

Clarendon Medical 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?	Outstanding	
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 Clarendon Medical Centre on 26 May 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients could access appointments and services in a way and at a time that suited them. The GP patient

survey showed that 85% of patients were satisfied with the GP practice opening hours which was above CCG and national averages. Services were flexible and provided choice and continuity of care for patients.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, patients who required blood tests could choose to have these carried out the same day, within 24 hours or book a time slot to suit their individual needs.
- The percentage of patients with a mental health issue who had a comprehensive, agreed care plan in their notes was 95% which was better than the CCG average of 90% and the national average of 88%.
- The practice was proactive in its approach towards improving patient outcomes, working with other local providers to share best practice and using technology. There were innovative approaches to providing integrated patient-centred care. The practice was

Summary of findings

trials an application for mobile smart phones to enable patients to submit requests for prescriptions, access health care information and receive notifications.

- Risks to patients were assessed and well managed in most cases. However, we were told that there had been some occasions when staff who had not been DBS checked carried out chaperone duties. (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). We did not see a risk assessment for this.
- The practice was unable to evidence references for all staff. We were told that staff were recommended verbally to the practice or were well known within the local community.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had 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. Staff told us that they would feel confident to raise any concerns with the lead GP.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was able to respond to the local demand for non-therapeutic circumcision. We were told that the clinician attempted to gain consent from both parents but saw evidence that this was not always achieved.
- The practice Patient Engagement lead had recently arranged First Aid training at the practice and 16 patients had attended. Regular communications were sent to patients encouraging them to join the PPG or to attend events such as a recent healthy eating event.

We saw areas of outstanding practice:

The patient participation group was integral to the running of the practice and the individual needs and preferences of patients were central to the planning and delivery of care. We saw numerous examples of changes

and improvements made by the practice to enhance services and the patient experience. For example, the practice had employed a staff member who could speak Bengali as a result of PPG and patient feedback. In response to patient concerns and in discussion with the PPG, the practice has continually reviewed access to appointments at the surgery. As a result the practice were able to evidence a 38% increase in appointments from 2014-2016.

The practice offered a level two diabetes clinic where patients could be commenced on insulin therapy without having to attend the hospital. (Insulin is a drug used for diabetics which keeps blood sugar levels from getting too high or too low). In an area of high deprivation where travel costs could be prohibitive for some patients, services were planned to meet patient needs. This innovative combined clinic could offer a multi-disciplinary service, including the input of a specialist dietician, a podiatrist and the advanced practitioner pharmacist. By offering these services closer to the patients' home the practice could also reduce the burden on hospital services.

The practice had responded to the specific needs of its patients and held a monthly review of patients on the avoidable unplanned admissions register and proactively reviewed those who attended accident and emergency. All patients who were identified as high risk of admission to accident and emergency had a personalised care plan. This person-centred approach would involve other services where required particularly for those who were most vulnerable. Figures showed that the number of emergency admissions and the number of people who were seen in accident and emergency had reduced since 2014.

The areas where the provider should make improvement are:

The practice should carry out a risk assessment of all staff who act as chaperones for patients to determine if a Disclosure and Barring Service check is required (DBS).

The practice should ensure that it obtains written references and records any verbal references for newly recruited staff.

Where the non-therapeutic circumcision of male children is performed, (for religious or cultural reasons) the practitioner should continue to give consideration to

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British Medical Association good practice guidelines which state that “usually and where applicable both parents must give consent for non-therapeutic circumcision”.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared with the staff team and the PPG to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff knew how to report safeguarding issues and were clear about their responsibilities. The lead GP was knowledgeable about the issues of female genital mutilation (FGM) and forced marriages. We saw information was available for patients about these issues.
- The majority of risks to patients were assessed and well managed.
- The practice had a defibrillator but did not keep oxygen on the premises. We saw a risk assessment for this, detailing the close proximity to a neighbouring practice and the local hospital. Following our visit this included an action plan to purchase an oxygen cylinder.
- We found that appropriate recruitment checks had not been followed for all staff. Written references were not available for all staff and we were told that staff were recommended verbally to the practice or were well known within the local community.
- The practice was in the process of ensuring that all reception staff had a DBS check. We were told that there had been some occasions when staff who had not been DBS checked carried out chaperone duties. The practice agreed that this would stop until DBS checks or a risk assessment was in place.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the CCG and national averages.

