Dr Claire Scudder

Quality Report

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Date of inspection visit: 5 November 2015
Date of publication: 21/01/2016

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?	Requires improvement
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 Dr Claire Scudder on 5 November 2015. Overall the practice is rated as Good.

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.

Our key findings were as follows:

- Staff were clear about reporting incidents, near misses and concerns and there was evidence that lessons learned were shared with staff.
- Systems were in place to safely manage medicines but the process for ensuring that medicines were kept at the required temperatures was not sufficiently robust.
- The practice had equipment available to deal with medical emergencies but there were deficiencies in the ancillary equipment for providing oxygen.
- The practice worked in collaboration with other health and social care professionals to support patients' needs and provided a multidisciplinary approach to their care and treatment.
- The practice promoted good health and prevention and provided patients with suitable advice and guidance.
- The practice had several ways of identifying patients who needed additional support, and was pro-active in offering this.
- The practice provided a caring service. Patients indicated that staff were caring and treated them with dignity and respect. Patients were involved in decisions about their care.
- The practice provided appropriate support for end of life care and patients and their carers received good emotional support.
- The practice learned from patient experiences, concerns and complaints to improve the quality of care.

Summary of findings

- The practice had a clear, patient-centred vision and staff were clear about the vision and their responsibilities in relation to this.
- There was an open culture and staff felt supported in their roles.

The areas where the provider must make improvements are:

- Ensure the proper and safe management of medicines in relation to the process for ensuring that medicines were kept at the required temperatures; and the availability of all necessary equipment for dealing with medical emergencies.

In addition, the areas where the provider should make improvements are:

- Review the infection control audit template to ensure clarity about the issue being audited and the expected standard to be achieved.
- Display information about the practice's vision in the patient waiting area.
- Continue to pursue attempts to secure greater input from patient members in leading the patient participation group and in encouraging increased membership.

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?

Requires improvement

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

- Infection control audits recently put in place at the practice needed to be clearer in some areas about the issue being audited and the standard expected.
- Systems were in place to safely manage medicines but the process for ensuring that medicines were kept at the required temperatures was not sufficiently robust. Checks of fridge temperatures were carried out daily and recorded. However, the checks needed strengthening and staff carrying them out needed to be more aware of the requirements and purpose of the checks.
- The practice had arrangements in place to respond to emergencies and major incidents. There was oxygen available on the premises but there were no children's face masks to use with this equipment. In addition, there were some packaged masks with no expiry date on them.
- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns.
- Appropriate arrangements were in place to safeguard children and vulnerable adults from abuse.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out to demonstrate quality improvement in care and treatment and people's outcomes.
- 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 multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice provided appropriate support for end of life care and patients and their carers received good emotional support. There were close links with a local hospice.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It 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. For example, the CCG had recently approved the practice's bid to offer extended opening hours to improve accessibility for working patients.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped in most respects to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated good for providing well led services.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice website reflected this vision and staff were clear about their responsibilities in relation to this. However, there was no information about this on display for patients at the practice.
- 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.

Summary of findings

- 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 encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group (PPG). The practice recognised that the PPG was practice led and had a small membership but was trying to address these issues.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated 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 had been selected as a pilot site for Whole Systems, a new community service to ensure comprehensive care planning for older at risk patients in a multi-disciplinary setting.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. . There was a primary care navigator on site to support vulnerable older patients and facilitate access to a range of services.
- The practice had monthly multidisciplinary meetings with social workers, mental health workers, health visitors and district nurses to discuss at risk patients and plan care and treatment.
- The practice carried out over-75 and over-85 health checks to monitor those patients who may be becoming more vulnerable
- The practice took a pro-active approach to end of life care and also provided direct bereavement support.

People with long term conditions

Good

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

- The practice performance for the majority of QOF indicators for long-term conditions was above average, including diabetes, hypertension and COPD).
- Patients with these conditions were regularly, pro-actively, called in for reviews.
- Longer appointments and home visits were available when needed.
- For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had begun a number of out of hospital services to ease pressure on admissions, including anti-coagulation monitoring, ambulatory blood pressure monitoring, near patient testing monitoring and electro cardiograms (ECGs).

