

# City Health Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at City Health Centre on 16 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, with a central reporting system to head office.
- The practice had a strong emphasis on safeguarding and protecting the most vulnerable patients.
- Risks to patients were assessed and well managed, with extra support to support the complex needs best suited to a city centre population.
- 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.
- Patients said they found it very easy to make an appointment and that there was continuity of care, with urgent appointments available the same day. However patients found the telephone system poor.
- 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 several areas of outstanding practice:

- The practice was open 8am -8pm, seven days per week for patients, with the practice providing its emergency service for their patients.

# Summary of findings

- The practice supported the community and visited the Manchester homeless centre where free flu vaccinations and hygiene packs were provided to the homeless. They also provided a daily drop in appointment session to the homeless.
- The practice supported and visited the local LGBT (Lesbian, Gay, Bisexual, and Transgender) centre to offer health checks and other services. The practice supports a high number of LGBT patients and works at the local LGBT centre where they offer free advice and health checks.

The areas where the provider should make improvements by :

- Healthcare assistant should receive more formal training around infection control, to maintain the role effectively.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- The practice had a strong emphasis on safeguarding and had multiple checks and processes in place to ensure the guidelines were adhered too. For example, the practice had designed a guideline for all staff to follow if children did not attend their booked appointment.
- 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, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- The practice took a collaborative approach to working with other health providers within the community to understand and meet the range and complexity of patients' needs.
- The practice offered a range of free NHS services in the city centre, for example sexual health checks.
- The practice provided a number of services designed to promote patients' health and wellbeing, for example the practice has just been awarded the "Pride in Practice" gold award which is a quality assurance service that strengthens and develops relationship with lesbian, gay and bisexual patients within your local community.
- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff, with all staff having access to the head office intranet system.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- Data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice was open 8am -8pm, seven days per week for patients, with the practice providing its emergency service for their patients.
- The practice was proactive in offering online services, for example ordering prescriptions and checking and reviewing medicine? allergies.
- Practice staff reviewed the needs of its local population and engaged with local community groups to help address patient's needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The practice designed clinical IT templates to ensure process and checks were carried out.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice offered a well-being intranet page to staff, which offered signposting to services

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in meetings with other healthcare professionals and social services to discuss any concerns.
- There was a named GP for the over 75s with longer appointments when required.

Good



### People with long term conditions

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

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offers patients education and support, by providing information to manage their conditions more effectively. This included working with community health services, for example working with the respiratory team.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less 01/04/2014 to 31/03/2015) was 68.7% compared to the national average of 78%.
- Longer appointments and home visits were available when needed.

Good



### Families, children and young people

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

- The practice offered a child surveillance programme, which involved clinics being run at weekends for parents.

Good



# Summary of findings

- There were robust systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, the practice had a policy with a clear process, for children who did not attend for an appointment.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions. (01/04/2014 to 31/03/2015) was 84.3% compared to national average of 75.3%.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

Good



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

- The practice was open 8am -8pm, seven days per week for GP appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that the needs for this age group. One example was patients were able to book an appointment online.
- The practice offered working parents clinics for child immunisation at weekends.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

## **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.

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their own responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice were extremely proactive and offered the homeless in the city centre a daily drop in appointment.

# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those who are homeless.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 90.9 % of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan recorded.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

**Good**



# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 459 survey forms were distributed and 60 were returned. This represented 0.7% of the practice's patient list.

- 75.5% found it easy to get through to this surgery by phone compared to a CCG average of 73.4% and a national average of 73.3%.
- 24.3% were able to get an appointment to see or speak to someone the last time they tried (CCG average 58.5%, national average 60%).
- 71.9% described the overall experience of their GP surgery as fairly good or very good (CCG average 81.9%, national average 84.8%).
- 66.6% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71.9%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards, of which 21 were positive about the standard of care received. Some patients commented that it was extremely difficult to contact the surgery on the phone.

We spoke with eight patients during the inspection. All eight patients said they were happy with the care they received and thought staff were approachable, committed and caring. However all eight patients commented on the telephone system with waiting times being up to 30- 40 minutes in some cases.

