

# The Pine Medical Centre

## Quality Report

Fredora Avenue

Hayes

Middlesex

UB4 8RB

Tel: 0208 432 8569

Website: [www.thepinemedicalcentre.nhs.uk](http://www.thepinemedicalcentre.nhs.uk)

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### 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	6
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to The Pine Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Pine Medical Centre on 2 December 2015. 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 assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services was available and easy to understand. Although, information for patients on the complaints system was brief.

- Patients said they found it easy to make an appointment with a named GP and that 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 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 improvements are:

- Review the business continuity plan to ensure procedures are in place if the premises are not accessible.
- Advertise that translation services are available to patients on request.
- Review the information available to patients to help them understand the complaints system.

# Summary of findings

**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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and an 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.
- Most risks to patients were assessed and well managed. Although, the practice's business continuity plan did not describe business continuity in the event of the premises not being accessible.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs, and records of these meetings were kept.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice similar to or higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to access the service and make an appointment. Patients confirmed that they could usually see a doctor on the same day and were aware that there was usually a wait to be seen
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information to help patients understand the complaints system was brief and did not provide sufficient detail to explain the process and stages of making a complaint. Evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

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

Good



- It 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. The practice's aims and objectives were on display for patients and staff to view.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. Clinical and whole practice meetings were held and minutes to these were recorded.
- 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 sought feedback from staff and patients, which it acted on. The patient participation group was restarted this year.

# 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 percentage of older patients registered at the practice was lower than national averages. Patients over the age of 75 represented 5.4% (national average 7.6%), and patients over the age of 85 represented 1.2% (national average 2.2%). The income deprivation level affecting older people was 20 compared to the national average of 22.5.
- All patients over the age of 75 had a named GP who was responsible for their care and patients were informed of this.
- The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, which included offering the shingles and flu vaccinations, and avoiding unplanned admissions to hospital.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination (80.36%) was higher than the national average (73.24%).
- The practice were responsive to the needs of older people, and offered longer appointments, home visits and urgent appointments for those with enhanced needs.
- Quarterly multidisciplinary team meetings were used to review care plans and discuss those with enhanced needs.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.

### People with long term conditions

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

Good



- The percentage of patients at the practice with a long standing health condition (57%) was similar to the national average (54%), and those with health related problems in daily life (39.3%) was lower than the national average (48.8%).
- Nationally reported data showed that outcomes for patients with long term conditions was good.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people 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

- Patients at risk of hospital admission were identified as a priority and discussed at weekly clinical meetings and quarterly multidisciplinary team meetings.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.
- Longer appointments and home visits were available when needed.

## Families, children and young people

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

- Children aged zero to four represented 6.5% of the practice population (national average 6.0%); children aged five to 14 represented 12.8% (national average 11.4%); and those aged under 18 years represented 17% (national average 14.8%). The income deprivation level affecting children was 30 compared to the national average of 22.5.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, there was joint working with the health visitors to discuss children on the child protection register.
- Urgent access appointments were available for children who were unwell.
- Immunisation rates for standard childhood immunisations were above the CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered shared antenatal and postnatal services.

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 number of patients in paid work or full-time education was above the national average, 71.3% compared to 60.2%.
- 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 had a website which offered facilities to book appointments and order repeat prescriptions online. Text messaging was used for confirming appointments and health promotion.
- Telephone consultations were offered for patients who could not attend the practice. Late appointments were available from 18:30 to 19:30 on Monday evening. These appointments were prioritised for working patients.
- There was a range of health promotion and screening that reflected the needs for this age group, including NHS health checks for patients aged 40 to 74.
- The practice's uptake for the cervical screening programme was 73.1%, which was below the CCG and national averages of 77.6% and 81.8% respectively.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including housebound patients, carers, those with a learning disability, and patients receiving end of life care.
- It offered longer appointments for vulnerable patients who may need it. Housebound patients and those who could not access the practice were supported via home visits.
- The practice were able to register patients with no fixed abode.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations. For example, for patients who had experienced domestic abuse, or those who were victims of torture.
- 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.

Good



## 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).

- In 2014/15 performance for mental health related indicators was above the CCG and national averages (practice 100%; CCG 93.6%; national 92.8%).

Good





# Summary of findings

- Performance for dementia related indicators was similar to the CCG and national average (practice 96.2%; CCG 95.2%; national 94.5%). The practice carried out advance care planning for patients with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. Patients could be referred to an onsite counselling service. Support was also available for patients to access emergency care and treatment when experiencing a mental health crisis.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in 2015 showed the practice was performing above local and national averages. 407 survey forms were distributed and 119 were returned, representing 2.1% of the practice population.

