Tower Hill Partnership

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tower Hill Partnership on 21 December 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.
- Patients said they could make an appointment in advance with a named GP and there was continuity of care, with urgent appointments available the same day.
- Patients highlighted via feedback that they found it difficult to access the practice via the telephone at peak times and thought appointment access could be improved.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvement are:

- Develop processes to monitor the effectiveness of actions taken regarding patient telephone access.
- Continue with actions to improve availability of appointments
- Ensure the staff training records accurately reflects training received by staff.

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.
- 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 2015 -16 (QOF) showed patient outcomes were in line with national averages.
- 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.
- However improvement was required regarding recording of staff training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of their local patient population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day, however patients' feedback said that they found it difficult to get through to the practice by the telephone at peak times.
- 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.

Are services well-led?

Good

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

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

Summary of findings

The six population groups and what we found

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

Older people

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice kept up to date registers of patient's health conditions and data reported nationally was that outcomes were comparable to that of other practices for conditions commonly found in older people.
- The practice provided regular ward rounds at a number of nearby nursing and residential care homes.

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.
- Performance for diabetes related indicators were comparable to the national average. For example: the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2015 to 31/03/2016) was 87% compared to the national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named (usual) 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.

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

Summary of findings

example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 77% of female patients aged 25-64 attended cervical screening within the target period compared with the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was evidence of joint working with midwives, health visitors and school nurses.

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, however services had not been adjusted 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.

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 homeless people who were encouraged to register using the practice as a home address and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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)

Good

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

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing below national averages. 257 survey forms were distributed and 107 were returned. This represented 1% of the practice's patient list;

- 47% of patients found it easy to get through to this practice by telephone compared to the clinical commissioning group (CCG) average of 60% and the national average of 73%.
- 84% 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 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were positive about the standard of care received. However people stated they felt that the telephone appointment system could be improved, with some patients commenting on the length of time it took to get through to the practice at peak times to access appointments.

We spoke with patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Develop processes to monitor the effectiveness of actions taken regarding patient telephone access.
- Continue with actions to improve availability of appointments
- Ensure the staff training records accurately reflects training received by staff.

Tower Hill Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Tower Hill Partnership

Tower Hill Partnership provides primary care services to its registered list of approximately 17900 patients. The practice is situated and the inspection was conducted at 433 Walsall Road Perry Barr Birmingham. The practice catchment was the same as the national average for deprivation relative to other local authorities. For example, income deprivation affecting children was 19% compared to the national average of 20%. The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.

There are six GP partners, two salaried GPs, an advanced nurse practitioner, 8 practice nurses, two healthcare assistants and a clinical pharmacist. Patients are able to see both male and female GPs. They are supported by a practice manager and administration staff. The practice is also a training practice.

The male life expectancy for the area is 79 years compared with the CCG averages of 76 years and the national average of 79 years. The female life expectancy for the area is 85 years compared with the CCG averages of 82 years and the national average of 83 years.

The practice is located on three floors, both the ground and first floor contain reception, waiting areas, consulting rooms, disabled toilet facilities and treatment rooms, whilst a training room, library and administration offices are situated on the second floor. There is step free access into the building and access for those in wheelchairs or with pushchairs. Patients can also access the first floor via a lift.

The practice was open between 8am and 8pm Monday to Thursday, the exception being Friday when the practice is open 8am and 6.30pm. GP appointments are available between 8am and 8pm Monday to Thursday and 8am to 6.30pm on Fridays. The practice is also open on Saturdays from 9am until 12.30pm with appointments available during this time.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. The practice employs the use of the Primecare to provide this out-of-hours service to patients.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

- Spoke with a range of staff, the GP, nurses, the practice manager and spoke with patients.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

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

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 and were printed when required. These were completed and passed to the practice manager. 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 found that significant events were discussed at each monthly practice meeting, the practice would also have, if required, specific meetings to discuss an urgent significant eventt. Clinical staff were present, as were senior administration staff. We also saw that learning was subsequently passed to other members of staff in individual team meetings and minutes were also shared through email.
- 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.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident with the practice's lift we saw evidence that lessons had been learnt and shared amongst the practice team with regard to lift malfunctions.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities to safeguard children and vulnerable adults. GPs were trained to child protection or child safeguarding level three.
- A notice on all doors to treatment rooms 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
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the premises were clean and tidy. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- The practice kept stock of vaccines, these were kept in three lockable refrigerators and the temperatures of which was monitored daily. Stock was rotated and there was a procedure in place for the reorder of stock. The practice maintained an ongoing stock check of all vaccines electronically to which all nurses had access.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had also recently employed a clinical pharmacist who we were told would undertake regular audit.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions (A PGD are written instructions for the supply or administration of medicines to groups of patients who

may not be individually identified before presentation for treatment.) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files, and found in the main 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, however the practice had employed a number of apprentices and we found that the recruitment policy did not refer to apprentices.

