Richmond 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?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Richmond Medical Centre in Solihull on 1 December 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The practice had identified, recorded and analysed significant events in order to identify areas of learning and improvement and so mitigate the risk of further occurrence.
- There were arrangements to safeguard children and vulnerable adults from abuse, and local requirements and policies were accessible to all staff.
- 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 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice offered a community service known as Care Navigator to help older people maintain their independence.
- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment.
- The practice had been through a period of change with the complete renovation of the premises during 2016. Patients told us that services had been continuous during this period and staff had worked very hard to accommodate patients.

Summary of findings

- The practice worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs. For example, a consultant led clinic was held twice a week for patients receiving chemotherapy.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. We saw evidence that multidisciplinary team meetings took place every month. Staff spoke positively about the team and about working at the practice
- 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 the requirements of the duty of candour.

There were also areas of practice where the provider should make improvements:

- Update staff on key policies to ensure a clear understanding of the practice procedures.
- Review current processes for the identification and recording of carers.
- Consider the systems in place to record staff appraisals and development plans so that they can be referred to and reviewed as necessary.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. The practice held monthly significant event meetings to discuss lessons learnt.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients who used services were assessed and managed, however we did see cleaning fluids in unlocked cupboards accessible to the public. The practice addressed this quickly on the day of inspection.
- We observed the premises to be clean and tidy and we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice.

Are services effective?

Good

- 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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Due to the changes in staff and management, appraisals and development plans had not been completed. However, the staff told us that they had received appraisal forms to complete in preparation for their reviews in the next few weeks.Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment.

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. The most recent published results (2015/16) were 100% of the total number of points available with an exception reporting rate of 7%.

Are services caring?

Good

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

Are services responsive to people's needs?

Good

- Practice staff 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There were longer appointments available at flexible times for people with a learning disability and for patients experiencing poor mental health. Same day appointments were also available for children and those who needed to see a doctor urgently.
- There were disabled facilities and translation services available. The practice had a hearing loop in place and alerts were added to patients' records.
- Due to the recent renovation of the building there was no information on support groups and organisations displayed in the waiting room. A room near the entrance to the building had a small amount of information available for patients, but staff were able to print information as needed such as that referring to mental health 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 supported a consultant led clinic for patients receiving chemotherapy.

Summary of findings

- 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.

Are services well-led?

Good

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff spoke positively about the team and about working at the practice.
- 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.
- The provider was aware of the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group had been active for many years, but due to changes within the group had not met for a number of months. Members of the group told us that a meeting had been organised for January 2017.

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 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. This included blood tests and vaccinations for those patients who were unable to attend the practice.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice worked closely with multidisciplinary teams so patients' conditions could be safely managed in the community.
- Staff from the Care Navigator Service met weekly with the practice to discuss patients who required support within the community. The care co-ordinator supported patients to access relevant services to meet their needs.

People with long term conditions

Good

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed and patients unable to attend the practice, received reviews at home. For example, blood tests for some high risk medicines were carried out by the practice nurse.
- All patients, with long-term conditions had 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.
- Patients had a named GP. We saw evidence that meetings were held every month with community nurses.
- The practice ran prostate clinics to support patients by offering blood tests and prostate-specific antigen (psa) monitoring.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions and offered health promotion support, for example stop smoking services.

Summary of findings

Families, children and young people

Good

- 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 accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children. The practice held multi disciplinary safeguarding meetings every month with health visitors
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care every week at the practice.
- Childhood immunisation rates for under two year olds ranged from 85% to 99% compared to the CCG averages which ranged from 88% to 97%. Immunisation rates for five year olds ranged from 84% to 99% compared to the CCG average of 90% to 96%.
- The practice's uptake for the cervical screening programme was 83% which was higher than the national average of 82%.

Working age people (including those recently retired and students)

Good

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice offered extended hours surgeries for people who had difficulty attending during normal working hours, with early morning appointments on Wednesdays and late appointments available on Tuesday evenings.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Results from the national GP survey in July 2016 showed 72% of patients were satisfied with the surgery's opening hours which was comparable to the local average of 78% and the national average of 79%.

Summary of findings

People whose circumstances may make them vulnerable

Good

- The practice held a register of patients living in vulnerable circumstances including with a learning disability. The practice offered longer appointments for patients with a learning disability. Data provided by the practice showed that of the 24 patients who were on the learning disability register 15 had received their annual health check. The practice sent regular appointment opportunities to patients and encouraged patients to attend their health review .
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and held meetings with the district nurses and community teams every month.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. There were 46 patients on the practices register for carers; this was 0.8% of the practice list. On speaking with the provider, they told us that they added carer's information to a patient's record but in a format that searching for data was difficult.