- 91% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 88% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 95% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 83% described their experience of making an appointment as good (CCG average 67%, national average 73%).

- 72% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were positive about the standard of care received. Patients said staff always treated them with dignity and respect, and they felt supported in making decisions about their care and treatment.

We spoke with six patients during the inspection. These patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review the business continuity plan to ensure procedures are in place if the premises are not accessible.
- Advertise that translation services are available to patients on request.
- Review the information available to patients to help them understand the complaints system.

# The Pine Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a practice manager specialist advisor.

## Background to The Pine Medical Centre

The Pine Medical Centre provides GP led primary care services through a General Medical Services (GMS) contract to around 5,600 patients living in the surrounding area of Hayes. GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG).

The practice staff comprise of three GP partners (one female and two male); a practice manager; an assistant practice manager; and a team of reception/administrative staff. The GPs collectively provide 21 sessions per week. There was a regular locum practice nurse who worked on Thursday and Friday.

The practice is located on the ground floor of a purpose built property and is accessible by wheelchair. The doors to the practice open at 08:30 and the phone lines open at 08:45 every weekday morning. The doors to the practice close at 18:00 and the phone lines at 18:30, with the exception of Wednesday afternoon when the doors close at 16:00 and the phone lines at 13:30. Appointments are available from 09:00 to 11:30 in the morning and 16:00 to 18:00 in the afternoon (with the exception of Wednesday afternoons). Extended evening hours are available on Monday evening from 18:30 to 19:30. Appointments can be

booked in advance over the telephone, online or in person. The practice opted 'out' of providing out-of-hours services to their patients. From 08:00 to 08:45 every weekday and 13:30 on Wednesday, an answerphone message will direct patients to an out-of-hours provider who will contact the duty GP if it is an emergency. Outside of normal opening hours patients are directed to an out-of-hours GP or the NHS 111 service.

The number of patients aged zero to four (6.5%), aged five to 14 (12.8%) and under 18 (17%) is similar to the national averages (6.0%, 11.4% and 14.8% respectively). The number of patients aged 65+ (11.9%), aged 75+ (5.4%) and aged 85+ is lower than the national averages (16.7%, 7.6% and 2.2% respectively).

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; and surgical procedures.

## 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. The provider had not been inspected before.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 December 2015. During our visit we:

- Spoke with a range of staff including: the three GP partners; practice manager; assistant practice manager; and three receptionists / administrators.
- Spoke with six patients who used the service.
- Received feedback from two members of the patient participation group.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed 23 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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.

- 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, 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, a GP had requested that administrative staff book an appointment for a patient who had been discharged from the hospital. However, the patient was not contacted and attended the practice on their own accord following an increase in their symptoms. As a result of this incident staff were notified to improve the actioning of tasks from clinicians where an appointment was requested. No similar events had occurred since this incident.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an 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 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 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, the nurse to level 2, and non-clinical staff to level 1.

- Notices in the waiting room and consultation rooms 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. A GP partner was the infection control lead who kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, staff had received training and cleaning schedules had been implemented to indicate when areas had been cleaned. A log book was used so any staff member could relay messages to the cleaners. Monthly cleaning checks of the premises were carried out and documented.
- 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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 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

## Are services safe?

reception office. 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 other risk assessments in place to monitor safety of the premises, clinical waste disposal, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were on duty. The practice were planning to recruit a nurse so that a nurse would be available four days a week. The practice were also looking to recruit a part-time receptionist, in the meantime current part-time staff were working additional hours.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency equipment was available including access to medical oxygen and an automated external defibrillator (AED) which is used in cardiac emergencies. Equipment was checked on a monthly basis and there were records to confirm this.
- 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 had a business continuity plan in place for incidents such as absence of staff, loss of IT systems, and power failure, and the plan included emergency contact numbers for staff. However, there was no description of business continuity in the event of the premises not being accessible.

# 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.
- Clinical staff told us they attended clinical commissioning group and educational meetings where national and local guidelines were monitored and discussed. Learning was then shared with colleagues during practice meetings.

