# Perivale Medical Clinic

## Quality Report

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Date of inspection visit: 15 September 2016
Date of publication: 21/02/2017

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 Perivale Medical Clinic on 15 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 assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice scored below average on the national GP patient survey for ease of getting an appointment. The practice had recently changed its appointment system. Patients who participated in the inspection said they could get an appointment when they needed one 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 patients, which it acted on.

The areas where the provider should make improvement are:

- The practice should review areas of the Quality and Outcomes Framework where it has high exception reporting rates, for example for some diabetes indicators to ensure it is fully meeting the needs of patients.

# Summary of findings

- The practice should actively encourage eligible female patients to attend for breast cancer screening.
- The practice should continue to active identify patients who are also carers to ensure they are receiving appropriate support and their needs are met.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

Good

The practice is rated as good for providing safe services.

- 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 defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes tended to be 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.
- 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.
- The practice helped patients to live healthy lives and encouraged patients to participate in preventive vaccination and screening programmes.

**Are services caring?**

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice close to the clinical commissioning group average for most aspects of care. The practice carried out its own surveys which were also positive.

# Summary of findings

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

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP with urgent appointments available the same day.
- The practice 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 and used to improve the service.

**Are services well-led?**

Good

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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 practice 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 GP principal 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population, for example offering care planning to patients aged over 75.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided the seasonal flu vaccination for patients over 65 and the shingles and pneumococcal vaccinations for eligible older patients. The practice ensured that housebound patients received these vaccinations.
- The practice had access to a named local care coordinator who could visit older patients at home and could signpost patients to other services, clubs and events, for example, to reduce social isolation.
- The practice proactively referred older patients at risk to a falls prevention programme.
- The practice offered phlebotomy clinics and physiotherapy clinics at the practice and carried out regular medicines reviews to reduce the risks of polypharmacy (that is, ill-effects associated with taking multiple medicines).

### People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice kept registers of patients with long term conditions. These patients had a structured annual review to check their health and medicines needs were being met. The practice operated a call-recall system to encourage patients to attend for their review and attached a reminder to patients' prescriptions. The practice submitted evidence demonstrating it had a good track record in completing regular reviews.
- Practice performance for diabetes was above average. In 2014/15, the percentage of diabetic patients whose blood sugar levels were adequately controlled was 89% compared to the clinical commissioning group average of 72% and national average of 78%.

# Summary of findings

- The practice participated in a local scheme to avoid unplanned admissions which included patients with complex or multiple long term conditions. Patients identified as at risk were reviewed and had a personalised care plan. Cases were discussed at regular multidisciplinary meetings.

**Families, children and young people**

Good

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 A&E attendances.
- Immunisation rates were higher than average for all standard childhood immunisations and boosters. The practice offered 'catch up' vaccinations to children and young people with an incomplete vaccination record.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. The premises were suitable for children and babies.
- Appointments were available outside of school hours.
- We saw positive examples of timely communication and referral to health visitors and other community health services.

**Working age people (including those recently retired and students)**

Good

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 and flexible.
- The practice offered additional evening sessions from 6.30pm to 8pm on Monday and Tuesday. GP and practice nurse appointments were available outside working hours.
- The practice offered a range of ways to access services, for example, daily telephone consultations with a GP, online appointment booking and an electronic prescription service.
- The practice offered a full range of health promotion and screening services reflecting the needs for this age group including NHS health checks. It had offered meningitis vaccination to registered students before they started at university.

# Summary of findings

- In 2014/15, 87% of eligible women registered with the practice had a recorded cervical smear result in the last five years compared to the CCG average of 78%.

**People whose circumstances may make them vulnerable**

Good

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 people with a learning disability.
- The practice offered longer and same day appointments for patients with a learning disability. 90% of these patients had received a health check in 2014/15.
- The practice maintained a register of patients who were also carers. Carers were offered regular reviews and flu vaccination.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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 provided an interpreter service for patients who did not speak English well. Practice staff also spoke a range of languages including Polish, Arabic, Hindi, Punjabi and Telugu.
- Residents of a local homeless shelter were encouraged to register at the practice and access regular primary care.

