

Brixton Hill Group 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?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brixton Hill Group Practice on 21 September 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.
- Risks to patients were not always assessed and well managed as fire safety procedure were not visible in reception. There was no information in clinical rooms displaying what steps to be taken in the event of a needle stick injury.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Not all staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. There were gaps in role appropriate training.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour..

The areas where the provider should make improvement are:

Summary of findings

- Review system/process for documenting and recording training, ensuring that all staff complete role appropriate training.
- Consider putting a poster/sign in clinical rooms to display what steps should be taken in the event of a needle stick injury.
- Consider reviewing where information is displayed in reception, detailing what to do in the event of a fire.
- Review GP processes for recording audits, ensuring that audits are documented.
- Review process for identifying carers and support that is provided for them.
- Consider how best to respond to the issues raised in the Patient Survey.

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.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were not always assessed and well managed; fire safety procedure were not visible in reception. There was no information in clinical rooms displaying what steps to be taken in the event of a needle stick injury.
- Emergency medicines and equipment were available.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although not all GPs were recording audits, when they had performed them.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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. The practice also had regular contact with local federations and attended monthly meetings.
- The majority of patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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.
- All older people had a named GP. The named GP was responsible for repeat prescribing, dealing with paperwork and leading on home visits for all their allocated patients.
- Housebound patients were discussed at weekly multidisciplinary meeting, which were attended on rotation by district nurse, health visitors, palliative care and community matrons.
- Holistic health needs assessments were carried out on frail and housebound patients.
- The practice participated in the unplanned admissions direct enhanced service and 189 older patients had a current care plan in place.
- Regular AUA (avoidance of unplanned admissions) meetings were held with actions and follow ups.
- The practice had targeted immunisation campaigns for older people. For example influenza, shingles.
- A phlebotomy service was available for older patients.

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.
- There were 411 patients on the diabetes register.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 80%, which was the same as the CCG average and national average.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice participated in virtual clinics, patients were discussed with team and care plans developed.
- Practice regularly participates in research projects, for example one GP had project involvement in an adult asthma study. The practice also regularly participated in long term condition research projects.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Same day appointments were always offered to children.
- Weekly baby clinics were run in the practice, attended by community Health visitors.
- The practice conducted targeted child immunisation campaigns.
- GP and midwife appointments were offered for antenatal care.

Good



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).

- 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.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours access from 7.00am through to 8.00pm. Appointments during this time were specifically for working patients.
- Telephone appointments were available throughout the day.
- Appointments could be booked 24/7 via the automated appointment booking system and the online appointment booking portal.

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 homeless people, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was able to administer food bank vouchers for those in greatest need.
- The practice provided additional support for patients with a history of alcohol and substance misuse including offering a shared care substance misuse clinic.

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).

Good



- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and ninety nine survey forms were distributed and 115 were returned. This was a 29% response rate and represented 1% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were mostly positive about the standard of care received. Patients said that staff were caring, friendly, supportive and approachable. The majority demonstrated that patients felt positive about the care received. A small number of patients raised concerns about the appointment system in terms of not getting through on the phone and having to wait long for a routine appointment.

We spoke with four patients during the inspection and one member of the Patient Participation Group (PPG) All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Brixton Hill Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Brixton Hill Group Practice

Brixton Hill Group Practice is based in Brixton Hill within Lambeth Clinical Commissioning Group (CCG). The practice list size is approximately 10,667. The practice population is diverse, with a large number of patients from Spain and Portugal. Life expectancy for males in the practice is 79 years and for females 84 years. Both of these are in line with the CCG and national averages for life expectancy. The practice has a higher than average number of male and female patients aged between 0-4 and 25-39 years. Also has a higher than average number of male patients aged 20-44. The practice has lower than average numbers of both male and female patients aged 45-85 years old.

The practice is located on one level. Facilities include 11 consultation rooms, including two nurse/ treatment rooms and a patient waiting room. The consultation rooms are on the ground floor. There are facilities for wheelchair users including an accessible toilet and a hearing loop for patients with hearing impairments.

The staff team is comprised of three male GP partners and two female partners. There is one female salaried GP. The practice is a training practice and had two registrars. The total number of GP sessions per week is 49. Other staff included three, female practice nurses, a female health care assistant, 13 receptionists/administration staff, a

practice manager and an operations manager.. Other staff included three, female practice nurses, a female health care assistant, 13 receptionists/administration staff, a practice manager and an operations manager.