### 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 98.6% of the total number of points available, with 12.5% 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 was above the clinical commissioning group (CCG) and national averages of 7.8% and 9.2% respectively. The practice told us they had a transient population which may have contributed to this high figure. We reviewed 12 patient records and noted that the correct procedures and coding had been followed. The practice's overall performance for the QOF was above the CCG and national averages of 94.6% and 93.5% respectively. This practice was not an outlier for any QOF clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the CCG and national average (practice 95.3%; CCG 86.2%; national 89.2%). Examples of the practice's performance included patients with diabetes who had a blood pressure reading in the preceding 12 months of

150/90 mmHg or less (practice 91.8%, CCG 90%, national 91.4%); and patients with diabetes with a record of a foot examination and risk classification within the last 12 months (practice 89.1%, CCG 85.6%, national 88.3%).

- Performance for hypertension related indicators was above the CCG and national average (practice 100%; CCG 97.4%; national 97.8%). Examples of the practice's performance included patients with hypertension who had a blood pressure reading in the preceding nine months of 150/90 mmHg or less (practice 86.4%, CCG 82.4%, national 83.6%).
- Performance for mental health related indicators was above the CCG and national average (practice 100%; CCG 93.6%; national 92.8%). Examples of the practice's performance included patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive care plan documented (practice 100%, CCG 90.5%, national 88.3%); and patients with schizophrenia, bipolar affective disorder and other psychoses, who have a record of alcohol consumption in the preceding 12 months (practice 93.8%, CCG 92.2%, national 89.5%).
- Performance for dementia related indicators was similar to the CCG and national average (practice 96.2%; CCG 95.2%; national 94.5%). Examples of the practice's performance included patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (practice 69%, CCG 84.8%, national 84%); and patients who received the recommended blood tests after entering on to the dementia register (practice 100%, CCG 86.1%, national 81.5%).

Clinical audits demonstrated quality improvement.

- We were shown three audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. We reviewed an audit which was initiated following a medicines alert. The audit looked at patients taking a particular medicine and to identify if the patient was at risk of developing cardiovascular disease (CVD). The initial audit was carried out in May 2013 and a re-audit took place in August 2014. The initial audit identified one patient who had an elevated risk of CVD, the patient was reviewed and the medicine stopped. The guidance was reviewed and clinicians were



# Are services effective?

## (for example, treatment is effective)

informed that if a patient had an elevated risk of CVD then the medicine should not be prescribed. The re-audit showed one patient, who did not have a high risk of CVD, taking the medicine.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We saw evidence that the practice were reviewing local benchmarking data for prescribing and referrals.

### Effective staffing

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

- The practice had an induction programme for newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A locum pack was kept at reception and included information such as contact numbers for local services, referral forms, and practice protocols.
- 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 these learning needs and to cover the scope of their work. This included training in the following areas: safeguarding children and adults, fire safety, basic life support, infection control, chaperone training and information governance awareness.
- Staff received ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. We reviewed three staff files and noted they had received an appraisal within the last 12 months.

### 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 received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111

service electronically, by post or by fax. The GP who requested the tests would receive the results and was responsible for the action required. The duty doctor would review results for GPs that were on leave.

- 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, attended by district nurses and the palliative care team, took place every three months 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.

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

### Supporting patients to live healthier lives

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

- 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 cessation. Patients were then signposted to the relevant service.
- Patients who smoked could be referred to an in-house smoking cessation service. Patients with an elevated body mass index (BMI) were given dietary advice, leaflets, and referred to a dietician if required.

The practice's uptake for the cervical screening programme was 73.1%, which was below the CCG and national



# Are services effective?

(for example, treatment is effective)

averages of 77.6% and 81.8% respectively. We were told this may have been due to the demographics of the practice population with some patients not having the test for cultural reasons, and also that a nurse was not available at the practice every day. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.4% to 95.1% (CCG 89.5% to 94.2%), and five year olds from 88.4% to 97.1% (CCG 87.5% to 94.2%). The nurses monitored children who had not attended for their vaccinations and administrative staff

would follow this up by contacting the patient. Flu vaccination rates for the over 65s were 80.36%, and at risk groups 62.93%. These were above the national averages (73.2% and 52.3% respectively).

Patients had access to appropriate health assessments and checks. These included new patient health checks, and NHS health checks for people aged 40–74. Practice data showed that 31% of eligible patients had received an NHS health check in the last 12 months. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified, and patients were directed to a GP depending on the issues identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated 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 and 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 six patients we spoke with provided positive feedback about the service experienced. Patients said they felt the practice offered a good service and clinical staff were helpful, caring and treated them with dignity and respect. The 23 comment cards we reviewed highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 81% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 90%.
- 88% said they found the receptionists at the practice helpful compared to the CCG average of 83% and 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 on the comment cards we received was also positive and aligned with these views.