**People experiencing poor mental health (including people with dementia)**

Good

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

- 89% of patients with dementia had attended a face to face review of their care in the last year which was in line with the CCG average of 88%.
- The practice screened patients at risk of dementia, and, if applicable, they were referred onwards to memory clinics for further assessment.
- All (18 of 18) patients diagnosed with psychosis had a comprehensive care plan in their records. The practice regularly liaised with specialist teams in the case management of patients experiencing poor mental health and was providing space at the practice for patients to meet with the mental health specialist nurse.

# Summary of findings

- The practice was able to advise patients experiencing poor mental health and their carers 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The survey programme distributed 309 questionnaires by post and 96 were returned. This represented 3% of the patient list (and a response rate of 31%). The results showed the practice's results tended to be close to the local average.

- 65% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 69% and 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 CCG average of 79% and the national average of 85%.
- 90% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 93% and the national average of 95%.
- 78% of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 72% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.

We spoke with three patients during the inspection and received 27 completed patient comment cards. Patients participating in the inspection were very positive about care they received at the practice, for example consistently describing the principal GP, clinical staff and the receptionists as caring and going out of their way to help. Several patients gave us examples of personalised and compassionate care they had received, for example following a serious diagnosis.

The practice had an active patient participation group and members told us the practice was responsive to suggestions and had made improvements as a result of patient feedback.

## Areas for improvement

**Action the service SHOULD take to improve**

- The practice should review areas of the Quality and Outcomes Framework where it has high exception reporting rates, for example for some diabetes indicators to ensure it is fully meeting the needs of patients.
- The practice should actively encourage eligible female patients to attend for breast cancer screening.
- The practice should continue to active identify patients who are also carers to ensure they are receiving appropriate support and their needs are met.

# Perivale Medical Clinic

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser.

## Background to Perivale Medical Clinic

Perivale Medical Clinic provides NHS primary medical services to around 4000 patients in Greenford in the Ealing Clinical Commissioning Group area. The service is provided through a general medical services contract. The practice population has increased markedly in the months prior to the inspection as a result of the closure of a nearby practice.

The current practice clinical team comprises the principal GP and one salaried GP. Patients have the choice of seeing a male or female GP. The GPs typically provide around 15 sessions in total each week. The practice also employs a practice nurse, a health care assistant, a practice manager and receptionists and administrative staff.

The practice core opening hours are from 8am until 6.30pm during the week with a lunchtime closure between 1pm and 2.30pm. The practice is also closed on Wednesday afternoon and over the weekend. The practice offers extended appointment hours on Monday and Tuesday evening between 6.30pm and 8pm.

Same day appointments are available for patients with complex or more urgent needs. The practice offers online appointment booking and an electronic prescription service. The GPs make home visits to see patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients are advised to use the local out-of-hours primary care service if they need urgent primary medical care. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, on its website and on a recorded telephone message.

The practice population is characterised by somewhat higher life expectancy than the national average and lower than average levels of income deprivation and unemployment. The practice has a relatively high proportion of young families and is ethnically diverse.

The practice is a training practice offering training posts to newly qualified doctors and also a teaching practice with short term placements for undergraduate medical students.

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

## 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 15 September 2016. During our visit we:

- Spoke with a range of staff (including the principal GP, the practice manager, the practice nurse and receptionists) .
- Observed how patients were greeted and talked with six patients including four members of the patient participation group.
- Reviewed an anonymised sample of the personal care or treatment records of patients. We needed to do this to check how the practice carried out care planning for patients with longer term conditions.
- Reviewed 27 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentary evidence, for example practice policies and written protocols and guidelines, audits and monitoring checks.

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

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

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

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

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

Good

# Are services safe?

## Our findings

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or principal GP 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.
- The practice carried out an analysis of significant events and an annual review.

