

Lakeside Medical Practice

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?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lakeside Medical Practice on 8 September 2015. Overall the practice is rated as good.

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.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Information about safety was recorded and monitored with actions taken to make improvements when required;
- Risk assessments were completed and kept under review;
- Patients' needs were assessed and care and treatment was planned and delivered following best practice and local guidance;

- Staff had received training appropriate to their roles and further training needs were identified and planned;
- Patients told us they were treated with dignity and respect and they were involved in their care and decisions about treatment;
- Patients said staff were caring, efficient, professional, friendly and helpful;
- Information about the services provided and how to make a complaint were displayed for patients at the practice, provided in the patient information leaflet and on the practice website;
- Patients who spoke with us reported mixed experiences of getting appointments;
- The practice provided appointments outside of work and school hours and urgent appointments were provided on the same day;
- The practice was equipped to treat patients and meet their needs, although the reception and waiting area were not big enough and did not have enough seating for the number of patients;

Summary of findings

- There was a clear leadership structure and staff felt supported by their managers;
- The practice sought feedback from patients and staff and acted upon it.

We saw some areas of outstanding practice:

- The practice address was used for homeless people to receive mail. All staff at the practice provided these patients with clothing, food and drink and to use the phone or charge their mobile phones when they attended.
- The practice used a regular interpreter for patients from one local community, to provide continuity, ensuring appointments were translated to the patients' first language so they were involved in and understood their care and treatment options.
- The practice had developed a Patient Liaison Officer role. This person was a regular link between the practice and other health and social care providers for older patients, those with long term conditions and vulnerable patients. This person had weekly contact with vulnerable patients.
- The practice had identified patients attending for non-medical advice and support. They approached a

local trust to work in partnership with them to arrange for trained volunteers to attend the practice on a daily basis to signpost patients to local services for assistance with housing, finance, benefits, immigration, furniture recycling, food bank, well-being services and coffee mornings. Reception staff were included in the training for this work so they could provide the service when volunteers were not at the practice.

However there were areas where the provider should make improvements.

Importantly, the provider should:

- Consider replacing fabric chairs and carpets in waiting room.
- Review the responses to the national GP survey and look at ways to improve patient experience of making appointments and getting through to the practice on the telephone.
- Continue to improve the number of patients with learning disabilities who have an annual review.

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.

Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Systems were in place for incidents to be analysed and lessons learned with findings shared with relevant staff. Information about safety was recorded, monitored and reviewed. Risks to patients and staff were assessed and reviewed. The practice had developed policies regarding health and safety, safeguarding, infection control and staff recruitment that were kept under review and available to staff.

Good



Are services effective?

The practice is rated good for providing effective services.

Data showed patient outcomes were generally at or in line with local and national averages and the practice had identified areas they needed to improve and working to make those improvements. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation including assessing capacity and promoting good health. Staff had received training appropriate to their role and further training needs were identified through appraisals and were planned for. There was an appraisal system in place and all staff received annual appraisals. The practice worked with other health and social care services to ensure patients received multidisciplinary care and treatment.

Good



Are services caring?

The practice is rated as outstanding for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. Patients told us their privacy and dignity was maintained, staff spoke with them respectfully and they were involved in decisions about their care and treatment. We saw the culture of the practice was patients focused with initiatives to meet the diverse needs of the population groups. Staff provided tea, toast and clothing to patients who were homeless. The practice used a regular interpreter for patients from one local community. The practice worked with other health services to bring health services to the practices such as phlebotomy to prevent patients having to travel to local hospitals for these services. Reception staff provided a coffee morning for older people once a month to help prevent social isolation. They employed Patient Liaison Officers who were in weekly contact with patients identified as vulnerable by GPs and

Outstanding



Summary of findings

nurses, they also supported these patients communicate with other health providers. The practice worked with a local voluntary organisation to provide information and support to patients who attended regularly with issues that were not health related although impacted on the patients and their family's lives. Information about local health and social care services was available at the practice. We saw staff treated patients with kindness, respect and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice reviewed the needs of the local population and worked with the Clinical Commissioning Group to make improvements to services identified. The practice identified issues and prioritised access to appointments and the constraints of the building. They had made changes to the telephone system and the appointment system following patient feedback. They were working with local developers and the owners of the building to address improvements to the size of the waiting room. Urgent appointments were available on the same day, extended hours appointments were provided, and home visits were carried out when required. The practice had good facilities although the reception and waiting area did not meet patient's needs. Information about how to make a complaint was available to patients and complaints were dealt with effectively.