Summary of findings

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to CCG averages for standard childhood immunisations.
- Clinical staff worked closely with health visitors to ensure good professional links and regular discussion of at risk children and troubled families.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice had close links with local NHS acute hospital paediatric team. The practice was also part of a paediatric hub took part in monthly MDT meetings to discuss complex paediatric cases from the practice.
- The practice's uptake for cervical screening was below average but the practice anticipated an improvement in this now that issues relating to the migration of patient data from another practice had been addressed.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, 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 reflected the needs for this age group. Last year the practice attained substantially over the Public Health target for NHS health checks to all eligible patients aged 40-74.
- Services included advice on smoking cessation, sexual health, weight loss and alcohol advice.
- Since the inspection, an 'early bird' (commuter) surgery had been introduced.

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.

Summary of findings

- It had carried out annual health checks for people with a learning disability and offered longer appointments for these patients
- The practice held a register of vulnerable patients including, at risk children and those with a learning disability.
- The practice used special care plan monitoring for vulnerable patients and regularly worked with multi-disciplinary teams in their case management.
- It facilitated vulnerable patients' access various support groups and voluntary organisations through the support of a primary care navigator.
- 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).

- 80% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. The practice's QOF performance for mental health related indicators was above the CCG and close to national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice maintained close links with the Community Psychiatric Nursing team to provide dedicated care for patients in this group.
- The practice devoted clinical room space to the 'Take Time To Talk' team so that patients could be seen at the practice by the mental health team in a familiar environment.
- The practice carried out advance care planning for patients with dementia. There were longer appointments available for people with mental health problems, including those with dementia.
- Staff had a good understanding of how to support people with mental health needs and dementia. The principal GP had a special interest in the care and treatment of these patients.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 432 survey forms were distributed and 103 (23.8%) were returned.

- 88% patients said they could get through easily to the surgery by phone (CCG average 85%, national average 73%).
- 91% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 90% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 75% described their experience of making an appointment as good (CCG average 80%, national average 73%).
- 80% usually waited 15 minutes or less after their appointment time to be seen (CCG average 65%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. No patients completed comment cards. However, we reviewed the cards completed by patients for the NHS Friends and Family test between May and October 2015. The responses by month were mostly positive There were some negative comments, including two about the registration process taking too long; the attitude of reception staff; the availability of the preferred doctor; and access to appointments

We spoke with 11 patients, on the day of our inspection. Their experience aligned with that highlighted in the friends and family test and they were mostly very satisfied with the care and treatment provided.

Dr Claire Scudder

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP, a practice manager, a second CQC inspector and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Dr Claire Scudder

Dr Claire Scudder provides primary medical services at the Chelsea Practice through a Personal Medical Services (PMS) contract to around 4,400 patients living in the Chelsea area within the London Borough of Kensington and Chelsea in West London. The services are provided from a single location within the Violet Melchett Clinic, premises run by Central London Community Services, and the practice is part of NHS West London Clinical Commissioning Group. The practice has a predominantly white patient population. Patients over the age of 65 currently make up over 17% of the practice population, higher than the national average. Eighteen percent of registered patients are under the age of 16.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; and Treatment of disease, disorder or injury.

At the time of our inspection, there were 1.5 whole time equivalent (WTE) GPs comprising the principle GP and a long term locum GP, and practice manager at The Chelsea Practice. The practice also employed a part-time practice nurse (0.4 WTE), a part time health care assistant/ summariser (0.6 WTE) and two administrative staff (1.6 WTE).

The practice patient list had expanded considerably in the last year or so (by about 1000) due to the closure of other practices locally. The practice had absorbed this without significant impact on patients' access to appointments and services. However, to cope with the increased demand longer term the practice had submitted a bid to NHS England for expanding the practice premises which made provision for additional GP, nurse and non-clinical staff resources.