We reviewed safety records, incident reports and patient safety alerts. The practice kept a log of significant events, critical incidents, near misses and relevant alerts. Significant events were discussed at both clinical and staff meetings and minutes retained. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a near miss involving a prescription error, the practice liaised with the pharmacy and the patient to ensure that the patient did not take the wrong medicine. The practice reviewed its protocols for calling and double checking patient identity.

**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 to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding 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.
- The practice had a designated lead for safeguarding children and vulnerable adults. The GPs provided safeguarding related reports where necessary for other statutory agencies. Staff demonstrated they understood their responsibilities and all staff (including the administrative staff), had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and practice nurse were trained to child safeguarding level 3. All other staff had been trained to level 1.
- Notices in the waiting 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 (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 principal GP was the lead for infection control in the practice and the practice nurses were responsible for monitoring infection control practice day to day. The practice had comprehensive infection control policies in place including hand washing, handling of specimens and handling of 'sharps'. Staff had received up to date training on infection control. The practice carried out annual infection control audits. The most recent audit had not identified any actions for improvement.
- The practice had effective arrangements for managing medicines safely (including obtaining, prescribing, recording, handling, storing, security and disposal of medicine). Processes were in place for handling repeat prescriptions which included the review of high risk medicines and regular review of patients on long-term prescriptions. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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.
- The practice had systems in place to ensure vaccines and any other medicines were stored at the appropriate temperature.
- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurse 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).
- We reviewed 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. The practice had appropriate health and safety policies and protocols in place with named leads. The practice had a fire risk assessment which was up to date. The practice carried out regular fire drills.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place to monitor safety such as control of substances hazardous to health; infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty with the appropriate skill mix.

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

The practice had 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.
- There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and child 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.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local 'pathways' agreed by the clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs.
- The clinical staff reviewed and discussed updates to guidelines at their meetings. The practice also conducted audits, medicines reviews with individual patients and checks of patient records to assess the treatment provided was evidence based.
- The practice was able to show us several examples of audits against guidelines, for example a recent clinical audit of the management of patients with hypertension. This found that the practice was good at starting patients on treatment but did not always monitor and 'up-titrate' (that is, increase the dose for increased effect) when indicated in line with NICE guidelines. As a result the practice had discussed the findings and reviewed current guidelines and their implementation in the practice.
- Clinicians used standardised templates within the electronic patient record system for care planning and reviews of long term conditions.

**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 for 2014/15 were 100% of the total number of points available compared to the national average of 95.4%. The practice exception reporting rates tended to be higher than the local and national average at 12% overall. (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). Data from 2014/15 showed:

- Practice performance for key diabetes related indicators was above the local and national averages. For example, 89% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG average of 72% and the national average of 78%. However, the practice exception reporting rate for this indicator was 28% which was unusually high.
- Ninety-two per cent of practice diabetic patients had a recent blood pressure reading in the normal range compared to the CCG average of 75% and national average of 78%. The practice exception reporting rate for this indicator was below average.
- In 2014/15, 16 of 18 (90%) patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was similar to the CCG average of 88%.
- All (18 of 18) patients with a diagnosis of psychosis had an agreed, comprehensive care plan compared to the CCG average of 91%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were prompted by changes and updates to guidelines, significant events, safety alerts and local prescribing priorities.
- The practice used clinical audit as a tool to monitor and improve its performance. The practice had logged four audits over the previous year, two of which were completed two-cycle audits, for example audits of missed appointments by children under 16 where changes had been implemented and then re-audited to ensure the improvement had been sustained.
- The practice participated in locality based audits, national benchmarking and peer review and regularly liaised with the local NHS prescribing team. Findings were used by the practice to improve services, for example, the practice regularly reviewed its antibiotic prescribing against protocols which were discussed with the clinicians. The practice also carried out audits and performance monitoring of its extended or enhanced services as contractually required, for example, for coil/IUD fittings.