Good



Are services well-led?

The practice is rated good for providing well-led services.

The practice had a clear vision and strategy which staff were clear about. There was a clear leadership structure and staff felt supported by the practice manager and the GP partners. There were clinical leads for the range of long term conditions. The practice had developed policies and procedures to govern activity and held regular governance meetings. There were systems in place to identify risk and monitor and improve quality. The practice sought feedback from patients and staff which it acted on. There was an active Patient Participation Group which was involved in seeking patient's feedback and providing newsletters and health information in conjunction with the GPs. New staff received inductions and systems were in place for staff to receive supervision, appraisals and training to carry out their role. Practice meetings were held every month and regular social events.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Older people made up 14% of the practice registered population. The practice provided a named GP for all patients over 75. The practice provided a service to four care homes which included weekly visits. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice employed Patient Liaison Officers, whose role was to be the link between patients and other health care providers, to ensure patients attended appointments and to make a weekly phone call to individuals identified by GPs and nurses as vulnerable to keep in regular contact. The administrative team provided a monthly coffee morning for older patients. The practice worked with other health and social care professionals to provide joined up care. It was responsive to the needs of older people and provided home visits when required and access to urgent appointments to those with enhanced needs.

Good



People with long term conditions

The practice is rated 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 and follow ups were carried out after hospital admission. Longer appointments and home visits were provided when needed. All patients had a named GP. Systems were in place to call patients for an annual review of their medication and treatment. They worked with other health care professionals to provide multidisciplinary care. The practice offered in-house phlebotomy clinics four days a week, anticoagulation clinics, Electrocardiograms and 24 hour blood pressure monitoring to patients in the local area to reduce the need for patients to travel to local hospitals for these services. The practice had a high incidence of diabetes with over 900 patients diagnosed with the condition. They joined local 'get walking' and 'get active' campaigns, to encourage patients to increase their level of activity to help their health conditions. The practice was involved in a pilot of the 'walk away from diabetes', an education programme for patients identified as at risk of developing diabetes. The CCG reviewed the results and the training was used across the local area by other practices.

Good



Summary of findings

Families, children and young people

The practice is rated 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 those at risk. The practice had identified a safeguarding children lead GP and their details were displayed at the practice for patients and staff. The practice prioritised young children for urgent on the day appointments. They worked with three health visiting teams and met regularly. They booked immunisation appointments when a new child was born and rang the week before to remind parents of the appointment. The practice provided a weekly under 25's sexual health clinic, were part of the c-card project to supply condoms to 16-24 year olds and provided chlamydia checks for 16-25 year olds.

The practice worked with local schools to provide work experience opportunities for young people interested in becoming health care professionals.

Good



Working age people (including those recently retired and students)

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

The needs of the working age population were identified and the practice provided extended hours surgeries between 7.00am and 8.00am on Monday, Tuesday and Wednesday and from 6.30pm to 8.00pm on Thursday. The practice offered on line services for patients to book appointments and request repeat prescriptions. They used a text message service to remind patients of their appointment. They provided a full range of health promotion and screening and acknowledged where patient uptake was low, for example breast screening and had requested the mobile screening unit be situated in the local area to make it easier for patients to attend.

Good



People whose circumstances may make them vulnerable

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

The practice held registers of patients living in vulnerable circumstances including homeless people and people with learning disabilities and there was a culture of providing support to these groups. There were 53 patients on the learning disability register, 37 of these had an annual health review since April 2015, an increase of 25% from the whole of the previous year. They registered homeless patients at the practice address to receive post. The Clinical Commissioning Group reviewed their guidelines to enable patients

Good



Summary of findings

with no address to register at any practice in the area after the practice shared how they worked with this group. These patients were provided with clothing, tea and toast when they attended and were offered to use the telephone or to charge their mobile phone while they were at the practice. The practice had identified a safeguarding lead for vulnerable adults. Staff knew how to recognise signs of abuse in vulnerable patients and were aware of their responsibilities to report concerns. Forty nine per cent of the patient population were from black or ethnic minority groups and there were 19 languages spoken by patients. The practice had access to telephone and on line translation services, they used interpreters for routine appointments and they used a regular interpreter for continuity for one local community.