The practice is open between 8:00am and 7:00pm Monday, Tuesday, Thursday and Friday and 8:00am to 2:00pm on Wednesday. Appointments are from 8:30am to 12:00 noon,12:30 to 1:00pm and 4:00pm to 6:00pm Monday and Thursday; from 9:00am to 12:00 noon, 12:30 to 1:00pm and 4:00pm to 6:00pm Tuesday; from 8:30am to 12:00 noon; 12:30 to 1:00pm; and 3:00pm to 6:00pm Friday; and 9:30am to 12:00 noon, 12:30 to 1:00pm Wednesday. 'Early bird' (commuter) surgeries would also shortly be available daily by pre-booked appointment to see a doctor or the practice nurse. In addition, pre-bookable appointments can be booked in advance by telephone or on-line; urgent appointments were also available for people that needed them and can be booked on the day by phoning at 8:00 am or 2:00pm or by calling into the practice for an urgent medical problem.

There are also arrangements to ensure patients received urgent medical assistance when the practice was closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call. Patients are also given information about walk-in services provided locally seven days a week between 7.00am and 10.00pm and at weekends between 9.00am and 5.00pm.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We liaised with NHS West London (Kensington and Chelsea, Queen's Park and Paddington) Clinical Commissioning Group (CCG), local Healthwatch and NHS England.

We carried out an announced visit on 5 November 2015. During our visit we spoke with 11 patients and a range of staff including the principal GP, a long term locum GP, the practice nurse, the practice manager, and reception staff. We reviewed the cards completed by patients for the NHS Friends and Family test between May and October 2015. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We reviewed personal care plans and patient records and looked at how medicines were recorded and stored.

Requires improvement

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a breakdown in the process for dealing with faxed test results from a local acute hospital the practice agreed with the acute trust more robust procedures for reporting and following up test results. The practice also discussed the incident with staff to ensure appropriate action for all future faxed results. An incident also arose during the inspection and we noted from the documentation the practice's initial handling of the incident and the notification of appropriate external bodies to take the matter forward.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and received training relevant to their role. GPs were trained in child protection to Safeguarding level 3. However, there were no details of the training in safeguarding of vulnerable adults for one of the GPs, the practice nurse and two administrative staff.
- Notices throughout the practice advised patients that staff would act as chaperones, if required. Two staff of three staff who acted as chaperones had received formal training for the role and the third demonstrated full awareness of the requirements of this role. We saw that the role of chaperones was fully discussed at a practice meeting in August 2015 to ensure all staff who undertook these duties understood their role. All those staff carrying out the role had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The principal GP was the infection control clinical lead who kept up to date with best practice and briefed staff on infection control issues. There was an infection control protocol and a separate hand-hygiene policy in place. All staff received induction training about infection control specific to their role and received periodic updates. Details were not available about the most recent formal training undertaken by several staff, including the majority of GPs. However, we were told that staff had received in-house briefing during the year. A programme of in-house, six-monthly infection control audits had just been put in place and we saw the first audit report completed in June 2015. No issues were identified but the checks would benefit from clarification in some areas, for example, regarding the cleaning of equipment, such non-disposable ear syringe funnels, and how it is cleaned.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- There was a process for ensuring that medicines were kept at the required temperatures. We saw that checks of fridge temperatures were carried out daily and recorded. However, the checks needed strengthening and staff carrying them out needed to be more aware of the requirements and purpose of the checks. There was no guidance by the two fridges about the range of required temperatures or the action to take if the range was breached. In addition there was only one book for recording the temperature readings from which it was difficult to identify to which fridge the readings applied. We discussed this with the practice and they undertook to take immediate action to address these issues.
- We reviewed 10 personnel files and found that 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.

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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. The landlords of the practice premises had completed up to date fire risk assessments and carried out regular fire drills; a drill took place during the inspection. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw the test certificates for the current year. There were also 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were on duty. The practice patient list had expanded considerably in the last year or so (by about 1000) due to the closure of other practices locally. To cope with the increased demand the practice had drafted a financial requirement for expanding the practice premises which made provision for additional GP, nurse and non-clinical staff resources. With the backing of the CCG this had been submitted to NHS England for consideration and the practice was awaiting the outcome.

