

# Brigstock Family Practice

## Quality Report

83 Brigstock Road  
Thornton Heath  
Croydon  
CR7 7JH

Tel: 02086897800

Website: [www.brigstockfamilypractice.com](http://www.brigstockfamilypractice.com)

Date of inspection visit: 13 January 2017

Date of publication: 11/05/2017

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?

Requires improvement 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Our inspection team	11
Background to Brigstock Family Practice	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 Brigstock Family Practice on 13 January 2017. The practice was previously inspected on 16 October 2014 and was rated as requires improvement for safe and well led leading to the practice being rated as requires improvement overall. Requirement notices were issued in respect of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, specifically regulation 21 Requirements relating to workers, regulation 15 suitability of premises and regulation 12 cleanliness and infection control.

The concerns identified which amounted to breaches of these regulations were:

- Reception staff did not have access to gloves and spillage kits to enable them to safely clean up any spillages of bodily fluids.
- Appropriate recruitment checks had not been completed for all staff before they started working at the practice.

- The practice did not undertake period fire alarm testing or have the fire alarm serviced regularly.

In addition to the breaches of regulation we also found that:

- The practice did not have a chaperone policy
- The practice's defibrillator and oxygen supply were not being frequently checked to ensure that they were functional.
- The practice did not have a copy of London child protection procedures.

The report from our previous comprehensive inspection undertaken on the 16 October 2014 inspection can be found by selecting the 'all reports' link for Brigstock Family Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken to establish whether or not the practice had made sufficient

Improvement since our last inspection. Overall the practice is now rated as good.

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

# Summary of findings

- 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.
- There was now a system for storing prescription pads securely and reception staff were provided with gloves and spill packs. Recruitment checks now included obtaining references and a Disclosure and Barring Scheme check before clinical and non-clinical staff started work.
- 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.
- Data showed patients did not find it easy to make an appointment with a named GP or get through on the phone.
- 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 provider was aware of and complied with the requirements of the duty of candour.
- The practice had implemented an overarching governance framework to support the delivery of the strategy and good quality care.

The areas where the provider should make improvements are:

- To complete checks of oxygen when the responsible staff are absent.
- Continue to work to improve patient satisfaction with services as highlighted in the outcomes of the GP Patient Survey data.

**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.

Following our previous inspection in October 2014 the practice had made improvements:

- Prescription pads were stored securely, reception staff were provided with gloves and spill packs, recruitment checks included obtaining references and a Disclosure and Barring Scheme check before clinical staff started work, the fire alarm system was tested weekly and serviced annually, a chaperone policy had been developed.
- 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. The practice had now obtained a copy of the London child protection procedures.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- The practice had identified patients as carers which was 1% of the practice list.
- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care in regards to being involved in their care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Results from the national GP patient survey showed that patient's satisfaction with telephone access was below the CCG and national average. For example, 40% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- The percentage of respondents who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/07/2015 to 31/03/2016) was 58% compared to the national average of 75%. The practice informed they had eight telephone lines coming into the practice, with four people answering the phone to improve access. However, telephone access was not monitored or reviewed on a consistent basis.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Requires improvement**



## Are services well-led?

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

**Good**



# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over the 75 and over and a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- An alert on patient records highlighted elderly patients who were particularly vulnerable.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There were alerts for long term conditions on patient records.
- The percentage of patients with diabetes, on the register, in whom the last IFCHbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 73% which was comparable to the CCG average of 71% and national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) sure was 87% which was above the CCG average of 78% and national average of 77%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had online appointment booking and prescription requests.
- The practice had a palliative care register with monthly reviews taking place.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 79% which was comparable to the CCG and national averages of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children and babies were prioritised for same day appointments.

We saw positive examples of joint working with health visitors.

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

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Same day appointments were available.
- The practice was open from 8am to 8pm on Monday to Friday.
- Telephone consultations were available.
- Online appointment booking and prescription requests were available.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There was also an alert on the patient records where a patient was identified as vulnerable.



# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 92%, which was comparable to the CCG average of 89% and the national average of 88%.
- Patients with severe mental health conditions were offered weekly appointments with a named GP.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in national averages. 365 survey forms were distributed and 91 were returned. This represented a 30% response rate compared to the England average of 38%. This represented 2% of the patient list.

- 40% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 58% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 75%.

- 61% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 46% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

All of the 7 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

## Areas for improvement

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

- To complete checks of oxygen when the responsible staff are absent.
- To respond to GP Patient Survey data in particular to the below average performance areas.

# Brigstock Family Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Brigstock Family Practice

Brigstock Family Practice provides services to approximately 4078 patients under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Croydon Clinical Commissioning Group (CCG). The practice provides a number of enhanced services including Childhood Vaccination and Immunisation Scheme; Facilitating Timely Diagnosis and Support for People with Dementia; Influenza and Pneumococcal Immunisations; Rotavirus and Shingles Immunisation and Unplanned Admissions.

The practice staff includes a lead female GP, completing four sessions a week, two female salaried GPs, completing 13 sessions in total, and a long term locum GP. There were three female practice nurses, female a health care assistant completing, a practice manager and a team of reception/administrative staff.

