

Downham Family Medical Practice

Quality Report

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Date of inspection visit: 1 March 2016

Date of publication: 27/05/2016

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?

Requires improvement



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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Downham Family Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Downham Family Medical Practice on 1 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events; however, some significant events had not been recorded appropriately and learning was not always thorough enough.
- Risks to patients were assessed and well managed with the exception of the absence of oxygen for use in medical emergencies. After the inspection, the provider told us they would purchase oxygen.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Improvements had been made following a clinical audit; however, there was no evidence of a programme of continuous audits.

- 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.
- Patients said they did not always find it easy to make an appointment with a named GP, but urgent appointments were available the same day.
- The practice had good facilities and was mostly well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

The area where the provider must make improvement is:

- Ensure oxygen is available and all staff know how to use it.

The areas where the provider should make improvements are:

- Review the system for recording and learning from significant events so it is robust.

Summary of findings

- Consider ensuring all clinical staff receive mental capacity training, and that any training received is documented.
- Ensure patient feedback is continually reviewed and areas for improvement actioned where possible, particularly in relation to the availability of appointments and waiting times.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting significant events; however, significant events had not always been recorded appropriately and lessons learned were not always thorough enough.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of the absence of oxygen for use in medical emergencies. After the inspection, the practice told us they would purchase oxygen and that they had access to oxygen from another practice in the same building.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes varied in comparison to local and national averages. Performance for mental health and dementia related indicators was above average, performance for hypertension was average, and performance for diabetes indicators was mostly below average. The practice demonstrated actions it was taking to improve outcomes for patients with diabetes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- One clinical audit demonstrated quality improvement but there was no evidence of a programme of continuous clinical and internal audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice below average for several aspects of care. The practice scheduled a meeting to discuss the results of the survey in order to identify where improvements could be made to improve patient satisfaction.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice nurse and lead GP had signed up to a local scheme to improve the management of patients with diabetes, in order to improve patient outcomes.
- Patients said they did not always find it easy to make an appointment with a named GP but same-day urgent appointments were available. Children, patients with learning disabilities and those with enhanced medical needs were prioritised for appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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 a governance framework which supported the delivery of the strategy and good quality care in most areas. This included arrangements to monitor and improve quality and identify risk; however, risks had not been assessed in relation to the absence of oxygen for use in emergency situations.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

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.
- Longer appointments and home visits were available for older people when needed.
- All patients aged over 75 years had a named GP.

People with long term conditions

The practice is rated as good for the care of 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.
- Nationally reported data showed performance for diabetes related indicators was mostly below average. For example, 62% of patients with diabetes had well controlled blood sugar levels (national average 78%), and 74% of patients with diabetes had received the annual flu vaccine (national average 94%).
- The practice had signed up to a local scheme to improve their management of patients with diabetes.
- Longer appointments and home visits were available when needed.
- There were dedicated weekly asthma and diabetes clinics. 76% of patients with asthma had received a review of their care in the previous 12 months, which was in line with the national average of 75%. 92% of patients with chronic obstructive pulmonary disease (COPD) received a review of their care in the previous 12 months, which was above the national average of 90%.
- All these patients had a named GP and most had received 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.

Summary of findings

Families, children and young people

The practice is rated as good for the care of 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 A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 75% of women aged 25 to 64 had a cervical screening test in the previous 12 months, which was below the national average of 82%. The practice had implemented actions to improve screening performance.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of 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 offered a dedicated cervical screening clinic on Saturday mornings and on Thursdays until 7.30pm.
- Daily telephone consultations were available for working patients who were unable to attend the practice.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Summary of findings

- The practice prioritised patients with a learning disability and offered them longer appointments. There was a dedicated learning disabilities clinic on Saturday mornings.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told us they informed vulnerable patients about how to access various support groups and voluntary organisations but we did not see any written information displayed.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and knew how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with dementia received a face-to-face review of their care in the previous 12 months, which was above the national average of 84%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the previous 12 months, which was above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia, and it carried-out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing below local and national averages. Four hundred and eight survey forms were distributed and 112 were returned. This represented approximately 2% of the practice's patient list.