People experiencing poor mental health (including people with dementia)

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

Ninety three per cent of people experiencing poor mental health had a care plan which was reviewed annually. This was above the national average. The practice recorded the alcohol consumption of 96% of patients experiencing poor mental health compared to the national average of 89%. Eighty five per cent of these patients had their blood pressure taken in the last year. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health. They told these patients how to access relevant services and support groups and the practice provided counsellors for both mental health and substance misuse. The practice used advanced care planning for patients with dementia. Staff told patients about local services including support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

We spoke with 14 patients and one member of the Patient Participation Group. We looked at results from the GP patient survey for with results published on 2 July 2015. The practice used the NHS Friends and Family Test, in August 2015 93% reported a positive experience.

The results from the 2015 National GP survey involved 357 surveys being sent out, with 96 returned giving a 27% completion rate.

- 39% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 84% found the receptionists at this surgery helpful (CCG average 81, national average 87%).
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 87% said the last appointment they got was convenient (CCG average 89%, national average 92%).
- 63% described their experience of making an appointment as good (CCG average 64%, national average 73%).

- 56% usually waited 15 minutes or less after their appointment time to be seen (CCG average 57%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed two weeks before our inspection. We received 32 comment cards of which 26 were positive about the service, staff and the care and treatment provided. The remaining cards contained some positive comments and raised a few issues regarding getting through to the practice on the telephone, access to appointments and the waiting times when attend for an appointment. Patients said that staff were caring, friendly, and helpful and GPs were professional and efficient. Patients told us the environment was always clean, with the exception of the chairs in the waiting room. Comments from patients we spoke reflected the positive comments regarding staff, treatment, the environment and cleanliness. They raised similar issues regarding getting through to the practice on the telephone, accessing routine appointments and sometimes having to wait to see their GP.

Lakeside Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP and practice manager specialist advisor, an Expert by Experience and a second inspector. The specialist advisors were granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Lakeside Medical Practice

The practice operates from one location, Lakeside Medical Practice. They have a greater number of children under 18 years of age and people aged 30 to 55 years compared to local and national averages. With a lower proportion of patients aged over 65, 75 and 85 years. Almost half the patient population is from a black or ethnic minority group. Thirty eight per cent of patients have long standing health conditions, below the CCG and national averages of 48% and 54%. Seventeen per cent of patients have caring responsibilities in line with the local and national averages of 16% and 18% and 64% of patients are in paid work or full time education, above the CCG average of 62.9% and the national average of 60.8%. It is in the third most deprived area of England. The practice is registered as a partnership of six GPs with the Care Quality Commission (CQC) to provide the regulated activities of: diagnostic and screening procedures, treatment disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures.

The practice provides primary medical services through a Primary Medical Services (PMS) contract. A PMS contract is

the contract between general practices and NHS England for delivering primary care services to local communities. The practice provides a range of services including long term condition management, minor surgery, health promotion, smears, child and adult immunisations, family planning, maternity care, travel clinics and smoking cessation to just over 16,200 patients in the Thamesmead area of Bexley.

The practice is a member of Bexley Clinical Commissioning Group (CCG) and is one of 28 member practices. It comprises of six GP partners and three salaried GPs (equivalent to 7.5 full time GPs providing 60 sessions a week) two full time nurse practitioners, four practice nurses and two health care assistants (equivalent to four full time posts). There is a full time practice manager and seventeen administrative and reception staff.

The practice is open from 8.00am to 6.30pm Monday to Friday. Appointments are from 9.00-12.30am Monday to Friday and from 2.00pm-4.30pm Monday to Friday. Extended hours are provided between 7.00am and 8.00am Monday, Tuesday and Wednesday mornings and 6.30pm and 8.00pm on Thursdays. Urgent appointments are also available Monday to Friday between 12.30pm and 6.30pm.