The practice participated in multiple patient surveys such as the Friends and Family Test and also had an in- house survey which was displayed for all patients to access.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvements :

- Healthcare assistant should receive more formal training around infection control, to maintain the role effectively.

## Outstanding practice

We saw several areas of outstanding practice:

- The practice was open 8am -8pm, seven days per week for patients, with the practice providing its emergency service for their patients.
- The practice supported the community and visited the Manchester homeless centre where free flu vaccinations and hygiene packs were provided to the homeless. They also provided a daily drop in appointment session to the homeless.
- The practice supported and visited the local LGBT (Lesbian, Gay, Bisexual, and Transgender) centre to offer health checks and other services. The practice supports a high number of LGBT patients and works at the local LGBT centre where they offer free advice and health checks.

# City Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to City Health Centre

City Health Centre is located in the heart of Manchester city centre. It is part of and managed by GTD healthcare, a not for profit social enterprise, and is overseen North Manchester Clinical Commissioning Group (CCG). At the time of our inspection 8,014 patients were registered and the practice is a training practice.

The practice has a varied population group, the main population group being aged between 15- 44 years which accounts for 91.6 % of the practice population, with small patient numbers in the areas of :

- Over the age of 65 years, which is only 0.42% of the population
- Long term conditions, which is only 9.5% of the population

The practice is located within Boots the Chemist, on the second floor. There is an access lift to the second (or keep 2nd but change the line above) floor which is suitable for disabled patients, with the nearest parking available within the Arndale Shopping Centre.

The practice has seven GPs (four male and three female). There are four advanced nurse practitioners (ANP) , one nurse practitioner (NP) and one healthcare assistant (HCA). Members of clinical staff are supported by one practice manager and 11 administrative staff.

The practice is open 8 am to 8pm, seven days a week and provides an unscheduled walk in centre at the same site. This means that patients can have access to the walk in centre in emergencies.

The practice has an Alternative Primary Medical Services (APMS) contract. The APMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

## 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. 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

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

- Is it safe?

# Detailed findings

- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. The inspector:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 16 February 2016.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- The events were cascaded to head office, to be stored on a central database.

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. We saw evidence of these being discussed at team meetings. , If a member of staff was unable to attend they could review the minutes on the staff notice board or minutes cascaded to the team verbally by the practice manager and also in the shared drive.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were 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 patients 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 practice had a strong emphasis on safeguarding and had multiple checks and process in place to ensure these were adhered too. For example, the practice had developed a guideline for all children and young people who were not brought to a pre-booked appointment. This included flow charts and processes for the staff to follow. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and it was regularly updated. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings

when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role, for example staff had received IRIS training (IRIS training is a intervention to improve the health care response to domestic violence and abuse). GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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 a high standard of cleanliness and hygiene. We observed the premises to be clean and tidy. The healthcare assistant was the infection control clinical lead. 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. However we felt the healthcare assistant should receive more formal training around infection control, to maintain the role effectively.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out a medicine audit, 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. Advanced nurse practitioners had qualified as a Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification including photographic identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results and this went one step further to follow up on patients who did not attend hospital appointments.

### 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. One clinician told us the work load was manageable. However there was a shortage of administration staff and open vacancies.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 87.8% of the total number of points available, with 18.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). 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 94.6% above the CCG average of 84% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 82.2%, lower than local CCG of 83% and below national average of 84%.
- The dementia diagnosis rate indicator was 0% below the local CCG of 94% and national average of 95%.

Clinical audits demonstrated quality improvement.

- There had been multiple comprehensive clinical and quality audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored. We also saw there were planned review dates for audits undertaken.

- The practice participated in local audits, national benchmarking, accreditation and peer review. The GPs also supported each other by performing peer to peer audits. We saw evidence of peer audits taking place of consultations.
- Findings were used by the practice to improve services. For example, recent action taken as a result included developing and implementing a template for the clinicians to complete.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions, Staff taking samples for the cervical screening programme had received specific training which had included an assessment of competence. We saw example of this training and support going further with specialised training planned to help nurses support in the community.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- 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 for example all staff had received suicide and mental health 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.