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 above local averages and similar to national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. However, we did not see notices informing patients this service was available. The electronic check-in system had options for patients to view the information in a variety of languages.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.4% of the practice list as carers. Carers were offered the flu vaccination and referral to support services. Data showed that 48% of carers had received the flu vaccine last year. Written information was available to direct carers to the various avenues of support available to them, and information was displayed in the waiting room and the website.

Staff told us that if families had suffered bereavement, a GP partner contacted them over the phone to offer advice on support services available. Patients could also be referred to an in-house counselling 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a flu clinic every Tuesday from September to December. Patients were booked in to these clinics and there was information in the reception area and website to inform patients of this.

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

- The practice offered extended opening hours on Monday evening from 18:30 to 19:30 and these were prioritised for working patients who could not attend during normal opening hours.
- Longer appointments were available for vulnerable patients, those with multiple conditions, and for appointments where an interpreter was required.
- Home visits were available for older patients, those who were housebound, and patients who would benefit from these.
- Urgent appointments were available the same day for emergencies cases.
- Patients could access a male or female GP.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Translation services were available. The electronic check-in system had options for patients to view the information in a variety of languages.
- A hearing induction loop was available for hearing impaired patients.
- Accessible toilets with baby changing facilities were available.

### Access to the service

The practice was located on the ground floor of a purpose built property and was accessible by wheelchair. There were four consulting rooms and one treatment room.

The doors to the practice opened at 08:30 and the phone lines opened at 08:45 every weekday morning. The doors to the practice closed at 18:00 and the phone lines at 18:30, with the exception of Wednesday afternoon when the

doors closed at 16:00 and the phone lines at 13:30. Appointments were available from 09:00 to 11:30 in the morning and 16:00 to 18:00 in the afternoon (with the exception of Wednesday afternoons). Extended evening hours were available on Monday evening from 18:30 to 19:30.

In addition to pre-bookable appointments that could be booked over the telephone, online or in person, urgent appointments were also available for people that needed them. The practice opted 'out' of providing out-of-hours services to their patients. From 08:00 to 08:45 every weekday and 13:30 on Wednesday, an answerphone message directed patients to an out-of-hours provider who contacted the duty GP if it was an emergency. Outside of normal opening hours patients were directed to an out-of-hours GP or the NHS 111 service.

Results from the national GP patient survey 2015 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 91% of patients said they found it easy to get through to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 83% of patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 72% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

All the patients we spoke with were satisfied with the appointments system and said it was easy to use and they could get an appointment when they needed one. Patients confirmed they could usually see a doctor on the same day and were aware that there was usually a wait to be seen. Comment cards we reviewed aligned with these views.

### Listening and learning from concerns and complaints

The practice had a 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.

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

- There was a designated responsible person who handled all complaints in the practice.
- The information to help patients understand the complaints system was brief. For example, a brief sentence in the practice leaflet stated that complaints should be made in writing to the practice manager, but there were no further details on the complaints system in the waiting room or on the website. Patients we spoke with said they were unaware of the process to follow if they wished to make a complaint, but would be comfortable to approach staff with their concerns. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, complaints about staff members were discussed with the individual to prevent reoccurrence and lessons learned were shared at practice meetings if appropriate to do so.

# 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 aims and objectives which were displayed in the reception area and corridor for patients and staff to view. Staff we spoke with knew and understood the values.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice. Data from the Quality and Outcomes Framework (QOF) was used to measure the practice's performance. Data from the QOF showed the practice had achieved 99.4% of the total number of points available in 2013/14, and 98.6% in 2014/15. This was above the clinical commissioning group and national averages.
- Clinical audits were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and 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.

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

- Staff told us the practice held weekly clinical meetings and quarterly whole practice meetings. Minutes were kept for these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners and practice manager 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 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), practice surveys, NHS choices, the friends and family test, and complaints received. The PPG was established in 2013, however it was not active during 2014. The group last met in November 2015. The plan was to meet on a monthly basis and then review the frequency of meetings. Issues raised by patients and the PPG included the telephone system which sometimes did not connect calls, and the availability of a practice nurse. We saw the practice had taken action in response to patient feedback. For example, they had cancelled the contract with the telephone provider due frequent issues with telephone access, and they were actively recruiting for a nurse and using a regular locum in the interim.
- Results from the friends and family test in November 2015 showed that 94% of patients would recommend the practice.
- The practice gathered feedback from staff 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.