The practice has opted out of providing out-of-hours services to their own patients and these services are provided by the locally agreed out-of-hours provider for the CCG.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider has not been inspected before and that was why we included them.

Detailed findings

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

From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 September 2015. During our visit we spoke with 14 patients and one member of the Patient Participation Group and a range of staff including two GPs, the trainee GP, four nurses, two healthcare assistants, the practice manager and five administrative and reception staff. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We looked at how medicines were recorded and stored.

Are services safe?

Our findings

Safe track record

There was an open and transparent approach with policies, procedures and systems in place for reporting and recording significant events, accidents and incidents. Patients affected by significant events received an apology and were told about actions taken to improve care. One of the GPs and the practice manager reviewed significant events. Records seen confirmed the practice carried out an analysis of significant events and these were discussed at meetings with relevant staff. Staff told us they would inform the practice manager or one of the GPs of any incidents. We reviewed records of the seven significant events from the last year and saw they had been discussed initially by the GPs and disseminated to other staff as required. We saw lessons learned were shared to ensure improvements to safety were made. The practice met with other practices in the local area and used these meetings to review improvements required.

The practice manager received national safety alerts and sent these on to relevant clinical staff. GPs received updated guidance from the National Institute for Health and Care Excellence and discussed these at clinical meetings.

Overview of safety systems and processes

The practice had clear policies, procedures and systems in place to keep people safe which included:

- Arrangements were in place to safeguard vulnerable adults and children from abuse that reflected relevant legislation and local requirements. Policies were available to all staff and a clear flow chart of actions to be taken had been developed and was in each consultation and treatment room and the office. One of the GPs was the safeguarding lead for both children and adults. All staff had completed training to the required level in safeguarding children with clinical staff trained to level 3 and non-clinical staff at level 1. Staff spoken with were aware of their responsibilities to report issues and concerns. The electronic patient record had a system that indicated when a child was subject to a child protection plan and when a patient was considered a vulnerable adult.
- Notices informing patients of their right to request a chaperone were displayed on each consultation and treatment room door. If a patient needed to have an examination clinical staff asked patients if they wished to have a chaperone. GPs asked nurses, health care assistants or reception staff to act as chaperones. Staff who acted as chaperone were trained for the role and had received a Disclosure and Barring Scheme (DBS) check. (DBS checks identify whether a member of staff has a criminal record or is on a list of people barred from working where they may have contact with vulnerable children or adults).
- There were procedures for monitoring and managing risks to patient and staff safety. Health and safety policies were in place and kept under review. Posters displayed relevant health and safety information for staff. Fire equipment was checked annually by external contractors, the last date was May 2015. Staff completed training in fire safety and fire drills were carried out twice a year with the last one in June 2015. Portable electrical appliances were last checked in February 2012, we were told the owner of the building was responsible for this and saw correspondence from the practice manager requesting this be completed since early 2015. Clinical equipment was tested annually with the last check carried out in December 2014 when it was all working. Risk assessments were completed and kept under review.
- Appropriate standards of cleanliness and hygiene were followed. Patients told us the practice was always clean with the exception of the fabric chairs in the waiting area which were stained. These were on the cleaning schedule. Clinical staff completed training in infection control and completed annual updates. One of the nurses was the infection control lead. The practice had developed infection control policies. Clinical staff were responsible for cleaning between patients and had equipment to complete this. One of the nurses and one health care assistant were responsible for cleaning clinical areas in consultation and treatment rooms. An external contractor carried out the cleaning every morning and at intervals throughout the day. There was a cleaning schedule which detailed the areas to be cleaned daily, weekly and monthly. The practice manager carried out regular checks to ensure the cleaning met the required standards. Staff told us they would report issues with the cleaning to the cleaner or

Are services safe?