The practice was open from 8am to 8pm on Monday to Friday and patients could book appointments by telephone or by coming into the practice on Saturday. Outside of these hours, cover was provided by the out of hours GP service which operated from 6.30pm to 8am seven days a week and the NHS 111 service.

The provider is registered with the Care Quality Commission as an individual, to carry on the regulated activities of Family planning; Treatment of disease, disorder or injury; Surgical procedures; Diagnostic and screening procedures; Maternity and midwifery services

Croydon Clinical Commissioning Group's in the fourth most deprived decile. The practice has significantly more females aged between 25 to 29 than national average and less males over 85.

We previously inspected the practice on 16 October 2014. CQC gave the practice an overall rating of requires improvement.

## Why we carried out this inspection

We undertook a comprehensive inspection of Brigstock Family Practice on 16 October 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services.

Reports of the aforementioned inspection can be found by selecting the 'all reports' link for Brigstock Family Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Brigstock Family Practice on 13 January 2017. This inspection was carried out to ensure improvements had been made.

# 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 the 13 January 2017.

During our visit we:

- Spoke with a range of staff including GPs, practice nurses and reception/administrative staff.
- Observed how patients were being cared for.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

At our inspection on 16 October 2014 we found that prescription pads were not stored securely, reception staff were not provided with gloves and spill packs, recruitment checks did not include obtaining references and a Disclosure and Barring Scheme check before clinical staff started work, the fire alarm system was not tested weekly and serviced annually. These constituted breaches of regulation 12, 15 and 21 of the Health and Social Care Act 2008 regulations 2010. As a result the practice was rated as requires improvement for providing safe services.

In addition we found that a chaperone policy had not been developed and the practice had not obtained a copy of the London child protection procedures.

During our inspection on 13 January 2017 we found that the practice had taken action to address the breaches and concerns identified during our previous inspection. The practice is now rated as good for providing safe services.

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and had significant events as a standing agenda item at their monthly practice meeting.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice identified a patient who had been discharged from hospital who was unaware of obtaining further

prescriptions from the hospital. The practice changed their protocol to prescribe medications for vulnerable patients which would normally be prescribed by the hospital. There had not been a repetition of such an incident since.

National patient safety alerts were disseminated by email and discussed in clinical and practice meetings and then placed onto the practice computer system, which all staff had access to. We saw that the practice had responded to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts to ensure best practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. At the previous inspection on the 16 October 2014 the practice had not obtained a copy of the London child protection procedures. On this inspection, we saw that a copy had been obtained, policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were also trained to level three. Non-clinical staff were trained to level two.
- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. Information about chaperones was available in the practice leaflet. All clinical staff who acted as chaperones were trained for the role and clinical staff who acted as chaperone 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). At the previous inspection on the 16

## Are services safe?

October 2014 the practice had not developed a chaperone policy. On this inspection, we saw that a chaperone policy was in place and staff were aware of this.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The most recent was in August 2016. We saw evidence that action was taken to address any improvements identified as a result.
- At the previous inspection on the 16 October 2014 the practice had not provided reception staff with gloves and spill packs to enable them to safely clean spillages of bodily fluids. At this inspection we saw that there was a supply of gloves and a spill pack in the reception area.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. At the previous inspection on the 16 October 2014 the practice was not storing prescription pads securely. On this inspection, we saw prescription pads were kept in a locked cupboard in reception, pad numbers were logged in on receipt and out when taken by the GPs or nurse. Staff checked uncollected prescriptions weekly. Prescriptions which were older than one week were returned to the GPs to follow up with the patient.
- 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. One of the nurses had qualified as an Independent Prescriber. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a GP. The health care assistant was trained to administer vaccines and medicines against a

patient specific prescription or direction (PSD) from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

At the previous inspection on the 16 October 2014 we found that the practice did not ensure all recruitment checks were completed prior to staff commencing employment; included obtaining references and checks through Disclosure and Barring Scheme. At this inspection we reviewed two 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 reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. The most recent one was carried out in November 2016. At the previous inspection on the 16 October 2014 the practice had not ensured the fire alarm system was tested weekly and serviced annually. At this inspection we saw that fire alarm system was tested weekly had undergone annual servicing. Fire drills were carried out every six months, with the last one taking place June 2016.
- 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 last test was carried out in April 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the last legionella risk assessment was carried out

## Are services safe?

March 2011. The practice had continued to test the water outlets throughout the practice as recommended by the last assessment but had not had an up to date risk assessment.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Cover for sickness, holidays and busy periods was provided by a long term locum GP.

### 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 had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. At

the previous inspection on the 16 October 2014 the practice had not updated the equipment checks to include pads for the defibrillator and oxygen pipe. At this inspection these had been included. However, between the 12 December 2016 and 21 December 2016 the oxygen supply had not been checked whilst the member of staff responsible for the checks was on annual leave. We saw that the practice recorded this as a significant event and put in place protocols for staff to follow to ensure checks took place whilst staff were absent. 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. They had a buddy system with another practice within a 10 minute walk of the practice. The plan included emergency contact numbers for staff. Copies were available on the practice's computer system and in the employee handbook.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Clinical staff attended monthly protected time initiatives funded by the CCG. Clinical guidelines and protocols were discussed at these meetings. All clinicians fed back summaries of learning from all events they attended at 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 96% of the total number of points available. Exception reporting was at 6.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2015 to 31 March 2016 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 73% which was comparable to the CCG average of 71% and national average of 78%.