Good



Summary of findings

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvements in patient care, patient experience and a reduction in clinical risks to patients. For example, following an audit of patients with osteoporosis the practice ensured that all patients underwent a scan to measure the density of their bones and were treated with the correct medications.
- The practice engaged the services of an advanced pharmacy practitioner for four days per week who carried out medication reviews for patients who could not attend the surgery or regularly failed to attend appointments. A visit was undertaken by the pharmacist after an audit identified a patient known to be a regular attender at Accident and Emergency (A&E). The patient's medication was reviewed and advice given. They were then revisited two months later and had not suffered any further issues or attended A&E.
- A recent audit of a small number of patients undertaken at the practice to review anticholinergic drugs (drugs prescribed for an over-active bladder) in line with local and national guidance, found that over 80% of patients were changed to the recommended drugs with a projected cost saving of £1,068 annually.
- The practice was also able to offer medication reviews for vulnerable patients in their own home. One example of a review resulted in medication being stopped that was no longer needed by the patient. This evidenced an improvement in the treatment of the patient and also saved over £500 a year in prescribing costs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals, voluntary organisations, the PPG and local providers to understand and meet the range and complexity of patients' needs and plan new services. For example, the practice offered contraceptive and sexual health services and worked with a federation of 19 other practices within Bradford City CCG to offer an outreach fertility clinic. Patients would be seen in the clinic within two weeks. We saw positive patient comments to support that this worked well.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than the CCG average for several aspects of care and were comparable to national averages.
- We found numerous positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Staff were able to communicate with patients in several community languages and were able to provide assistance to patients regarding referrals and information about local services
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had identified a higher than average number of illiterate patients to whom written health promotion literature may be meaningless. They had responded creatively to this challenge by purchasing a new television screen which was to be used to promote health and self-care through videos and messages delivered verbally in different languages.
- There were innovative approaches to providing integrated patient-centred care and responding flexibly to the needs of the younger population. The practice were trialling an application for mobile smart phones to enable patients to submit requests for prescriptions, access health care information and receive notifications.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the PPG and this was integral to the running of the practice. For example, it was in the process of recruiting a female GP as a result of concerns raised by the PPG around improving access for female patients. The practice then fed back to patients through the quarterly newsletter about the changes that had occurred and the PPG continued to liaise closely with the staff team and drive improvements within the practice.

Outstanding



Summary of findings

- We found numerous positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example, the practice purchased a portable acoustic system to aid hearing when a patient complained they were having difficulty hearing in the practice.
- A clinically developed protocol directed staff as to when it was appropriate to divert patients to the local Pharmacy First scheme, depending on their age and symptoms.
- Patients could weigh themselves, take their own blood pressure and calculate their Body Mass Index from a new machine which was situated in reception. The practice told us that it was hoped that this would help with the identification of health issues in the early stages.
- In response to patient concerns and in discussion with the PPG, the practice has continually reviewed access to appointments at the surgery. As a result the practice were able to evidence a 38% increase in appointments from 2014-2016.
- The practice held a monthly review of patients on the avoidable unplanned admissions register and proactively reviewed those who attended accident and emergency. All patients who were identified as high risk of admission to accident and emergency had a personalised care plan. A reduction in attendance at the hospital was evidenced.
- The GP was able to respond promptly with respect to the provision of death certification so that the patients' families could comply with their religious obligations. This included being able to respond during the evening or at weekends
- Patients could access appointments and services in a way and at a time that suited them. The GP patient survey showed that 85% of patients were satisfied with the GP practice opening hours which was above CCG and national averages.
- The practice offered an extended hours clinic on a Thursday until 9.00pm.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders and action was taken to improve services. For example, when a wheelchair user complained they were struggling to access the practice the practice responded by implementing a door bell system that patients could use to call for assistance when attending the surgery.