the practice manager. The last infection control audit, completed in October 2014 by the Clinical Commissioning Group, did not identify any areas to be addressed. Two nurses carried out infection control audits of the building and staff practice. There was one sink in the treatment room, the practice had considered the implications and risk and completed a risk assessment immediately after the inspection. Suitable arrangements were in place for the safe disposal of clinical waste including sharps. A legionella risk assessment had been completed which did not identify any actions and was due for review in June 2016.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including prescribing, recording, handling, storing and security). The nurses checked fridge temperatures daily and records showed they had remained in within the required ranges for the last year. Nurses carried out audits of medicines to ensure stocks remained within their expiry date. Regular medication audits were carried out with the support of the Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored and systems were in place to monitor their use.
- The practice had a recruitment policy which was kept under review. We saw appropriate recruitment checks had been carried out in the four staff files we reviewed. For example, proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service (DBS). The practice policy was for DBS checks to be completed every three years. The practice had developed an induction programme for new staff and a locum pack was available when required.

- Arrangements were in place for planning and monitoring the number and mix of staff to needed to meet patients' needs. Reception and administrative staff made arrangements to cover staff holiday to ensure there were enough staff on duty.

Arrangements to deal with emergencies and major incidents

The computer system had an instant message system so staff could call for help in the event of an emergency. In addition, emergency alarms were provided in consultation rooms. These alarms were checked and serviced by external contractors. Staff we spoke with were clear about the actions they should take in the event of an emergency. All staff had completed basic life support training in 2015. Emergency medicines were available in treatment rooms and two doctor's bags. Staff knew where emergency medicines and equipment were kept and they were checked monthly. We saw emergency medicines were in date and fit for use. The practice had oxygen with adult and children sized masks and a defibrillator with children and adult pads and these were checked monthly. There was a first aid kit and an accident book.

The practice had developed a business continuity plan which included details of how to deal with a range of situations including power failure and building damage. The document included contact numbers of external contractors and staff. Staff described how they used the plan two years ago when the power cables were cut by builders and they had to move to another building for two days.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Care and Excellence (NICE) best practice guidelines and local guidance. The practice monitored the use of these guidelines and used the information to develop care and treatment to meet patient's needs. The Clinical Commissioning Group had developed clinical pathways for a range of common ailments for children and adults which clinical staff used to refer patients to relevant services. The practice had an ethos of providing holistic care. They had systems in place to ensure that all clinical staff were kept up to date and attended relevant training. GPs and nurses we spoke with confirmed they had opportunities to update training.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice achieved 99% of the total points available in the year ending March 2015. This was above the CCG and national average of 94% with 8.8% exception reporting. The practice was not an outlier for any QOF (or other) national targets. Data from April 2013 to March 2014 showed:

- Performance for diabetes related indicators were varied. For example, 80% of patients had a last blood pressure reading of 140/80mmHg or less compared with a national average of 79%, 90% had a record of a foot examination above the national average of 88%. The number of patients with diabetes who had the influenza immunisation in the last year was 92% which was in line with the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 79% in line with the national average of 83%.

- Performance for patients with mental health with a comprehensive care plan was 93% above the national average of 86%.
- The number of patients with dementia who had an annual review of their care was 77%, compared to the national average of 84%.
- The practice had 6.9 emergency admissions per 1,000 population compared to the national average of 13.6.

Clinical audits were carried out to demonstrate quality improvements and all relevant staff were involved to improve care and treatment and patients' outcomes. We reviewed a sample of the clinical audits carried out in the last two years; one of these was a completed audit where the improvements made were implemented and monitored. The practice took part in local audits and local and national benchmarking. For example, an audit on the clinical care of patients with a diagnosis of Hepatitis B and C in February 2014 found 40% of 111 patients were receiving the appropriate care for their condition. The findings of the audit and the NICE and Health Protection Agency guidance for treatment of patients with Hepatitis B or C were shared with GPs during a clinical meeting. An action plan was developed which included writing to patients, inviting them to attend an appointment. The re-audit carried out in December 2014 showed the number of patients receiving appropriate care had increased to 68% of 108 patients. Audits were presented at clinical meetings so learning was shared and embedded. Trainee GPs completed two audits during their one year placement at the practice.

