCG averages. For example, childhood immunisation rates for the vaccinations given to children under two years old ranged from 94.2% to 98.6% (the local CCG averages ranged from 97.3% to 98.7%). For five year olds, the rates ranged from 92% to 98% (the local CCG averages ranged from 92.2% to 98.4%).

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection staff were courteous and helpful to patients who attended the practice or contacted it by telephone. We saw that patients were treated with dignity and respect. Privacy screens were provided in consulting rooms so that patients' privacy and dignity could be maintained during examinations and treatments. Consultation and treatment room doors were closed during consultations, so that conversations could not be overheard. Reception staff said that a private area would be found if patients needed to discuss a confidential matter.

Feedback from patients was mostly positive about the way staff treated them. We spoke with two members of the practice's patient participation group. They told us: they felt well looked after; the practice was always clean and well maintained; and staff were polite, friendly, and professional. They also said they were treated with dignity and respect, and confirmed that staff listened to them and involved them in making decisions about their care and treatment. As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 34 completed comment cards, the majority of which were very positive about the standard of care provided. Words used to describe the service included: excellent; very helpful; very happy; friendly; very positive; and excellent compassion.

Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction with the quality of GP and nurse consultations was either above, or broadly in line with, the local clinical commissioning group (CCG) and national averages. For example, of the patients who responded to the survey:

- 86% said they were treated with care and concern by the last GP they saw, compared with the local CCG average of 89% and the national average of 85%.
- 87% said the last GP they saw was good at listening to them, compared to the local CCG average of 90% and the national average of 89%.
- 90% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG average of 89% and the national average of 87%.
- 88% said they were treated with care and concern by the last nurse they saw, compared with the local CCG average of 89% and the national average of 85%.
- 92% said the last nurse they saw was good at listening to them, compared with the local CCG and the national averages of 91%.
- 96% said the last nurse they saw or spoke to was good at giving them enough time, compared with the local CCG average of 93% and the national average of 92%.

Staff demonstrated their caring approach to patients through their participation in events organised by the practice, to raise funds for local charities. For example, staff had held an afternoon tea event for a charity for people with visual disabilities. Staff had also donated toiletries, so they could be used to help promote the dignity of homeless people. The practice was a designated safe haven, which meant staff were able to provide a temporary place of safety to vulnerable adults. The practice was also committed to caring for their staff, and as part of this, they had signed up to complete the Better Health at Work Bronze Award. (The purpose of the Award is to promote, support and encourage employers to develop a healthy workforce.)

Care planning and involvement in decisions about care and treatment

Patients we spoke with, and those who commented on this in their CQC comment cards, told us they were involved in decisions about their care and treatment.

Results from the NHS GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels regarding involvement in decision-making was either above, or broadly in line with, the local CCG and national averages. Of the patients who responded to the survey:

- 86% said the last GP they saw was good at explaining tests and treatments. This was just below the local CCG average of 89%, but the same as the national average.
- 82% said the last GP they saw was good at involving them in decisions about their care. This was below the local CCG average of 85%, but the same as the national average.
- 89% said the last nurse they saw was good at explaining tests and treatments, compared with the local CCG average of 91% and the national average of 90%.

Good

Are services caring?

- 86% said the last nurse they saw was good at involving them in decisions about their care. This was the same as the local CCG average, but above the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Staff were good at helping patients and their carers to cope emotionally with their care and treatment. They understood patients' social needs, supported them to manage their own health and care, and helped them maintain their independence. Notices in the patient waiting room told patients how to access a range of support groups and organisations. We were told that where patients had experienced bereavement, the clinical staff involved would contact the patient and offer appropriate advice and support.