Are services well-led?

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

Good



Summary of findings

- 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. Staff demonstrated a proactive attitude and were clearly motivated to provide patient focused care.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. It had a very engaged PPG which had suggested numerous changes in the practice which had been acted upon and the group influenced practice development. Staff from the practice attended the meetings and these were chaired by the Patient Engagement Lead and regularly attended by the GP.
- There was a strong focus on continuous learning and proactive improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the small number of older people in its population. It offered same day access to patients aged over 75 and flexibility in repeat medication authorisation.
- The practice was responsive to the needs of older people, and offered home visits.
- The pharmacist visited older people at home to conduct medication reviews and check compliance.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice discussed improving diabetes outcomes as a priority for the forthcoming year and were in the process of recruiting into additional nursing hours to support this.
- The practice offered a level two diabetes clinics where patients could be commenced on insulin therapy without attending hospital. (Insulin is a drug used for diabetics which keeps blood sugar levels from getting too high or too low). This combined clinic benefitted from the input of the advanced practitioner pharmacist, a podiatrist and a dietician.
- The practice participated in the CCG initiatives Bradford Beating Diabetes and Bradford Breathing Better. The practice had used risk indicators to identify 60 additional patients as diabetic whilst participating in the programme.
- The percentage of patients on the diabetes register who had an influenza vaccination was 94% which was the same as the national average and comparable to the CCG average of 96%.
- The practice ran the X-pert diabetes education programme and liaised with the local teaching hospital. This is a programme of education for people with or at risk of, diabetes leading to improved health and quality of life.
- Longer appointments and home visits were available when needed.

Summary of findings

- All patients in this group were provided with a care plan.
- 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.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, Children under five were always offered a same day appointment with those under one year old being prioritised. Same day telephone consultations were also offered for worried parents.
- The practice would respond to the request for telephone triage for children within two hours and within four hours for adults.
- The percentage of women who had undergone a cervical screening test was 77% which was the same as the CCG average and comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice was able to respond to the local demand for the non-therapeutic circumcision of male children. We were told that the clinician undertaking the procedure sought the consent of both parents. However we saw that this was not always achieved, as we were told the child might be brought by one parent and a grandparent for example. British Medical Association (BMA) good practice guidelines state that “usually and where applicable both parents must give consent for non-therapeutic circumcision”. We saw a consent form, information about the procedure and aftercare guidelines. We saw that equipment used during this procedure was in good order.

Summary of findings

- Patients at the practice can take advantage of the pharmacy first scheme. This allows people who receive free prescriptions to go straight to their pharmacist to receive treatment without needing to visit their GP first to get a prescription.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice ran a joint clinic with health visitors and the GP where both mother and baby could be seen.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered an extended hours clinic on a Thursday until 9.00pm.
- The practice offered telephone consultations to patients where appropriate. The practice would respond within four hours to requests for telephone consultations.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had created web links from the electronic patient record system which signposted patients to self-care information and self-certification information.
- The practice was piloting an application for mobile smart phones and had created a new interactive web site that was due to go live in June 2016.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in circumstances that could make them vulnerable. This included homeless people, refugees and those with a learning disability.
- The practice offered longer appointments and annual health checks for patients with a learning disability which included an assessment of mental and physical health. We

Summary of findings

heard how staff would assess the capacity of these patients and refer them to locally available specialist services for procedures such as blood taking if they had concerns.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice was also able to offer medication reviews for vulnerable patients in their own home.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Patients were able to access a benefits advisor one morning per week.
- The practice were able to offer interpreters for patients where needed.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



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

- Outcomes for patients with mental health issues were above national averages. For example, 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the CCG and national average of 84%.
- The percentage of patients with a mental health issue who had a comprehensive, agreed care plan in their notes was 95% which was better than the CCG average of 90% and the national average of 88%.
- The practice had signed up to the Dementia First enhanced service scheme. This enhanced service (ES) is designed to reward GP practices for taking a proactive approach to the timely assessment of patients who may be at risk of dementia and for improvements in services for patients diagnosed with dementia and for their carers.
- The practice participated in the CCG initiative to offer comprehensive physical health checks for patients with severe mental illness. Patients with mental health issues were offered longer appointments.