Effective staffing

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

- The practice had developed an induction programme for new staff, GP trainees and locum GPs which included essential policies such as confidentiality, safeguarding and health and safety.
- The learning needs of staff were identified through appraisals and reviews of the practice development needs. Staff had access to appropriate training to meet these learning needs and cover the scope of their work with regular updates provided to clinical staff. Staff had

Are services effective?

(for example, treatment is effective)

access to clinical supervision and support for the revalidation of GPs and nurses. Staff we spoke with told us they received the support they needed and had an annual appraisal.

- Staff had completed training in basic life support, safeguarding children and vulnerable adults, infection control, equality and diversity, information governance, customer care, health and safety, dementia awareness, conflict resolution and complaints handling. Clinical staff completed relevant training and attended regular refresher courses including cytology, diabetes care, immunisations, infection control, information governance, Mental Capacity Act, palliative care, phlebotomy and smoking cessation.
- The staff group had a mix of skills with clinical leads for asthma, diabetes, family planning, learning disability and mental health.

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 the practice computer system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. Clinical staff met every month to discuss the care and treatment needs of patients with complex health needs. All relevant information was shared with other services in a timely way, for example referrals to other services. The practice held monthly multidisciplinary meetings with the palliative care team, the local hospice, care homes, social services, district nurses, health visitors and midwives to understand and meet the needs of patients with complex health needs. They met with community health services every three months.

Staff worked with other health and social care services to meet patients' needs. For example, they used special patient notes for people receiving end of life care, to ensure the individual's wishes were available to those providing care or treatment. The out of hours service sent details of patients seen to the practice electronically.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision making requirements of

legislation and guidance including the Mental Capacity Act 2005 and the Children Acts of 1989 and 2004. Parental consent was sought before children were given immunisations. Clinical staff spoke with patients about what was involved in examinations and procedures. Where a patient's capacity to consent to care or treatment was unclear, clinical staff assessed capacity.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. For example those receiving end of life care, carers, those at risk of developing a long-term condition and those requiring information and advice on their diet and smoking cessation. New patients were asked to complete a health questionnaire to describe their smoking and drinking habits, the level of exercise they completed, their own health and social history and their family medical history. New patients were invited to attend an initial half hour appointment with one of the nurses.

The practice leaflet, given to new patients, included information about self-help for minor illness and services pharmacists provided and some useful phone numbers for local health services. A range of posters and information leaflets were displayed and available in the waiting room to inform patients of the services provided at the practice and in the local area, health screening they are eligible for and information that staff could give them. The Patient Participation Group had developed some information leaflets for patients regarding common long-term conditions.

The practice had a comprehensive screening programme. The uptake for cervical screening was 82% in line with the national average. Childhood immunisation rates for vaccinations given to those under the age of two in the year ending March 2015 were between 65% and 95%. Immunisation rates for the pre-school booster for five year olds were 66%. This was an increase on the same time period in the previous year. The practice were working through an action plan to increase the number of children receiving their childhood immunisations which included writing to parents when a new baby was born outlining the immunisations the child needed, they telephoned parents to remind them to bring their child for immunisations and they used celebrate and protect cards to remind parents of the immunisation their child was due at one, two and five

Are services effective?

(for example, treatment is effective)

years of age. Flu vaccination rates for those aged over 65 were 68%, compared to the national average of 73%. For the at risk groups this figure was 57% above the national average of 52%.

The practice used a number of self-management plans to help patients with long-term conditions identify when their condition was deteriorating and managing symptoms so they sought advice at the most appropriate times.

The practice invited patients with a learning disability for an annual review although the uptake was around 50% of 52 patients. They were looking at how best to target this group and increase uptake.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw staff spoke with patients attending the practice and those who telephoned during our visit in polite and respectful manner. All staff showed a commitment to being compassionate in the care of vulnerable people and provided additional support to meet patient's emotional needs. Consultations took place in private rooms with the doors closed and conversations in these rooms could not be overheard. Curtains were provided in consultation and treatment rooms to maintain patients' privacy and dignity during examinations and treatment. Reception staff told us they would take patients to the end of the reception area or to a separate room if they needed to speak in private.