The practice was committed to supporting patients who were also carers. Staff maintained a register of these patients, to help make sure they received appropriate support, such as an annual healthcare review. There were 28 patients on this register, which equated to 0.7% of the practice's population. Arrangements were in place to keep the register up-to-date. The healthcare assistant (HCA) acted as the practice's nominated carers' lead and provided support as and when requested. The HCA also captured any newly registered patients who were also carers, during their new patient health check. Clinical staff opportunistically screened patients during consultations to check whether they acted as carers. The practice's IT system alerted clinical staff if a patient was also a carer, so this could be taken into account when planning their care and treatment. Written information was available for carers to ensure they understood the various avenues of support available to them. This included a Power Point display in the reception area, and information on the practice's website, encouraging patients to inform staff of their carer status.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility and choice. Recent improvements to how staff managed patient 'call and recall' had helped to improve continuity of care. Examples of the practice being responsive to, and meeting patients' needs included:

- Providing all patients over 75 years of age with a named GP who was responsible for their care. Patients over 75 were invited to attend for an annual health check, and those under 75 years of age received an invitation to attend an annual NHS health check. Older housebound patients were able to receive their annual influenza vaccination in their own homes. The appointments system operated by the practice allowed older people to access same-day appointments more easily. Patients with end of life needs were registered with the out-of-hours service, to enable emergency professionals to access their care plans and any Do Not Attempt Resuscitation forms.
- The practice had a designated long-term conditions (LTCs) clinical lead, to help ensure patients with LTCs received care and treatment in line with relevant National Institute for Health and Care Excellence (NICE) guidelines. The practice offered annual nurse-led review appointments to this group of patients. Where necessary, patients were also referred to a GP, if nursing staff judged this to be appropriate. The practice nursing team offered appointments throughout the week, including late evening appointments, in order to provide patients easier access. Where appropriate, care plans had been put in place for patients with LTCs, to help promote their involvement in managing their own health needs. Arrangements had been made to support patients with LTCs to access an annual influenza vaccination. In order to do this, the practice offered flexible access, including open Saturday and Sunday clinics. Staff also provided clinics aimed at promoting the health of patients with LTCs, such as weight management and smoking cessation clinics.
- Making good arrangements to meet the needs of children, families and younger patients. For example, to help promote their well being expectant mothers could access ante-natal appointments and, after giving birth could access a weekly well-baby clinic. Representatives from the health visitor and midwifery teams met monthly at the practice to promote effective communication and the sharing of information about vulnerable patients. A full programme of childhood immunisations was offered by the practice nursing team, and nationally reported data showed the practice had performed well in delivering these. Appointments were available outside of school hours and the practice premises were suitable for children and babies. Same day appointments were provided for ill children. The practice was working towards achieving the 'You're Welcome' quality award, which sets out the standards providers should aim to meet, to help promote young person friendly health services. There was a 'You Can Do' young person display area in the healthcare centre foyer. Staff told us that this helped to make it clear what services they provided, and what level of confidentiality younger patients could expect from the practice.
- Patients experiencing poor mental health were given advice about how to access various support groups and voluntary organisations. An in-house volunteer counselling service was available at the health centre, and the practice's patients were able to access this. Staff kept a register of patients who had dementia, and the practice's clinical IT system clearly identified them to help make sure clinical staff were aware of their specific needs. This helped staff to ensure they were offered regular health reviews and, where appropriate, that care plans had been put in place. Patients diagnosed with dementia, or on dementia medication, had had their needs assessed using a standardised dementia screening tool. The practice was working towards achieving accreditation as a Dementia Friendly organisation. A senior member of staff had completed Dementia Champion training, and they carried out dementia friends' sessions with staff, to increase their awareness of how to support patients with this condition.
- Good arrangements for meeting the needs of working age patients. For example, the provider also operated a walk-in clinic at the health centre in which the practice was based. As the centre was open between 8am to 8pm, 365 days of the year, patients were able to pre-book appointments outside of the practice's opening times, often up to 12 weeks in advance. The practice's nursing team offered a range of health promotion clinics, including NHS health checks for

Good

Are services responsive to people's needs?