Summary of findings

- The lead GP was the CCG clinical lead for mental health and regularly liaised with other health professionals.
- The practice had identified a high number of patients who did not attend appointments when they were referred for psychological therapy. To increase access the practice offered an on-site psychological therapist each week for which patients would wait an average of less than two weeks for an appointment. The health care assistant was also trained in behavioural activation, which is a behaviour therapy for treating depression.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including a social services led organisation who were working to raise awareness of dementia amongst the older South Asian communities in Bradford.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 407 survey forms were distributed and 53 (13%) were returned. This represented 1% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the CCG average of 54% and the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 59% and national average of 76%.
- 72% of patients described the overall experience of this GP practice as good which is the same as the CCG average but lower than the national average of 85%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 63% and the national average of 79%.

- The Friends and Family test is a survey which asks patients if they would recommend NHS services to other people based on the quality of the care they have received. A recent survey carried out at the practice found 91% of patients said that they would recommend the service to their friends and family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all very positive about the standard of care received. We were given examples where children had been seen very promptly by the GP and staff were described as helpful and kind.

We spoke with three members of the PPG during the inspection. They said they were very satisfied with the care they received and thought staff were approachable, responsive, committed and caring. They said they had seen numerous improvements in the practice in the last three years and that the services offered were good and the range of services was above average.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

The practice should carry out a risk assessment of all staff who act as chaperones for patients to determine if a Disclosure and Barring Service check is required (DBS).

The practice should ensure that it obtains written references and records any verbal references for newly recruited staff.

Where the non-therapeutic circumcision of male children is performed, (for religious or cultural reasons) the practitioner should continue to give consideration to British Medical Association good practice guidelines which state that "usually and where applicable both parents must give consent for non-therapeutic circumcision".

Outstanding practice

We saw areas of outstanding practice:

The patient participation group was integral to the running of the practice and the individual needs and preferences of patients were central to the planning and delivery of care. We saw numerous examples of changes and improvements made by the practice to enhance

services and the patient experience. For example, the practice had employed a staff member who could speak Bengali as a result of PPG and patient feedback. In response to patient concerns and in discussion with the

Summary of findings

PPG, the practice has continually reviewed access to appointments at the surgery. As a result the practice were able to evidence a 38% increase in appointments from 2014-2016.

The practice offered a level two diabetes clinic where patients could be commenced on insulin therapy without having to attend the hospital. (Insulin is a drug used for diabetics which keeps blood sugar levels from getting too high or too low). In an area of high deprivation where travel costs could be prohibitive for some patients, services were planned to meet patient needs. This innovative combined clinic could offer a multi-disciplinary service, including the input of a

specialist dietician, a podiatrist and the advanced practitioner pharmacist. By offering these services closer to the patients' home the practice could also reduce the burden on hospital services.

The practice had responded to the specific needs of its patients and held a monthly review of patients on the avoidable unplanned admissions register and proactively reviewed those who attended accident and emergency. All patients who were identified as high risk of admission to accident and emergency had a personalised care plan. This person-centred approach would involve other services where required particularly for those who were most vulnerable. Figures showed that the number of emergency admissions and the number of people who were seen in accident and emergency had reduced since 2014.

Clarendon Medical 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 advisor and an Expert by Experience.