In the 32 CQC comment cards we received, 26 patients made positive comments about the services provided. Patients we spoke with told us they were satisfied with the way staff spoke with them and that their privacy and dignity was respected.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2015 national GP patient survey which showed:

- 84% of respondents said they found receptionists at the surgery helpful, in line with the CCG average of 81% and the national average of 87%;
- 85% of patients said the last GP they saw was good at listening to them, in line with the local and national averages;
- 99% had confidence in the last nurse they saw above with the CCG and national averages of 97%;
- 86% said the last GP they saw was good at giving them enough time, in line with the local and national averages;
- 92% said the last nurse they saw was good at giving them enough time compared to the CCG and national averages of 89% and 92%.

Care planning and involvement in decisions about care and treatment

Patients told us they were involved in decision making and discussions about treatment options. They felt that staff had the time to listen and explain things to them in ways they understood. Patient comments in CQC comment cards reflected these views.

Results from the national GP patient survey 2015 we reviewed showed patients responded positively to their involvement in planning and decision making about their care and treatment. For example:

- 85% of respondents said the last GP they saw was good at explaining tests and treatments compared to the local and national averages of 86% and 89%;
- 92% said the nurse they saw was good at explaining tests, which was above the CCG and national averages of 87% and 90%;
- 82% said the last GP they saw was good at involving them in decisions about their care and treatment which was above the CCG and national averages of 78% and 81%;
- 88% said the nurse they saw involved them in decisions about their care and treatment which was above the local average of 82% and national average of 85%.

Staff told us they had access to translation services for patients for whom English was not their first language and some staff spoke some of the local languages. They had an arrangement with a regular interpreter for patients from one local community. Some reception staff had requested and completed training in deaf awareness and the reception staff used some British Sign Language to help communicate with patients who were deaf. All staff at the practice provided drinks, snacks and clothing for homeless patients and invited these people to sit inside, away from extreme weather.

Patient/carer support to cope emotionally with care and treatment

Notices displayed in the waiting area told patients how to access a number of local support groups and organisations. The practice worked with a voluntary organisation who attended the practice every day to signpost patients to appropriate local services. Fourteen volunteers had been trained in their role to signpost patients to relevant social care services, including practice staff. The project had seen over 150 referrals to services since it was set up in April 2015, 50 offers of recycled



Are services caring?

furniture taken up, plus some requests for bereavement counselling and immigration support. All staff demonstrated the practice ethos of providing support to those who needed it.

The electronic patient record indicated if the patient was also a carer with 17% of the patient list identified as carers. Staff told us these patients were prioritised for appointments, offered annual health checks and referred to the local carers support service and relevant health and social care services for support and information.

Clinical staff told us that if patients suffered bereavement, they contacted them to ensure they had access to support services if required.

Eighty per cent of respondents to the national GP survey said the last GP was good at treating them with care and concern which was in line with the local average and below the national average of 85%. Eighty eight per cent said the last nurse they saw was good at treating them with care and concern which was in line with the local and national average.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the Clinical Commissioning Group (CCG) to plan services to improve outcomes for patients in the area. They demonstrated a clear knowledge and understanding of their local population and their health needs. For example they identified patients attending with concerns that were not related to their health, and contacted a voluntary organisation and developed a social prescribing service. The voluntary organisation arranged for volunteers to attend the practice every day and sign post individuals to local social care services including housing, finance, the furniture project and food bank. Reception staff were included in this training so they could provide patients with information when volunteers were not at the practice.

Services were planned to take into account the different patient groups and helped provide choice, flexibility and continuity of care. For example:

- Patients could book appointments and request repeat prescriptions on-line.
- The practice provided a range of book in advance and urgent on the day appointments.
- They provided extended hours appointments three mornings and one evening a week for patients who worked and could not attend during the day.
- The practice used text reminders to ensure patients attended their appointment and to receive feedback of patients experience at the practice.
- Longer appointments were provided for patients who needed them including those with a learning disability, mental health needs and long term conditions.
- There were disabled facilities including an accessible toilet, room for wheelchairs and mobility aids and a hearing loop.
- There were baby changing facilities and an area in the waiting room for young children.
- The practice had access to translation services.
- Patients could choose to see a male or female GP.