# Are services effective?

## (for example, treatment is effective)

- Staff were committed to working collaboratively to support patients by proactively working with outside services, to ensure patients were supported within the community.
- There were care and risk assessments, care plans, medical records and investigation and test results in place for patients. Information such as NHS patient information leaflets were also available.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and that care plans 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 (MCA). We were given examples from clinical and administration staff of situations where the MCA had been applied in their daily work.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice had designed a contraceptive check sheet template on the clinical IT system, which checked capacity and consent of all patients under the age of 16, before the issue of any contraceptive prescription.

### Supporting patients to live healthier lives

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

- The practice provided a number of services designed to promote patients' health and wellbeing, for example the

practice had been awarded the gold "Pride in Practice" award which is a quality assurance service that strengthens and develops relationship with lesbian, gay and bisexual patients within your local community.

- The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working at the practice. One example was offering a range of free NHS services, for example health checks to the community.
- The practice had weekend clinics for babies and children to help support working families.
- The staff educated patients and carers by providing information to manage their conditions more effectively, for example the practice supports a higher than average number of HIV patients.
- Practice nurses gave dietary advice at the practice.
- The practice offered free NHS services which included contraception and sexual health screening.

The practice's uptake for the cervical screening programme was 79.9%, which was below the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 31% to 92.1% and five year olds from 64.3% to 92.9%.

Flu vaccination rates for the over 65s were 44.1%, and at risk groups 34.5%. These were below CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

The 29 patient CQC comment cards we received were mainly positive about the service experienced. Eight cards were completed by patients who were not completely satisfied. Patients told us they felt the GPs were very caring and took time to explain and listen to the patients. Patients told us staff were helpful and always happy to assist.

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 GPs and nurses.

For example:

- 84.4% said they had confidence and trust in the last GP they saw (CCG average of 93%, national average of 95%).
- 64.4% said the GP was good at listening to them (CCG average of 86% and national average of 89%)
- 63.6% said the GP gave them enough time (CCG average 84%, national average 87%).
- 57.8% said the last GP they spoke to was good at treating them with care and concern (CCG average of 83%, national average of 85%).
- 80.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average of 89%, national average of 90%).

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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 below local and national averages. For example:

- 56% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 56.9% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%)
- 74.8% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.6% , national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language.

### 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.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had a patient newsletter available to patients.
- Patient access to appointments was available seven days a week, between 8am and 8pm.
- The practice was proactive in offering online services, with patients able to amend demographic details and book appointments.
- The practice offered as a standard appointment time 12.5 minute to all patients and 13 minute appointments to emergencies.
- The practice offered a child surveillance programme, which involved children's immunisation clinics being run at weekends, so working parents could attend together.
- The practice were extremely proactive and offered the homeless 26 minute appointments daily Home visits were available for older patients and patients who would benefit from these.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 8pm Monday to Sunday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 75.5 % patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 24.3% patients said they always or almost always see or speak to the GP they prefer (CCG average 58.5%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them, however they could not get through on the phone. For example all eight cards mentioned the access to the surgery by phone was not always easy, in some cases up to a 40 minute wait.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice handbook.
- All complaints were submitted to head office and discussed at all practice meetings.

We looked at complaints received and saw lessons learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- The GPs took an active role to ensure that quality monitoring was consistently effective. Audits were undertaken as part of business as usual, rather than only when required.
- The practice had a strong focus on quality improvement.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice identified they treated a high number patients with mental health issues, therefore ensured correct alerts and prompts were recorded on the clinical IT system.
- The practice had a detailed locum pack, to ensure the practice processes were followed.
- 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 in both paper and electronically.
- A comprehensive understanding of the performance of the practice was maintained, with the practice understanding their demographic and patient population.

### Leadership and culture

The staff had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe and compassionate care. The GPs and practice manager were visible in the practice.

The leadership team encouraged a culture of openness and honesty. The head office of GTD healthcare were also there to offer their clinical and managerial support. The practice offered a well-being intranet page to staff, which offered signposting to services such as childcare schemes and mental health in the work place.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs 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 reasonable support, truthful information 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 the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice.

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

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

- The practice had a suggestions box and provided comments book for patients; they also encouraged patients to leave compliments.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice did not have a patient participation group (PPG). The practice was exploring different options in how to implement.

### Continuous improvement

# Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement within the practice. The practice team was forward thinking and to improve outcomes for patients in the community.