- The percentage of patients with diabetes, on the register whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 87% which was above the CCG average of 78% and national average of 77%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 76% comparable to the CCG average of 76% and national average of 80%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 92% which was above the CCG average of 89% and comparable to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action was taken as a result of an audit on obesity as the practice had low obesity rates. During the first cycle the practice identified only 26% with obesity. They put into action weighing and Body Mass Index checks opportunistically and during the second cycle increased the number of patients with obesity to 33%. The practice was one of the highest referrers to the CCG led obesity programme.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements such as: improved diabetes management for patients which was achieved in part through increased staff training and awareness. This meant more patients with diabetes could be monitored and supported at the practice rather than at external services.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. 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. For example, the lead GP was trained in Dermatology. Nurses attended regular update training in cervical screening and immunisation. All clinical staff were encouraged to attend local monthly protected education events where they received education and updates from the Clinical Commissioning Group (CCG).
- 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 ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: fire safety awareness and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example where a vulnerable patient was to be discharged from hospital, the practice notified the community matron who visited the patient in hospital and arranged a home care package in the community before discharge.

Multi-disciplinary team (MDT) meetings took place on a monthly basis when the practice met with community matron and health visitors where care plans were routinely reviewed and updated for patients with complex needs. The practice kept a list of all patients who were at risk of unplanned admissions to hospital. A risk assessment was carried out monthly to identify any new patients to add to the list. These patients were also discussed at this meeting. All discharges and A&E attendances were reviewed to identify any necessary changes to be made to their care plans.

Palliative care meetings took place on a monthly basis and there were four patients on the palliative care register.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- 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 and substance misuse. Patients were signposted to the relevant local services.

# Are services effective?

(for example, treatment is effective)

- Patients identified as requiring extra support were flagged on the computer system and prioritised for appointments.

The practice's uptake for the cervical screening programme was 73%, which was below the CCG and national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 91% and five year olds from 66% to 85%.

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 practice manager kept lists of patients with conditions such as learning disabilities, mental health and long term conditions. This included the dates reviews were due and whether a referral had been made if the patient had failed to attend their review. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 7 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The practice did not have a face to face patient participation group (PPG) and told us that they had experienced difficulty in getting patients to join and attend meetings. They had therefore set up a virtual PPG with 10 members. Emails and communication were sent to all members informing them of changes and any events at the practice. The practice told us they discussed the need to increase PPG participation was discussed at practice meetings, which we saw evidence of.

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

- 84% of patients said the GP was good at listening to them compared to the clinical CCG average of 87% and national average of 88%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and the national average of 92%.

- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 90%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average and national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average 84% and national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% national average of 81%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

### 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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 45 patients as carers (1% of the practice list). A poster on display in the waiting area advised patients to identify themselves to the practice if they were carers. Patients who were carers were

## Are services caring?

flagged on the practice's computer system and prioritised for appointments where necessary. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered evening appointments until 8pm Monday to Friday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open from 8am to 8pm on Monday to Friday. On Saturday, patients could come in to make appointments. The practice had one GP triaging all patients applying the doctor first system. In addition to pre-bookable appointments could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Out of these hours, cover was provided by the out of hours GP service which operated from 6.30pm to 8am, seven days a week and the NHS 111 service.

Eight telephone lines coming into the practice, with four people answering the phone.

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

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 40% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/07/2015 to 31/03/2016) was 58% compared to the national average of 75%. The practice informed they had six telephone lines coming into the practice, with two people answering the phone. However, phone access was not monitored or reviewed on a consistent basis.
- 61% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 46% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

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.

Patients who required a home visit were advised to contact the practice. The GP would then contact the patient or carer in advance to gather information to allow for 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. The practice advised that children should be brought in to the practice as they would be prioritised for appointments rather than waiting for a home visit. 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.

- 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?)

- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, information was available in the practice leaflet which was on display and given to new patients. A comments and complaints box was in reception.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, in response to a complaint concerning comments made by a member of the clinical team to a patient, the patient was written to with an apology and a description of the action that would be taken. The complaint was discussed at a practice meeting and the need for tact when discussing sensitive issues with patients was highlighted.

# 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.

- The practice's mission statement was to provide high quality medical care in a friendly and comfortable environment.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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:

- Although there was a programme of continuous clinical and internal audit used to monitor quality and to make improvements though this was not in place for the monitoring of appointment and telephone access and satisfaction with the service.
- 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 were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating

with patients about notifiable safety incidents. The lead GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff were encouraged to develop in their careers and were well supported by the practice management to do so. For example, staff were supported to attend training courses and further their skills.

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

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

- The practice had gathered feedback from patients through the virtual patient participation group (PPG). The PPG were sent practice correspondence regularly and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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.

### Continuous improvement

# Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples included participation in a recent pilot which focussed on reducing unplanned admissions.