Background to Clarendon Medical Centre

Clarendon Medical Centre provides services for 4,435 patients. The surgery is situated within the Bradford City Clinical Commissioning group and is registered with Care Quality Commission (CQC) to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Clarendon Medical Centre is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures. They offer a range of enhanced services such as childhood immunisations, facilitating timely diagnosis and support for people with dementia and improving patient access on line. The practice also offers the circumcision of male patients and is a yellow fever centre.

There is a higher than average number of patients under the age of 44, in common with the characteristics of the Bradford City area. There are fewer patients aged over 45 than the national average. The practice estimates that up

to 80% of the practice population is from a south Asian background with a further 9% of the population originating from black, mixed or non-white ethnic groups. The practice has a high patient turnover.

The provider and full time singlehanded GP at the practice is Dr Waheed Hussain. The practice employs regular locum cover to support clinics. Nursing staff are not directly employed by the practice but are provided through a service level agreement with a local trust. We were unable to speak to a nurse on the day of our visit. There is an advanced practitioner pharmacist who has a service level agreement to work four days per week at the practice and one health care assistant, employed by the practice.

The clinical team is supported by a practice manager and a team of administrative staff. The characteristics of the staff team are reflective of the population it serves and are able to converse in several languages including those widely used by the patients, Urdu, Punjabi, Gujarati, Pushto and English.

The practice catchment area is classed as being within one of the 10% most deprived areas in England. People living in more deprived areas tend to have a greater need for health services.

Clarendon Medical Centre is situated within a purpose built building with limited car parking available. It has disabled access and facilities and a hearing loop.

The practice reception was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 9.10am until 6.30pm on Monday, Tuesday, Wednesday and Friday. An extended hours clinic ran on a Thursday, when appointments were available until 9.00pm.

When the surgery is closed patients can access the Pharmacy First minor ailments scheme and are advised of the NHS 111 service for non –urgent medical advice.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and Bradford City Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 26 May 2016. During our visit we:

- Spoke with a range of staff including two GPs, a health care assistant, the practice manager and a member of the reception staff.
- Observed how patients were being cared for and treated in the reception area.
- Spoke with three members of the PPG.

- Reviewed templates and information the practice used to deliver patient care and treatment plans.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Lessons were shared with the staff team and the PPG to make sure action was taken to improve safety in the practice.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw evidence of an incident where a locum GP had required the emergency drugs and a medication was found to be out of date. Immediate steps were taken to replace the medication and an audit sheet was introduced in line with best practice for staff to regularly check the medications were fit for use.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The lead GP was knowledgeable around female genital mutilation (FGM) and the issue of forced marriage. We observed information for patients about these issues.

- A notice in the waiting room advised patients that chaperones were available if required. The practice was in the process of ensuring that all reception staff had a DBS check. However, we were told that reception staff would act as chaperones without a Disclosure and Barring Service check (DBS) or a risk assessment being in place.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice had purchased new bins for clinical rooms following an audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the advanced practitioner pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber 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. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber when the GP or a nurse were on the premises.

Are services safe?

- We reviewed three personnel files and found that not all of the appropriate recruitment checks had been undertaken prior to employment. The practice could not evidence proof of written references for all members of staff. Verbal references and recommendations from members of the community were considered.

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 enough staff was on duty. Staff confirmed that they had the capacity, skills and abilities to provide cover for annual leave and sickness

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator but did not keep oxygen on the premises. We saw a risk assessment for this detailing the close proximity to a neighbouring practice and the local hospital. Following our visit this included an action plan to purchase an oxygen cylinder and we were sent evidence that this had been completed.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. During a recent nearby fire the practice had been able to relocate to a neighbouring practice for a week with minimal disruption to services. We saw that the plan had been updated following this incident.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available with 6% exception reporting which is below the CCG average of 8% and the national average of 9%. 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 2014-2015 showed:

- Performance for diabetes related indicators was similar to CCG and the national averages. For example the percentage of people on the diabetes register with a normal blood pressure reading was 75% compared to a CCG average of 76% and a national average of 78%.
- Performance for mental health related indicators was better than national averages and comparable to CCG averages. For example, 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months which was better than the CCG and national average of 84%.