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 a defibrillator available on the premises and oxygen with adult but no children's face masks. In addition, there were some packaged masks with no expiry date on them. There was a first aid kit and accident book 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan, updated in October 2015, included emergency contact numbers for staff and arrangements with a local 'buddy practice' to provide reciprocal support and facilities in the event of major disruption.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 people's 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 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 92.7% of the total number of points available, with 7.2% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average: 91.9% compared to 79.8% and 89.2% respectively.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG but worse than the national average: 77.2% compared to 76.4% and 80.4% respectively.
- Performance for mental health related indicators was better than the CCG but worse than the national average: 77.2% compared to 76.4% and 80.4% respectively.
- Performance for dementia related indicators was better than the CCG and national average: 100% compared to 90.1% and 94.5% respectively.

The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD) reported in Health and Social Care Information Centre (HSCIC), Hospital Episode Statistics (HES) 2013/14, was 0.34 below the national average. This was identified by CQC prior to the inspection as a 'very large variation for further enquiry'. The practice was unable to offer any explanation for this variation other that it served an affluent area. The practice QOF score for secondary prevention of CHD was above the CCG and national average.

Another area identified by CQC for further enquiry at the inspection as a large variation for further enquiry included the percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years (11% below the national rate). However, the practice said the variation was due to issues relating to the migration of patient data from another practice which had now been addressed. The practice expected an improved performance in the current year.

Clinical audits demonstrated quality improvement.

- The practice provided evidence of two clinical audits completed in the last two years, which were completed audits where the improvements made were implemented and monitored. For example, an audit carried out in September 2014 of patients who had attended A&E and the local urgent care centre to assess whether patients were following the correct pathway to access medical attention. As a result of the audit the practice took steps to promote the appropriate use of GP rather than A&E and urgent care services, including writing to patients who had attended A&E inappropriately and provided details of the practice's care pathway audit. A re-audit in August 2015 found nine of ten patients randomly reviewed had attended A&E appropriately.
- The practice participated in applicable local audits, national benchmarking, and peer review, for example, an audit in May 2014 of patients following a national drug alert stating a drug used to aid digestion should not be used long term due to cardiac side effects. All patients prescribed the medicine were written to and advised to stop taking the medicine. A re-audit was completed in August 2014 which confirmed that no patients were now taking this medicine.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months, apart from one recently appointed member of staff.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Additional training was also arranged for specific staff, for example, chaperone training and customer service skills. 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 computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. The practice usedan online website to share information about patients on the palliative care register, between healthcare providers and record patient wishes of how they would like to be cared for.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis. Action was agreed and recorded in meeting minutes and care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We noted one of the GPs used a smart phone healthcare 'app' for assessing capacity. We saw on a patient's record where consent had been sought from a patient with dementia for a flu vaccination.
- 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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were then signposted to the relevant service. For example, obese patients were referred to weight loss and exercise classes, and bariatric services at a local NHS acute hospital, and were offered access to a dietician if appropriate. Follow up appointments were organised for the clinician to review the patient's progress and reassess the care plan for the patient if required.
- A primary care navigator visited the practice weekly to assist with social care needs of vulnerable patients over the age of 55 years. The practice had also recently

Good

Are services effective?

(for example, treatment is effective)

started a specialised stop smoking clinic at the practice with one of the senior smoking cessation advisors from local NHS acute hospital. Ninety five patients had stopped smoking in the last year.

- The practice had begun a number of out of hospital services to ease pressure on admissions, including anti-coagulation monitoring, ambulatory blood pressure monitoring, near patient testing monitoring and electro cardiograms (ECGs).
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 66% in 2014/15, which was comparable to the CCG average of 71% and the national average of 77%. There was a system to offer reminders for patients who did not attend for their cervical screening test. All smear tests were audited to make sure the sample taker and equipment is adequate.
- 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65% to 91% and five year olds from 59% to 94%, compared to CCG rates of 68% to 83% and 59% to 87% respectively). Flu vaccination rates for the over 65s were 77%, and at risk groups 64%. These were above CCG rates of 73% and 52% respectively.