Good

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff with specific roles, for example chaperoning were given appropriate training and guidance.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 on going support, team meetings and informal discussion and support for revalidation (for the GPs and nurse). All staff had received an appraisal within the last 12 months.
- The principal GP provided evidence that they provided monitoring, mentoring and regular review to support trainee doctors when they were on placement in the practice.
- The practice held clinical and team meetings. Clinical meetings included discussion of guidelines, reflection on significant events and complaints and unusual or challenging cases.
- All staff received mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Practice clinicians attended monthly multidisciplinary meetings in the locality at which care plans were routinely reviewed and updated for patients with complex needs. The practice also routinely liaised with health visitors, district nurses and the local palliative care team to coordinate care and share information.
- The practice shared information about patients with complex needs or who were vulnerable due to their circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.

### 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 nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients in need of extra support. For example: patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

- In 2014/15, 86% of eligible women registered with the practice had a recorded cervical smear result in the last five years compared to the CCG average of 78% and the

Good

# Are services effective?

## (for example, treatment is effective)

national average of 82%. The practice ensured a female sample taker was available. (The practice exception reporting rate for this indicator was slightly higher than the CCG average at 13% compared to 9%).

- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In 2014/15, the practice coverage for breast cancer screening was relatively low however at 57% compared to the CCG average of 65%. Bowel cancer screening uptake was 43% which was in line with the CCG average of 47%.
- Childhood immunisation rates were above target (90%) for standard childhood vaccinations. For example in 2014/15, 100% of eligible babies had received the recommended vaccinations by the age of one year. The practice followed up children who did not attend their initial appointments.
- 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. The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.

Good

# Are services caring?

## Our findings

**Kindness, dignity, respect and compassion**

We observed members of staff were pleasant and helpful to patients and treated them with 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 told us they could offer patients a private area to discuss their needs if patients wanted to discuss sensitive issues or appeared distressed.

All of the 27 comment cards we received were positive about the quality of care. People described the clinical team as friendly, helpful and caring. Patients said they valued being registered at a small practice where they got to know and trusted the staff. Comments about the receptionists were also very positive.

We spoke with three members of the patient participation group (PPG). They considered that the practice provided an excellent service and had also improved in terms of the range of services offered and customer service.

Results from the national GP patient survey showed patients felt they were treated with compassion and respect. The practice scores for patient satisfaction with consultations were statistically comparable to the local average.

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% 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 82% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice used the national 'Friends and family' survey to gauge overall patient satisfaction with the practice. In 2015/16, 235 patients had completed a Friends and family response card showing that 91% would recommend the practice to others.

**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 and several patients told us the principal GP took the time to make sure they understood and were involved in decisions about their care. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patient scores in relation to being involved in decisions about care tended to be close to the local average. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.

The practice population was ethnically diverse. The practice provided facilities to help patients communicate effectively with the staff and be involved in decisions about their care:

- Reception staff spoke a number of locally spoken languages in addition to English. Translation services were also 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 had an induction loop at reception.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Good

# Are services caring?

Information about support groups was also available on the practice website. One patient told us that they had received excellent ongoing support from their doctor and the staff after receiving a serious diagnosis.

The practice had recently started to identify a register of carers and had identified 13 over the previous five months (less than 1% of the practice population). The practice's computer system had the facility to alert staff if a patient was also a carer and staff had recently received awareness training on the needs of carers.

Carers were offered the flu vaccination, an annual review and were involved in their family members' care where appropriate. Written information was available to direct carers to the various avenues of support available to them and the practice could liaise with the local care coordinator or social services if a full assessment was needed.

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

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice provided a range of extended or enhanced services at the practice to meet the needs of patients, for example coil/IUD fitting, ECG testing, phlebotomy and a regular physiotherapy clinic.