The advanced pharmacy practitioner carried out medications reviews for patients at home who do not attend the surgery or regularly fail to attend appointments.

A home visit was undertaken by the pharmacist following an audit, which identified a patient who was known to be a regular attender at Accident and Emergency (A&E). The patients medication was reviewed and advice given. They were then revisited two months later and had not suffered any further issues or attended A&E.

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years, these were completed audits where the improvements made were implemented and monitored. For example, following an audit of patients with osteoporosis the practice ensured that all patients underwent a scan to measure the density of their bones and were treated with the correct medications.
- A recent audit of a small number of patients undertaken at the practice to review anticholinergic drugs (drugs prescribed for an over-active bladder) in line with local and national guidance, found that over 80% of patients were changed to the recommended drugs with a projected cost saving of £1,068 annually.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve outcomes for patients. For example, an audit of patients with dementia showed 40% of patients had a carer identified. As a result if the audit the practice had increased this percentage to 100%. These patients and carers could then be signposted to relevant services.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions or mental health issues.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

competence. Staff who administered vaccines were encouraged to attend CCG and clinical meetings. They also had access to on line resources and practice learning time.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff employed by the practice had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The staff team had a good understanding of the needs of their patient group. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a bi-monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and mental health issues. Patients were signposted to the relevant service and supported by clinicians at the surgery.
- A dietician, podiatrist and male and female physiotherapists were also available on the premises. The practice offered contraceptive and sexual health services and worked with a federation of 19 other practices within Bradford City CCG to offer an outreach fertility clinic with an access time of two weeks. We received patients' comments to support that this met their needs.

The practice's uptake for the cervical screening programme was 77%, which was the same as the CCG average and similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for all patients 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 and attendance was comparable to local and national averages. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two

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

year olds ranged from 86% to 99% and five year olds from 80% to 98%. The practice told us they would contact parents whose children did not attend and re-book appointments.

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

NHS health checks for patients aged 40 to 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 the consulting rooms used for examinations, investigations and treatments to maintain patients' privacy and dignity.
- 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.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG also spoke highly of the commitment of the practice and the lead GP to improve services for patients. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Several individual staff were mentioned and praised.

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 when compared to the CCG and comparable to national averages. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 77% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 73% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 75% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 76% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 68% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 76% and the national average of 85%.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Staff were also able to speak to patients in their own languages and the practice had employed a staff member who could speak Bengali as a result of PPG and patient feedback.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers (1% of the practice list). The practice would refer carers including those who cared for older people with dementia to a local carers resource. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. We were told that the GP would liaise with the funeral director and a member of staff would try and attend the funeral. In recognition of the religious and cultural observances, the GP would respond quickly, often outside of normal working hours, in order to provide the necessary death certification to enable prompt burial in line with families' wishes.



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 proactively with the NHS England Area Team, the local hospital, mental health services and Bradford City Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, through participating in initiatives such as Bradford Beating Diabetes. The practice also worked with additional services to improve sexual health and fertility clinic access.

- The practice offered a 'Commuter's Clinic' on a Thursday evening until 9.00pm for working patients who could not attend during normal opening hours.
- In response to patient concerns and in discussion with the PPG the practice has continually reviewed access to appointments at the surgery. As a result the practice were able to evidence a 38% increase in appointments from 2014-2016.
- There were longer appointments available for patients with a learning disability, those with mental health issues and those with identified long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice was also able to offer medication reviews for vulnerable patients in their own home. One such review of a patient found that although medications had been reviewed at the hospital, repeat prescriptions had not been amended and medications had been ordered each month. Following a review the patient's prescription had been amended. This had resulted in an annual cost saving of £500.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice held a monthly review of patients on the avoidable unplanned admissions register and proactively reviewed those who attended accident and emergency. All patients who were identified as high risk of admission to accident and emergency had a personalised care plan.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice is a designated yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available. In addition when a wheelchair user complained they were struggling to access the practice the practice responded by implementing a door bell system that patients could use to call for assistance when attending the surgery.
- Patients could weigh themselves, take their own blood pressure and calculate their BMI from a new machine which was situated in reception. The practice told us that it was hoped that this would help with the identification of health issues in the early stages.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had identified a higher than average number of illiterate patients for whom health promotion literature may be meaningless. They had responded creatively to this challenge by purchasing a new television screen which was to be used to promote health and self-care through videos and messages given verbally in different languages.
- Staff were also able to speak to patients in their own languages and the practice had employed a staff member who could speak Bengali as a result of PPG and patient feedback.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, it was in the process of recruiting a female GP as a result of concerns raised by the PPG around improving access for female patients.
- There were innovative approaches to providing integrated patient-centred care and responding flexibly to the needs of the younger population. The practice were trialling an application for mobile smart phones to enable patients to submit requests for consultations, access health care information and receive notifications.