(for example, to feedback?)

patients aged 40-75 years, and weight management and smoking cessation clinics. The local hospital provided a range of specialist outreach services at the health centre which meant patients registered with the practice had better access to haematology, glaucoma, ophthalmology, Echo, x-ray, ultrasound, renal and dermatology clinics. Patients were able to use on-line services to access appointments and request prescriptions. Patients had access to telephone consultations, and were able to have their prescriptions sent to their preferred pharmacy.

- Making reasonable adjustments to help patients with disabilities, and those whose first language was not English, to access the practice. All consultation and treatment rooms were located on the ground floor. There was a disabled toilet which had appropriate aids and adaptations. Disabled parking was available and there were automatic doors into the healthcare centre. Staff had access to a telephone translation service and interpreters should they be needed. A translation icon on the practice's website allowed patients to translate the information it contained into a range of languages. A loop system had been installed to support patients with hearing impairments. The practice provided patients who had learning disabilities with access to an annual review to help promote their good health.
- Steps had also been taken to protect vulnerable patients. For example, requests for information prior to a multi-agency risk assessment conference, were responded to on the same day by the clinical lead GP. Staff ensured that they promptly requested medical summaries for people who had just been released from prison and were registering as patients with the practice, to help ensure that clinical staff could help meet the needs of such potentially vulnerable patients. The practice participated in the local Safe Place scheme, to help support vulnerable people when they are out and about in their local community, and staff had received training in how to escalate concerns to the relevant agency or organisation. Although the practice had policies and procedures in place for the registration of patients, we were told these would be waived, if registering a patient with no fixed abode was in their best clinical interests.

Access to the service

Opening times were as follows: 8am to 6:30pm. (Monday to Friday)

GP appointment times: 8am to 6:50pm (Monday to Friday)

(Registered patients also had access to 13 pre-bookable appointments on a Saturday and Sunday at the walk-in-centre.)

All consultations were by appointment only and could be booked by telephone, in person or on-line. Patients had access to pre-bookable (up to 12 weeks in advance) and telephone consultation appointments. Those patients requesting access to a same-day, urgent appointment had their needs triaged by the on-call GP or the nurse, to enable the practice to make an appropriate response to their needs. Due to the practice being located in the same building as the walk-in centre, patients were also able to access more immediate care from the clinical staff working there.

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

The majority of the 34 patients who completed CQC comment cards, and both the patients we spoke with, raised no concerns about access to appointments. Results from the NHS GP Patient Survey of the practice, published in July 2016, showed that patient satisfaction levels were mostly better than, or broadly in line with, local CCG and national averages. Patients reported good levels of satisfaction with appointment convenience and ease of getting through to the practice on the telephone. However, patients were less satisfied with access to appointments and appointment waiting times when compared to the local CCG averages. Of the patients who responded to the survey:

- 97% said the last appointment they got was convenient, compared to the local CCG average of 93% and the national average of 92%.
- 90% found it easy to get through to the surgery by telephone, compared with the local CCG average of 79% and the national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 86% and the national average of 85%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 64% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 72% and the national average of 65%.

Listening and learning from concerns and complaints

The practice had a very effective system in place for managing complaints.

- The practice had a very open and transparent approach to how they dealt with complaints. It was evident the practice manager took all complaints seriously and ensured they were comprehensively addressed, in a timely manner. Arrangements included having a designated member of staff who was responsible for handling any complaints and a complaints policy which provided staff with guidance about how to handle them. Information about how to complain was available on the practice's website, in their patient information leaflet and on display in the patient waiting area. The patient participation group members we spoke with told us any complaints received by the practice were discussed during their meetings. They told us that staff used complaints to help improve the quality of the care and treatment patients received.
- The practice had received 28 complaints during the previous 12 months, including verbal and written complaints. The practice manager told us they recorded all concerns to ensure everything was captured, so lessons could be learned. The practice kept very good records of the concerns raised by patients, how these had been dealt with, and what changes and improvements had been made as a result.We looked at a recent complaint letter and saw this included an apology, an invitation to meet staff at the practice, as well as details of who to contact should they not be satisfied with how their concerns had been handled.