- 67% found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 73%.
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 75% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 66% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were mostly very positive about the standard of care received. Patients said they found staff to be caring and helpful, their dignity was respected and they found the environment clean.

We spoke with 10 patients during the inspection. All 10 patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, there were seven comments regarding long waiting times and difficulties accessing pre-bookable appointments with waits of up to 3 weeks to see a preferred GP.

Downham Family Medical Practice

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 second CQC inspector, a GP specialist advisor, and a practice manager specialist advisor.

Background to Downham Family Medical Practice

Downham Family Medical Practice operates from one site in Lewisham. It is one of 41 GP practices in the Lewisham Clinical Commissioning Group (CCG) area. There are approximately 6,800 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery, patient participation, risk profiling, rotavirus and shingles immunisation and unplanned admissions.

The practice has a higher than average population of female patients aged from birth to 49 years, and male patients aged from birth to 19 years and from 30 to 34 years. Deprivation affecting children and adults is above the national average amongst patients registered at the practice.

The clinical team includes two male GP partners, two female salaried GPs and a male salaried GP. The GPs work a total of 31 sessions per week. There is a salaried practice nurse, a locum nurse (who is a specialist in Diabetes and chronic obstructive pulmonary disease), and a health care assistant. The clinical team is supported by a practice manager, and six reception/administrative staff.

The practice is currently open between 8.00am and 6.30pm Monday to Friday and is closed on bank holidays and weekends. It offers extended hours from 6.30pm to 8.00pm on Thursdays. Appointments are available from 9.00am to 12.00pm and from 3.00pm to 5.00pm on Mondays, Tuesdays and Thursdays and from 9.00am to 1.00pm and from 4.00pm to 6.30pm on Wednesdays and Fridays. There are two treatment rooms and six consulting rooms on the ground floor.

There is wheelchair access and baby changing facilities at both sites. There is car parking available outside the premises, including disabled parking.

The practice has opted out of providing out-of-hours (OOH) services and directs patients needing care outside of normal hours to a contracted out-of-hours service.

Detailed findings

This service was previously inspected on 11 February 2014. It was not rated but the inspection found that improvements could be made regarding learning from significant events, and planning and monitoring staff training.

Why we carried out this inspection

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

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

How we carried out this inspection

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 01 March 2016. During our visit we:

- Spoke with a range of staff including two GPs, the health care assistant, practice manager and receptionists. We also spoke with patients who used the service.
- 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 and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events but it was not robust.

- The practice carried out an analysis of the significant events.
- Learning points and action plans from significant events were not always thorough enough and significant events were not always recorded appropriately. For example, some of the analyses we reviewed did not contain the names of individual staff involved and another had no record of an action plan.
- 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.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident where a member of staff identified that there was no system in place to follow up patients who had been referred for radiographic investigations, the practice created a system to record and follow up these patients and included a system of identifying patients whose results were missing.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The 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 relevant to their role. GPs were trained to Safeguarding level 3, nurses and non-clinical staff were trained to level 2.

- A notice on every consulting and treatment room door advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained 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. The practice manager told us staff had received up to date training from the practice nurse but this had not been documented. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises (PSDs are written instructions from a qualified and registered prescriber

Are services safe?

for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

Monitoring risks to patients

Risks to patients were mostly assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and participated in regular fire drills. Two members of staff had not received fire safety training but the training was completed shortly after our inspection.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, 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 and buddy cover system in place for all the different staffing groups to ensure that 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 with the exception of the lack of oxygen.