Access to the service

The practice reception was open between 8.00am and 6.30pm Monday to Fridays. Appointments were from 9.10am until 6.30pm on Monday, Tuesday, Wednesday and Friday. An extended hours clinic ran on a Thursday, when



Are services responsive to people's needs?

(for example, to feedback?)

appointments were available until 9.00pm. 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. Patients were also able to attend a drop in clinic on a Monday evening between 4.00pm and 5.00pm

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

- 85% of patients were satisfied with the practice's opening hours which was better than the CCG average of 73% and the national average of 78%.
- 72% of patients said they could get through easily to the practice by phone compared to CCG average of 54% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.
- A clinically developed protocol would direct staff as to when it was appropriate to divert patients to the local Pharmacy First scheme, depending on their age and symptoms. The GP would then review the details of patients who had been directed to the pharmacy.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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. A poster was displayed in the practice and the practice leaflet also explained the complaints procedure. Members of the PPG would spend time in the reception area explaining to patients what services were available and how they could complain if necessary.

We looked at four complaints received in the last 12 months and found these were handled in a satisfactory and timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends 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 which had been developed with the practice staff.

- The practice had a mission statement which was displayed in the waiting areas and 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. The GP discussed plans to move the service forward, review the recruitment of GPs and enable the practice to continue to meet the needs of the population.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained, staff were able to discuss their own role in ensuring QOF targets were met and these were discussed at staff meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the lead GP in the practice demonstrated he had the experience, capacity and capability to run the practice and ensure high quality care. We saw evidence to confirm that the practice prioritised safe, high quality and compassionate care. Staff told us the lead GP, locum GPs and the practice manager were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice kept a record of all patients' suggestions and concerns collected at reception and discussed these with staff and the PPG they were responded to appropriately and action taken. For example a workforce review was undertaken following a patient suggestion and a nurse prescriber was recruited.

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 and supported in doing so. We noted team building sessions and away days were regularly held.
- Staff said they felt respected, valued and supported, particularly by the lead GP in the practice. All staff were involved in discussions about how to run and develop the practice, and staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had an identified patient engagement lead and the PPG were integral to the running of the practice.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly,

Are services well-led?

Good 

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

carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had arranged hanging flower baskets for the front of the building and had developed a piece of land at the side of the practice into an organic garden.

- The practice had gathered feedback from staff through staff away days, practice learning time and generally through staff meetings, appraisals and ongoing discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. A staff member had noted that notice boards were not positioned in an area that was easily visible to patients and that the décor was dated. The practice responded by introducing new notice boards, decorating was undertaken and new pictures purchased. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice was trialling an application for mobile smart phones to enable patients to submit requests for consultations, access health care information and receive notifications.

We were shown a new look website that was due to be available from June 2016. This was user friendly and in addition to a number of services patients would be able to self-refer to the local mental health service using the web links.

The practice continually and positively responded to patient feedback to ensure that the services offered were culturally sensitive, meeting patient needs and that patients were able to access clinics in a way that suited them.

The practice supported student nurses who had an interest in practice nursing.