The waiting room had 23 chairs, which they identified was insufficient for the number of patients. The practice were working with developers to identify options for extending the practice and were working with the owners of the building regarding using some other areas.

Access to the service

The practice was open between 8.00am-6.30pm Monday to Friday. Extended hours surgeries were provided from 7.00am-8.00pm Monday, Tuesday and Wednesday and from 6.30pm-8.00pm on Thursday. Pre-bookable appointments and on the day urgent appointments were available.

Results from the national GP patient survey 2015 showed a mixed response regarding patient's satisfaction with access to the practice.

- 75% of respondents said they were able to get an appointment the last time they tried, compared to the CCG average of 79% and national average of 85%.
- 39% of respondents found it easy to get through to this surgery by phone, below the CCG average of 61% and national average of 73%. The practice had made changes in response to this, although patients we spoke with were still experiencing difficulties getting through to the practice in the morning with long waits to get through and then finding no appointments available.
- 56% of respondents usually wait 15 minutes or less after their appointment time to be seen, compared to the CCG average of 57% and national average of 65%.
- 69% of respondents were satisfied with the practice opening times, in line with the CCG and national averages of 70% and 75%.

The practice worked with the Patient Participation Group to seek patient feedback and develop action plans to improve patients experience at the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. We saw information about how to make a complaint displayed at the practice, included in the patient information leaflet and on the practice website. Although

Are services responsive to people's needs?

(for example, to feedback?)

most patients we spoke with were not aware of how to raise concerns, they said they would speak with reception staff in the first instance. We looked at the records for seven complaints received in the last year and found the practice

had responded in an open way, in line with their policy. We saw that complaints were discussed at clinical and practice meetings to ensure staff were aware and action agreed to prevent similar complaints being received in the future.

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 work in partnership with patients to provide safe, effective and innovative primary care, promoting health and well-being while working within local and national governance, guidance and regulations. Staff we spoke with knew and understood the vision. The partners met regularly to review the strategy. The practice identified patient's low attendance for screening programmes and medical appointments at other health services in the community. They had phlebotomy services at the practice and were working to get mobile screening services to attend the practice to increase patient uptake in screening programmes.

Governance arrangements

The practice had a governance framework which supported the delivery of their strategy and good quality care. The structures and procedures in place ensured that:

- There was a clear staffing structure and staff understood their own roles and responsibilities;
- Practice policies had been developed, these were kept under review and available to all staff;
- The partners had a clear understanding of how the practice was performing and were working to address areas identified;
- Clinical audits were used to monitor the quality of services and make improvements. For example, following the audit on treatment of patients with Hepatitis B and C patients were invited to an appointment and this had led to an increased number of patients being referred to secondary care and receiving care and treatment in line with guidance.
- Arrangements for identifying, recording and managing risks were suitable and staff were clear about their responsibilities to report issues.

Leadership, openness and transparency

The partners had the experience and capacity to operate the practice and ensure the provision of high quality care. They prioritised safe, effective, caring and compassionate care. The partners were visible in the practice and staff told us they were approachable and took time to listen to them. The partners encouraged a culture of openness and honesty.

Staff told us there were regular practice and clinical meetings which were used to disseminate important information about the practice, review patient feedback and complaints and give staff opportunities to comment about the services provided. Staff told us they were happy to be working at the practice and felt they could speak openly and would be listened to.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged feedback from patients through responses from the national GP survey, complaints, concerns and a suggestion box. A Patient Participation Group (PPG) was developed in 1990. They held two monthly meetings and had nine committee members who were regular attendees. The chair of the PPG represented patients on the management committee, giving partners patient feedback, suggestions and ideas. The practice had made changes to the telephone system and were reviewing access to appointments and looking at ways to increase the size of the waiting room in response to patient feedback.

The practice gathered feedback from staff through practice meetings and appraisals. Staff told us they felt able to give their ideas and suggestions for the practice.

Management lead through learning and improvement

The practice demonstrated that they prioritised safety, used learning from significant events and complaints and patient feedback and audits to make improvements to the care and treatment provided.