People experiencing poor mental health (including people with dementia)

Good

- The latest published data from the Quality and Outcomes Framework (QOF) of 2015/16 showed 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Data supplied by the practice showed 35 patients were on the mental health register and 92% had care plans agreed.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia and a counsellor from Improving Access to Psychological Therapies (IAPT) service held a clinic once a week to support patients.
- The practice had devised its own templates for dementia screening to ensure patients were offered the appropriate reviews.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and sixty six survey forms were distributed and 124 were returned This represented 2% of the practice's patient list...

- 74% of patients found it easy to get through to this practice by telephone compared to the CCG average of 67% and the national average of 73%.
- 81% 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 83% and the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 73% 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 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Comments included staff were caring and polite and an excellent service was always received.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients commented on not being able to book appointments face to face on the day the needed an appointment, as all patients had to call the surgery.

Areas for improvement

Action the service SHOULD take to improve

- Update staff on key policies to ensure a clear understanding of the practice procedures.
- Review current processes for the identification and recording of carers.
- Consider the systems in place to record staff appraisals and development plans so that they can be referred to and reviewed as necessary.

Richmond 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 adviser and a second CQC inspector.

Background to Richmond Medical Centre

Richmond Medical Centre's practice is located in Solihull, an area of the West Midlands. The original practice was opened in 1993 and during the past few months the practice premises has gone through an extensive renovation.This was achieved through funding by the Primary Care Infrastructure Funding programme. The practice has increased the number of consultation rooms available from five to ten and has increased the number of services available to patients, including a consultant led chemotherapy clinic. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes.

The practice provides primary medical services to approximately 5,600 patients in the local community. The practice is run by a sole practitioner GP (female), with the support of two salaried GPs (both female) and a long term locum (male). The nursing team consists of two practice nurses and one health care assistant. The non-clinical team consists of administrative and reception staff and a practice manager.

Based on data available from Public Health England, Richmond Medical Centre is located in an area of relatively low deprivation.

The practice is open between 8am and 6.30pm Mondays to Fridays. Extended hours appointments are available between 6.30pm to 7.20pm on Tuesdays and 7am to 8am on Wednesdays. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. When the practice is closed, primary medical services are provided by Badger, an out of hours service provider and NHS 111 service and information about this is available on the practice website.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 December 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, health care assistant, practice manager and reception/ administration staff.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events. We viewed a summary of nine significant events that had occurred since April 2015. The practice kept a record of significant events for all staff to review the actions taken and lessons learnt. Significant events, safety alerts, comments and complaints were a regular standing item on the monthly staff meeting agenda . We reviewed minutes of meetings where these were discussed. Incidents were also discussed at the monthly meetings.

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).
- There was a programme of continuous clinical and internal audit which were often initiated as a result of national patient safety alerts.

All alerts including Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were received by the practice manager and forwarded on to the clinical team for action. Alerts affecting the practice were discussed as a priority at staff meetings.

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. Staff had received safeguarding training for vulnerable adults and children and GPs were trained to child safeguarding level 3.
- There was a notice in the waiting room to advise patients that chaperones were available if required. Staff who acted as chaperones had received the appropriate training. Staff carrying out this role had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and annual infection control audits were undertaken. The last audit had been completed in December 2015 and the practice had achieved 99%.
- 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 support of the local clinical commissioning group (CCG) pharmacy teams, 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken

prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service, proof of identification and references.

Monitoring risks to patients

Risks to patients were assessed and in most respects well managed

- There were procedures in place for monitoring and managing risks to patient and staff safety. However, we found on the day of inspection the cleaners cupboard unlocked and flammable cleaning liquids under Control of Substances Hazardous to Health (COSHH) guidelines were accessible to the public. The practice acted immediately once identified and ensured the cleaner was advised and fluids were stored appropriately. There was a health and safety policy available and health and safety risk assessments had been completed. The practice had up to date fire risk assessments and fire drills were completed regularly. We found that fire alarms were tested on a monthly basis.
- 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 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 were on duty.

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 had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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, but staff were unaware of the plan and how to access it.

Good

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.
- The practice used consultant connect, a telephone consultation service for GPs to use to seek advice and guidance from hospital consultantson patient's symptoms.

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 (2015/16) showed the practice had achieved 100% of the total number of points available; this was higher than the national average of 95%. Exception reporting was 7% which was lower in comparison to the national average exception reporting 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 showed:

- Performance for diabetes related indicators was 100% which was higher than the CCG average of 93% and the national average of 90%. Exception reporting rate was 6% which was lower than the national average of 11%.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 96% and the national average of 93%. Exception reporting rate was 3%, which was lower than the national average of 11%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was 100% which was higher than the CCG average of 96% and the national average of 96%. Exception reporting rate was 6%, which was lower than the national average of 12%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last 12 months, one of these was acompleted audit where the improvements made were implemented and monitored. For example, the practice had participated in an audit to reduce antibiotic prescribing. The practice reviewed patients who had been prescribed antibiotics and through analysis of data and discussions with the CCG pharmacists had reduced antibiotic prescribing by 32% in the past 12 months.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, the practice worked closely with the care co-ordinator to ensure elderly, vulnerable patients' needs were being met appropriately.