The practice is open between 8.00am to 6.30pm Monday to Friday. They offer extended hours from 7.00am to 8.00pm every Tuesday. Appointments are available to patients from 8.00am to 6.10pm Monday to Fridays. Appointments are also available during the extended hours from 7.00am to 8.00pm. When the practice is closed patients are directed (through a recorded message on the practice answer machine) to contact the local out of hour's service. Information relating to out of hour's services is also available on the practice website.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of; diagnostic and screening; maternity and midwifery services family planning; and treatment of disease, disorder or injury.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 September 2016. During our visit we:

- Spoke with a range of staff (three GPs, one practice nurses, the practice manager, operations manager, three administration and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Incidents were investigated and where appropriate the patient had received an apology or an explanation. A patient had been given their immunisation three weeks early, an apology was provided and the practice now gives parents a minimum time frame to book an appointment so that appointments cannot be booked earlier than that.
- The practice carried out a thorough analysis of the significant events. There had been 14 significant events in the last 12 months. All of the significant events had been handled in line with the organisations policy. A thorough analysis carried out and learning recorded

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a safety alert relating to insulin cartridges was received 12 September 2016. The alert had been disseminated to staff including the nursing staff for them to action. Searches had been made on EMIS to identify patients using insulin cartridges and saw evidence that the nurse had contacted the patients.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding. The GPs did not generally attend safeguarding meetings due to time constraints however, they told us they always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities; however, not all new members of staff a receptionist and a nurse (that had joined the practice within the last three months) had received training on safeguarding children and vulnerable adults relevant to their role. However the practice said these staff had received an overview on their induction. GPs were trained to child protection level 3, nurses were trained to level 2 and non-clinical staff to level 1. All staff had access to an on-line training programme, there was not an effective training structure in place on the day of the inspection however the practice was working on merging all training records so they could be centrally located and accessible
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. The practice was cleaned daily by an external company. There was an infection control protocol in place. One new non clinical member of staff had not received up to date training. An infection control audit had been carried out in December 2015. We saw evidence that action was taken to address any improvements identified as a result. For example there was an issue with bin lids and general waste, the practice replaced all bins in the practice.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. For example the practice would record all prescription serial numbers. GPs set time aside for repeat prescriptions to be reviewed. The two prescribing clerks allowed up to ten days for over ordering and they would alert one of the GPs if someone was over ordering. Patients would be required to have a blood test prior to being prescribed medicines considered to be high risk. These medicines could not be obtained on a repeat prescription.
- 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. PSDs are written instructions from a qualified and registered prescriber 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 four 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.

Monitoring risks to patients

Risks to patients were assessed but not always 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. There was no a poster

in the reception which identified local health and safety representatives. There was no poster or information displayed in clinical rooms detailing what to do in the event of a needle stick injury. Fire safety procedures were not visible in reception. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. A legionella risk assessment had been carried out in December 2015 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- One clinical and one non clinical staff members had not received annual basic life support training; however, the practice was trying to get these staff members booked onto a course before the inspection. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available with 10% exception reporting compared with the Clinical Commissioning Group (CCG) average of 8% and the national average of 9%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes on the register in whom the last IFCC-HbA1C is 64mmol/mol or less in the preceding 12 months was 73% compared to the CCG average of 75% and the national average of 77%.
- The percentage of patients with diabetes on the register who have had influenza immunisation in the preceding 1 August to 31 March was 91% compared to the CCG average of 90% and national average of 94%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91% compared to the CCG average of 87% and the national average of 88%.

- Performance for mental health related indicators was similar to the CCG and national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92% compared to the CCG average of 85% and the national average of 88%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 91% compared to the CCG average of 88% and the national average of 84%.

There was evidence of quality improvement including clinical audit, however the practice was not always recording the audits that had been done.

- There had been four clinical audits in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example an audit of missed cases of diabetes was conducted, based on guidance that diabetes should be diagnosed with 2 HbA1c results lower than 6.5%, separated by a month. All patients who had had an elevated HbA1c result in the past four years but had not been recorded as diabetic were searched for. In the first cycle ten patients were identified. Five had a HbA1c level of less than 6.5%. Upon retesting, four patients had increased HbA1c levels but no diagnosis had been recorded. On the second cycle a further 12 patients had been identified as having raised HbA1c but no diagnosis coded. The practice ensured they contacted all patients to have a further blood test and informed patients of the

subsequent risk of diabetes, and offered referral steps to prevent diabetes course which is something the practice was not doing prior to the audit.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We reviewed four staff files and saw copies of induction programmes.

Are services effective?