- There were panic buttons, and an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All clinical staff had received annual basic life support training. Non-clinical staff last received this training in 2014 and it was updated in March 2016 shortly after our inspection. The practice manager informed us they had previously been advised this training only needed to be updated every three years and they would ensure it was completed annually in future, in accordance with current guidelines.
- The practice had a defibrillator available on the premises but there was no oxygen and the practice had not carried out a risk assessment in relation to this. Following the inspection, the practice told us they had an agreement to use oxygen belonging to another practice in the same building, in emergencies; they subsequently told us they would purchase their own oxygen.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice nurse had carried out a risk assessment to determine which emergency medicines to have available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, but they did not carry out records audits or random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91.4% of the total number of points available, with 5.9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was mostly below the national average.

62% of patients with diabetes had well-controlled blood sugar levels in the previous 12 months (national average 78%).

79% of patients with diabetes had well-controlled blood pressure in the previous 12 months (national average 78%).

85% of patients with diabetes had received the annual flu vaccine in the previous 12 months (national average 94%).

The lead GP told us they had experienced non-compliance from many patients with diabetes and efforts were on-going to engage with and improve outcomes for this patient group. The lead GP and practice nurse had signed up to receive training from the local CCG on the management of patients with diabetes as part of the CCG's Year of Care scheme.

- Performance for hypertension related indicators was average. 84% of patients with hypertension had well-controlled blood pressure in the previous 12 months (national average 84%)
- Performance for mental health related indicators was above average. 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in the previous 12 months (national average 88%)
- Performance for dementia related indicators was above average. 100% of patients with dementia had received a face-to-face review of their care in the previous 12 months (national average 84%).

A clinical audit demonstrated quality improvement but there was no evidence of a programme of continuous clinical and internal audit.

- There had been two clinical audits conducted in the last two years. One of these was a completed second cycle audit where the improvements made were implemented and monitored.
- Findings from the completed audit on the effectiveness of a medicine on the blood sugar control of patients with Type 2 diabetes were used by the practice to improve services. The practice identified that only 20 out of 42 patients with diabetes were achieving the target blood sugar level. The practice implemented a plan of improvements which included placing patients on the appropriate medicine and carrying out treatment reviews. A subsequent re-audit showed that 30 patients were achieving the target.
- The practice participated in local audits, national benchmarking and peer review.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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. Information such as NHS patient information leaflets was also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between

services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Although staff had not received training in mental capacity, they 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 not monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol and recreational drug cessation.
- Smoking cessation advice was provided by the health care assistant.
- Patients requiring more enhanced support were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 75%, which was below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test, and the practice had introduced dedicated Saturday morning cervical screening clinics to improve access to this service by patients who could not attend during the week. The practice did not encourage the uptake of the screening programme by using information in different languages

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

and for those with a learning disability but they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to children aged under two years ranged from 82% to 93% (CCG average 71% to 93%) and for five year olds from 70% to 92% (CCG average 71% to 94%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 49 patient Care Quality Commission comment cards we received, 47 were entirely positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients including a member of the patient participation group. They 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 published in January 2016 showed the majority of patients felt they were treated with compassion, dignity and respect but the practice was rated mostly average and below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 78% said the GP gave them enough time (CCG average 83%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 97%)
- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 83, national average 85%).

- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 87%, national average 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, but results were mostly below local and national averages. For example:

- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We did not see notices in the reception area informing patients this service was available but a poster was displayed at the reception desk immediately after our inspection.

At the time of our inspection, the practice manager informed us they had not reviewed these results, but they reviewed the results of their own practice survey test to monitor patient satisfaction. They told us a meeting had been scheduled to discuss the national GP patient survey results with staff, in order to identify and act on areas for improvements.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations such as those for patients with dementia.

The practice's computer system alerted GPs if a patient was also a carer, and there was a carer's register where practice had recorded two percent of the practice's list as carers.

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. This call was followed with advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the lead GP and a practice nurse had recently signed up to receive training to improve the management of patients with diabetes, as part of the local CCG's Year of Care scheme.