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 and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had defibrillators, a resuscitation trolley available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The data for 2015/16 showed that the practice had achieved 96% of the total number of points available. With overall exception reporting of 12%. (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 2015/2016 showed:

- Performance for diabetes related indicators was in line with national average. For example: the percentage of patients on the diabetes register, in whom the last IFCC-HbA1c (blood glucose levels) was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 76% compared to the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was below the national average. The practice rate was 78% compared to the national average of 83%.
- Performance for mental health related indicators was below the national average. For example: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016). The practice rate was 80% compared to clinical commissioning group average of 91 and the national average of 88%.

There was evidence of quality improvement including clinical audit, the practice had conducted 16 audits during the last year.

- We looked at clinical audits completed in the last two years, we reviewed two of these which were completed audits, skin cancer identified after minor surgery and glucose monitoring for patients with diabetes.
- Findings were used by the practice to improve services. For example, we saw that the audit of skin cancer identified after minor surgery found that out of 332 procedures 8 showed signs of being undiagnosed. Following this staff received additional training using a using the dermascope (a device used to examine the skin). The subsequent audit found a 50% reduction undiagnosed cases.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.

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 topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their 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 and clinical supervision. All staff had received an appraisal within the last 12 months.

- Staff had access to and made use of e-learning training modules and in-house training. However, we found that improvement was necessary in the recording of completed Mental Capacity Act training and Fire Safety 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- < >taff 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 patients' 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. Patients were signposted to the relevant service.
- Referrals to dietician services were available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 79% and the national average of 81%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance and conducted opportunistic testing.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening we found that these were in line with local averages. 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.

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 89% to 91% compared to the national averages of 75% to 95% and five year olds ranged from 82% to 94% compared to the national averages of 83% to 95%..

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The majority of the 45 of patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey gave some positive responses from patients when asked if they felt they were treated with compassion, dignity and respect. The practice results were higher than the clinical commissioning group (CCG) and national averages for its satisfaction scores on most aspects consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the CCG average of 83% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 89%.
- 96% 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%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the 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 national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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 487 patients as carers including young carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice also had a member of the reception staff who acted as a carers lead. This person signposted carers to support groups and also organised carers' meetings at the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them.This was either followed by a 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.

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 routinely offered extended 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.
- The practice offered both well woman and well man clinics.
- 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 and the practice was a Yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

he practice was open between 80am and 8pm Monday to Thursday, the exception being Friday when the practice is open 8am and 6.30pm. GP appointments are available between 8am and 8pm Monday to Thursday and 8am to 6.30pm on Fridays. The practice is also open on Saturdays from 9am until 12.30pm with appointments available during this time.

Appointments could be booked up to six weeks in advance and there were urgent appointments available on the day.

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

- 86% of patients were satisfied with the practice's opening hours compared with the CCG average of 71% and the national average of 76%.
- 47% of patients said they could get through easily to the practice by phone compared with the CCG average of 60% and the national average of 73%.
- 60% of patients described their experience of making an appointment as good, compared with the CCG average of 62% and the national average of 73%.

We discussed the GP patient survey results with the practice particularly patients experience when attempting to contact the practice by phone.

We saw that the practice had an action plan in place to improve access to the practice by telephone, they had recruited more staff to answer telephones at peak times, they had also introduced call waiting software so live monitoring could take place, this enabled practice staff to see how many patients were waiting in the queue for their call to be answered.

We also saw that the practice had introduced a GP telephone triage service to reduce appointment pressure. However the practice acknowledged that telephone access and appointments continued to be an issue.

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.

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. The practice had a home visit triage system which had reduced the number of home visits by 263 in a seven month period.

Listening and learning from concerns and complaints

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

- 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 the three complaints that had been resolved and ongoing complaints received in the last 12 months and found these had been handled in an open and transparent way.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, however we found that at the time of our inspection not all policies were relevant to the practice. This was due to the merger of three practices and we saw that further work was necessary to ensure all policies were relevant and current.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

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

- Staff told us and we saw that the practice held regular monthly 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, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had an established patient participation group (PPG), and we saw that meetings took place every three months. The PPG produce a regular newsletter and held coffee mornings for elderly or isolated patients. The PPG provided us with examples of improvements they had made with the practice for example, display screen improvements, assisting with the flow of patients in reception and improved signage.

Are services well-led?

Good

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

- 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

There was a focus on continuous learning and improvement at all levels within the practice. For example; the practice was an accredited training practice and teaching practice. There were qualified GP trainers at the practice. As a training practice, it was subject to scrutiny and inspection by Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. Therefore GPs' communication and clinical skills were regularly under review. As well as GP training the commitment to education extended to foundation year doctors and the training of physicians' associates, paramedic practitioners and social work students.