- The practice offered appointments until 8pm on Monday and Tuesday evenings to ensure the service was accessible to patients who could not attend during normal opening hours.
- There were longer appointments available for patients with communication difficulties or who had complex needs.
- 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 patients with urgent medical problems.
- Patients were able to receive travel vaccinations. The practice displayed information explaining which vaccinations were available on the NHS and the fees charged for other vaccinations.
- There were disabled facilities, a hearing loop and translation services available. Practice staff also spoke a range of languages including Polish, Arabic, Hindi, Punjabi and Telugu.
- All consultation rooms and the patient toilet were located on the ground floor and were accessible to patients with mobility difficulties.

**Access to the service**

The practice core opening hours were from 8am until 6.30pm during the week with a lunchtime closure between 1pm and 2.30pm. The practice was also closed on Wednesday afternoon and over the weekend. The practice offered extended appointment hours on Monday and Tuesday evening between 6.30pm and 8pm.

Results from the national GP patient survey showed that patient satisfaction with access to the service tended to be close to or below the local average.

- 64% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and 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 CCG average of 79% and the national average of 85%.
- 44% usually get to see or speak to their preferred GP compared to the CCG average of 51% and the national average 59%.
- 50% of patients said they usually waited for less than 15 minutes after their appointment time to be seen compared to the CCG average of 52% and the national average of 65%.

The practice had identified waiting times in the surgery and the appointment system as areas for improvement after the previous national GP patient survey had been published. Since then it had introduced a new appointment system with more on the day appointments available and the principal GP had increased the number of sessions they worked. Patient satisfaction with waiting times had improved (from 38% to 50% being seen within 15 minutes of their appointment time) and was now in line with the local average. People told us on the day of the inspection that they were able to get appointments when they needed them and several said this had improved.

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.

This was done by asking patients or carers to request home visits early in the day wherever possible to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

**Listening and learning from concerns and complaints**

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

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at four written complaints from the last 12 months and found these were appropriately handled and dealt with in a timely way. The practice offered patients a written apology and a meeting with patients to discuss their concerns. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, providing more information to patients about the referral process.

# 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's stated vision was to treat all patients equally and to give them a high standard of service that is sensitive to their needs. The practice also aimed to provide easy access to a wide range of quality medical services and to treat all patients with dignity and respect.

- The practice had a mission statement and objectives reflecting its vision. These were displayed in the practice and on the home page of the website. When asked, patients and staff described the practice as providing a very good service with caring and helpful staff. Several patients described the principal GP as dedicated to the practice and patients.
- The practice had a strategy and supporting business plans which were regularly monitored. The practice included long-term planning, for example around succession as well as more immediate objectives, for example recruitment of more staff in response to the recent increase in patient registrations.

**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. The practice had developed the skills of the practice team over time and increased the range of services available at the surgery.
- Practice specific policies were implemented and were available to all staff in folders and on the shared drive.
- There was a comprehensive understanding of the performance of the practice. Benchmarking information and clinical audit was used to monitor practice performance in comparison to other practices within the same locality.
- There were effective arrangements for identifying, recording and managing risks and implementing mitigating actions.

**Leadership and culture**

The GP principal and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised high quality and compassionate care. The principal GP was accessible and staff told us that they were approachable.

- The practice held regular staff meetings and minutes were kept for future reference, to check that outstanding actions had been completed.
- There was evidence that changes to policies, guidelines, systems and processes were shared with staff. For example, staff members had signed updated policies to indicate they had read and were aware of the current version.
- Staff said they felt respected, valued and supported by the principal GP and the practice manager and colleagues.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issue.
- The provider complied 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).

**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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a diverse and active PPG which met on a regular basis, discussed patient feedback and survey results and submitted proposals for improvements to the practice management team. For example, the PPG had been involved in discussions about improving patient access to appointments.
- The practice had also gathered feedback from staff through appraisals and staff discussion.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, the practice manager or principal GP.

**Continuous improvement**

- There was a strong focus on continuous learning and improvement at all levels. For example, the practice had expanded the range of services it offered, now providing phlebotomy and ECG testing.

# Are services well-led?

Good

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

- The practice was a teaching and training practice, for example providing support for trainee doctors to complete clinically useful audits in the practice environment.