- The practice offered daily telephone consultations, and a 'Commuter's Clinic' on a Thursday evening until 8.00pm for working patients who could not attend during normal opening hours.
- Patients could book or cancel appointments and order repeat prescriptions online.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available and prioritised for children, those with serious medical conditions, and those with learning disabilities. This was acknowledged positively by patients we spoke with.
- Patients were able to receive travel vaccinations available on the NHS, and they were directed to other clinics for vaccines available privately.
- There was wheelchair access throughout the practice with an automatic entrance door, a hearing loop and translation services available.
- There were baby changing facilities in the toilet.
- There were dedicated clinics on Saturday mornings for patients requiring cervical screening and for those with learning disabilities, and all patients we spoke with confirmed they had received invitations to these clinics.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 9.00am to 12.00pm and from 3.00pm to 6.30pm Monday to Friday. On Saturdays, pre-bookable appointments were available from 9.00am to 1.00pm. Extended surgery hours were offered between 6.30pm and 8.00pm every Thursday.

Pre-bookable appointments were available up to two weeks in advance, and daily urgent appointments and telephone consultations were available for people that needed them.

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

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 78%.
- 67% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 54% of patients feel they normally wait too long to be seen (CCG average 41%, national average 35%).
- 40% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).

Seven out of 10 patients told us on the day of the inspection that they had faced difficulties getting appointments and they were not always able to get appointments when they needed them.

The practice manager told us they had already discussed the issue of waiting times with the GPs and that they would conduct an audit on each individual GP to assess their time keeping and tie this in with their appraisals. They told us 90% of patients were able to get access to their preferred GP via daily telephone appointments, following which patients would be invited to attend the practice if their condition required further examination. They also informed us they had increased the capacity of online booking to make it easier for patients to book appointments, and they increased the availability of appointments during the winter months and on a yearly basis in response to demand.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that an information leaflet was available in the hallway leading to the consulting rooms to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found they were dealt with in a timely way, and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result

to improve the quality of care. For example, following a complaint regarding the attitude of a member of staff, the practice manager investigated the complaint and gave the patient feedback from the investigation and a full apology. The practice manager also implemented staff management procedures to prevent a similar re-occurrence.

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 mission statement. It was not displayed in the waiting areas but staff we spoke with knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of their strategy but there were areas for improvements.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a good understanding of the performance of the practice.
- Although audits had been carried out from which some improvements had been made, there was no evidence of a programme of continuous clinical and internal audit, and only one of the two clinical audits had been through a second cycle.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place and operated effectively in most areas, but they were not robust in relation to the lack of oxygen for use in medical emergencies. After the inspection, the practice told us they had an agreement to use oxygen belonging to another practice in the same building, in emergencies; they subsequently told us they would purchase their own oxygen.

Leadership and culture

The partners and practice manager in the practice had the experience, capacity and capability to run the practice and they told us they prioritised high quality and compassionate care. The partners and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular clinical and non-clinical team meetings and we saw evidence of meeting minutes to confirm this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted the practice did not hold team away days but they attended annual Christmas celebrations.
- 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 their patient survey and through complaints received. There was an active patient participation group (PPG) of seven members which met regularly. They had last carried out a practice patient survey in February 2014 and the practice had responded to proposals they had submitted for improvements to the practice since this time. For example, the telephone system had been upgraded to an automated system

Are services well-led?

Good 

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

with a queue facility, and an allowance had been made for patients to book appointments two weeks in advance instead of one week, which they told us had afforded patients more flexibility.

- The practice had gathered feedback from staff through staff meetings, appraisals and ad-hoc informal discussions. Staff told us they felt involved and engaged to improve how the practice was run, and that they

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us the practice leaders had responded to their suggestions for improving communication between the GPs and reception staff by implementing appointment recall slips to indicate when patients needed to return for reviews.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to ensure oxygen was available for use in medical emergencies, and they had not conducted a risk assessment in relation to this.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>