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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Good

Are services effective?

(for example, treatment is effective)

- Appraisals had not been completed due to the change in staff and management, but we were told that all staff had received appraisal forms and dates had been arranged during December for a formal review. 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.
- Staff received training that included: fire safety awareness, basic life support, safeguarding, infection control and information governance.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice implemented the principles of the gold standards framework for end of life care (GSF). This framework helps doctors, nurses and care assistants provide a standard of care for patients, who may be in the last years of life, that meets an agreed level. GSF meetings took place every month to discuss the care and support needs of patients and their families and we saw minutes in place to support this.

The practice took an active approach to joint working and engaged well with other health and social care services.

- A counsellor held sessions once a week to support patients with mental health needs.
- Meetings with health visitors were held every month to ensure a co-ordinated approach to the care of children and to discuss children with specific needs or concerns.
- A care co-ordinator met weekly with the practice to discuss elderly patients who needed extra support.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The waiting room had a television information screen which gave detailed information on how to access various services including sexual health clinics.

The practice's uptake for the cervical screening programme was 83%, which was higher than the national average of 82%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged patients to attend national screening programmes for bowel and breast cancer, but results were lower than the CCG and national averages. For example,

Good

Are services effective?

(for example, treatment is effective)

- 60% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 73% and the national average of 72%.
- 56% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 53% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 97% which were comparable to the CCG averages of 74% to 99%. Immunisation rates for five year olds ranged from 84% to 99% which were comparable to the CCG average of 90% to 96%.

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

Good

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 practice used closed circuit television (CCTV) within the waiting room, but there was no signage in place to advise patients that this was being used. The practice told us they would act on this to ensure patients were aware of the CCTV.

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs were comparable with the CCG and national averages. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

For consultation with nurses, the satisfaction scores showed:

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 100% of patients said they had confidence in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.

The practice satisfaction scores for helpfulness of reception staff showed:

- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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.

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.

Good

Are services caring?

- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the health check room at the entrance to the building.

These provided patients with information on 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 46 patients as carers, which represented 0.8% of the practice list. We discussed the low number of carers with the practice, who told us that they used free text to include details of patients with carers which is not clinically coded. The practice said they would review this system and ensure all carers are coded correctly. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card and advice on support services available.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice offered injectable medicines for patients with mental health needs.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone and online. Face to face appointments could not be booked on the day, but were available to be booked in advance.
- The practice also offered telephone consultations for patients who needed advice.
- There were longer appointments available for patients with a learning disability, carers and patients experiencing poor mental health.
- Extended hour appointments were offered on Tuesday evenings from 6.30pm to 7.20pm and on Wednesdays from 7am to 8am.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Immunisations such as influenza vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and privately. The practice was also an accredited yellow fever vaccination centre.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a variety of services including cervical screening, minor surgery and phlebotomy.
- A consultant led chemotherapy clinic was held at the practice twice a week.

The practice offered a range of services to support the diagnosis and management of patients with long term conditions. For example the practice offered pre diabetes checks for patients who were at risk of developing this condition, which included diet and health style advice and regular reviews.

Access to the service

The practice was opened between 8am and 6.30pm Mondays to Fridays. Appointments were from 8.30am to 12.20pm every morning and afternoon appointments were from 3pm to 6.20pm Monday, Tuesday and Friday and from 2.30pm to 6.20pm Wednesday and Thursday. Extended hour appointments were offered between 6.30pm to 7.20pm on Tuesdays and 7am to 8am on Wednesdays. Appointments could be booked up to six weeks in advance and there were urgent appointments also available on the day. The practice also used a text messaging service to remind patients of their appointment times.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed in comparison to local and national averages. For example:

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 74% of patients said they could get through easily to the practice by telephone compared to the CCG average of 67% and the national average of 73%.

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.

We looked at 17 complaints received since May 2015. Lessons were learnt from individual concerns and

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaints and action was taken as a result to improve the quality of care. We saw in the meeting minutes that learning was shared and where required action was taken to improve safety.

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 and strategy to provide primary health care to patients. We spoke with five members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

- The practice had a 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 supported the delivery of the strategy and good quality care. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

However, there were two areas that needed improvement:

- The arrangements for identifying, recording and managing some risks were effective but we did find that cleaning liquids were in unlocked cupboards and accessible to the public.
- Practice specific policies were implemented and were available to all staff, but some staff were unaware of key policies including whistleblowing and the business continuity plan.

Leadership and culture

On the day of inspection the GP partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners 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).

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had not met regularly since the renovation work had commenced, but told us that a meeting had been organised for January 2016.
- The practice had gathered feedback from staff through staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt part of the extended family. 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 has successfully applied for funding for refurbishment of the current premises and extensive renovation had been

Are services well-led?

Good

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

completed. This had led to an increase in services previously only available in the hospital setting now being offered at the practice, for example consultant led chemotherapy service and prostate monitoring clinic.