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 leadership, governance and culture at the practice actively encouraged and supported the delivery of good-quality, person-centred care.

- The practice had a clear vision to deliver high quality care and promote good outcomes for their patients. Staff had prepared a statement of purpose as part of their application to register with the Care Quality Commission. In addition to this, staff had prepared a detailed organisational development plan which set out their objectives, considered their strengths, weaknesses and threats to the services they provided. The plan also included details of how they would improve and deliver their organisational objectives.
- The clinical lead GP and the practice manager were motivated and committed to improving the quality of care and treatment they provided to patients.
- All of the staff we spoke to were aware of the practice's commitment to providing good patient care and how they were expected to contribute to this. Staff had a clear understanding of their roles and responsibilities.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of their strategy and the provision of good quality care.

- There was a clear staffing structure.
- Regular planned meetings were held to share information and manage patient risk. The clinical lead GP had put in place a good system and processes to manage any risks arising from the use of GP locums.
- Staff were supported to learn lessons when things went wrong. They were also encouraged and supported to identify, promote and share good practice.
- Staff had access to a range of policies and procedures, which they were expected to implement.
- Patients were encouraged to provide feedback on how services were delivered and what could be improved.
- Clinical audit was used to monitor quality and to make improvements. Staff had completed some very well structured first cycle audits, but now needed to move on to complete the second cycles of these audits.
- Staff regularly reviewed their performance via the Quality and Outcomes Framework, and regularly validated their patient registers to make sure they were up to date, which helped to ensure patients received appropriate care and treatment.

Leadership, openness and transparency

On the day of the inspection, the clinical lead GP and the practice management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality compassionate care. There was a clear leadership and management structure, underpinned by strong teamwork and good levels of staff satisfaction.

- The clinical lead GP and the practice manager encouraged a culture of openness and honesty. Staff we spoke with told us they felt well supported by the leadership at the practice, and regular meetings took place to help promote their participation and involvement.
- A culture had been created which encouraged and sustained learning at all levels.
- There were effective systems which ensured that when things went wrong, patients received an apology and action was taken to prevent the same thing from happening again. The provider had complied with the requirements of the Duty of Candour regulation. (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).

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

The practice encouraged and valued feedback from patients and staff. They had an active

patient participation group (PPG), consisting of eight members. The PPG provided a patient's perspective on issues, concerns and proposed developments. We found:

- Information about the PPG had been uploaded onto the practice's website, including meeting minutes and a copy of the most recent annual review report.

Are services well-led?

Good

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

- PPG agenda items included, for example: the provision of facilities at the healthcare centre; the future of the services provided at the health centre; the outcomes of the practice's annual complaint review and patient survey.
- The most recent annual PPG review report, for 2015/16, included a review of the previous year's priorities and new ones for the year ahead.

We spoke with two of the PPG members, who told us they felt their views and opinions were welcomed by the practice. They told us about the improvements that had been made as a result of their involvement. For example, they said improvements had been made to the healthcare centre's toilet for disabled patients. Also, one PPG member reported that they felt the way complaints were handled had improved greatly.

Staff had gathered feedback from patients through their Friends and Family Test survey. The practice had also arranged for an independent patient survey to be carried out on their behalf by an external body. This showed the practice had performed well. Information in the patient reception area provided details of the action the practice had taken in response to patient feedback.

It was very evident that the clinical lead GP and the practice manager valued and encouraged feedback from their staff. Arrangements had been made which ensured that staff had received an annual appraisal.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice management team was forward thinking and actively encouraged and supported staff to access relevant training. The team demonstrated their commitment to continuous learning by providing support for first and second year medical students to learn about being a GP, and by learning from any significant events that had occurred, to help prevent them from happening again.