(for example, treatment is effective)

- 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.
- The nurses and health care assistant administered vaccines and the nurses took samples for the cervical screening programme. All these staff had received specific training which had included an assessment of competence. The nurse was a cervical screener trainer. 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Not all staff had received appropriate training. We reviewed four files and two clinical and two non clinical we found that half had not completed: safeguarding, fire safety awareness, basic life support, infection control and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice did provide evidence to show they were trying to book staff onto basic life support training before the inspection had taken place.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Alerts were put on the clinical system for vulnerable patients, patients who required interpreting services, patients receiving end of life care, carers. Those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were also supported.
- The healthcare assistant provided one-to-one smoking cessation advice to patients. The practice had identified 709 smokers. In 2014/15 they had referred 350 patients and 45 quit. This represented a 13% success rate.
- A dietician was available on the premises and came to the practice weekly.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in

Are services effective?

(for example, treatment is effective)

different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 92% and five year olds from 81% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The majority of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice also employed bilingual staff, as they had a high number of patients that spoke Spanish or Portuguese.
- Information leaflets were available in easy read format and were also available in Spanish or Portuguese.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 61 patients as

carers, 0.5 % of the practice list, the practice had a dedicated section in reception just for carers which told carers how to access a number of support groups and organisations.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had a very good understanding of their local population. They had a higher than average number of young patients (higher than England averages of female and male patients aged 0-4 and 25-44 years). They also had a high number of patients from Spain and Portugal. The practice had recruited staff that spoke in these languages; they also had leaflets translated in these languages. The practice provided additional support for patients with a history of alcohol and substance misuse including offering a shared care weekly substance misuse clinic. The GPs were very aware of their patient base and services were reflective of this.

- The practice offered a 'Commuter's Clinic' on a Tuesday from 7am to 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, patients whose first language was not English and the elderly.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were accessible facilities, a hearing loop and translation services available.
- Translation services were available and patients were made aware via a poster in the reception area.
- The practice had recruited a new nurse in July to offer more services to patients.

Access to the service

The practice was open between 8.00am to 6.30pm Monday to Friday. They offered extended hours from 7.00am to 8.00pm every Tuesday. Appointments were available to patients from 8.00am to 6.10pm Monday to Fridays. Appointments were also available during the extended

hours from 7.00am to 8.00pm. In addition to pre-bookable appointments, which could be booked up to two weeks in advance, urgent appointments on the day were also available for people that needed them.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- 63% of patients describe their experience of making an appointment as good compared with CCG average of 71% and a national average of 73%.
- People told us on the day of the inspection that they were able to get appointments when they needed them, however sometimes it could take a few weeks this was also reflected in the comments cards that it was difficult to get an appointment.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Staff told us that any patient who calls in during opening hours will get an appointment on the day if they say they need to be seen. Patients we spoke with confirmed this.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was information outlining how to complain on the practice website and a poster in reception area as well. Reception staff had copies of the complaints procedure and forms to distribute to patients if required.

Are services responsive to people's needs? (for example, to feedback?)

The practice had received nine complaints in the last 12 months. We looked at two of these complaints and found that they had been handled in line with the organisations policy. They had been dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken as a result to improve the quality of care. We saw evidence of the lessons learnt being

shared amongst all staff during meetings. For example a patient made a complaint about the lack of appointment availability. The patient received a letter of apology and the issue was discussed in the all staff meeting. Practice staff told us they were continually reviewing appointment availability and access and had agreed to employ a temporary doctor to provide additional GP hours.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The partners were clear about where improvements were required in the practice to enable them to improve the service. This included employing a practice nurse to offer more services to patients.
- Examples of plans for the future included the practice applied to become a hub practice, they had also applied for an improvement grant, to improve the reception area accessibility.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Lead roles were assigned to staff including having leads for safeguarding, complaints, infection control, and chaperone. All staff we spoke with were aware of the leads for the various areas.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and monitored through various meetings held in the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, however audits were not always recorded.

- There were arrangements for identifying, recording and managing risks, however there was no information in reception detailing what to do in the event of a fire, and no information in clinical rooms displaying what steps should be taken in the event of a needle stick injury.
- The practice maintained a register of vulnerable patients and a child protection register.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings. This included weekly multidisciplinary meetings, monthly partners meeting, quarterly all staff meetings, and clinical governance meetings every two weeks.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met regularly every two months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, members

thought the phone system message was ambiguous so the practice changed the message to make this clearer for patients. The PPG also told the practice that they found it difficult to get through to the practice on the telephone. As a result the practice ensured that there was an additional receptionist taking calls in the morning. The PPG were also launching a health awareness campaign in October 2016, focusing on healthy lifestyle, and stress awareness.

- The practice had gathered feedback from staff through, through staff away days and generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.