Patients had access to appropriate health assessments and checks. These included health NHS health checks for people aged 40–74 (checks for 31% of eligible patients completed). New patient checks were not being offered at the time of the inspection due to the recent large influx of patients transferring from closed practices in the area. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that 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.

No patients completed CQC comment cards provided to the practice before the inspection. However, we reviewed the cards completed by patients for the NHS Friends and Family test between May and October 2015. The responses by month were mostly positive and varied from 81% to 90% of patients stating they were extremely likely or likely to recommend the practice to friends and family. Patients said they felt the practice offered an excellent service and staff were professional, helpful and caring, and treated them with dignity and respect. There were some negative comments, including two about the registration process taking too long; the attitude of reception staff; the availability of the preferred doctor; and access to appointments. We also spoke with 11 patients, including one with learning disabilities and three members of the patient participation group (PPG) on the day of our inspection. Their experience aligned with that highlighted in the friends and family test and they were mostly very satisfied with the care and treatment provided.

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

- 84% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 85%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 98% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%)
- 73% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%)
- 91% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 NHS friends and family test we reviewed was also mostly positive and aligned with these views.

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

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

Staff told us that translation services were available for patients who did not have English as a first language. There was information about this in the reception area and the check in screen was provided in several different languages. The practice website also had a facility to translate each page into a wide range of languages.

Patient/carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. 12.7% of patients were identified as having a caring responsibility. 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 or sent them a sympathy letter.

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, for example counselling. Patients were also supported by the primary care navigator who signposted them to bereavement and other local support services.

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 had applied to the CCG for more extended hours opening and was awaiting the outcome at the time of the inspection. Since the inspection, an 'early bird' (commuter) surgery has been introduced.
- The practice had close links with local NHS acute hospital paediatric team. The practice was part of a paediatric hub took part in monthly MDT meetings to discuss complex paediatric cases from the practice.
- There were longer appointments available for people with a learning disability, mental health problems and complex health needs. The practice would also be introducing 'triple' appointments to patients over age 65 under a CCG 'whole systems pilot' to ensure comprehensive care planning for older at risk patients
- Home visits were available for older patients / patients who would benefit from these.
- There was a primary care navigator on site to support vulnerable patients and facilitate access to a range of services.
- There were disabled facilities and interpreter / translation services available.
- The practice carried out over-75 and over-85 health checks to monitor those patients who may be becoming more vulnerable. Annual learning disability checks were also carried out to ensure all potentially vulnerable patients were seen at the practice.
- Patients with long term conditions such as diabetes, asthma and COPD, were regularly, pro-actively, called in for reviews. Patients were also called in for flu, pneumonia and shingles vaccinations.
- The practice maintained close links with the Community Psychiatric Nursing team to provide dedicated care for patients experiencing poor mental health including those with dementia. The practice devoted clinical room space to the 'Take Time To Talk' team so that patients can be seen at the practice by the mental health team in a familiar environment.

Access to the service

The practice was open between 8:00am and 7:00pm Monday, Tuesday, Thursday and Friday and 8:00am to 2:00pm on Wednesday. Appointments were from 8:30am to 12:00 noon,12:30 to 1:00pm and 4:00pm to 6:00pm Monday and Thursday; from 9:00am to 12:00 noon, 12:30 to 1:00pm and 4:00pm to 6:00pm Tuesday; from 8:30am to 12:00 noon; 12:30 to 1:00pm; and 3:00pm to 6:00pm Friday; and 9:30am to 12:00 noon, 12:30 to 1:00pm Wednesday. 'Early bird' (commuter) surgeries would also shortly be available daily by pre-booked appointment to see a doctor or the practice nurse. In addition, pre-bookable appointments could be booked in advance by telephone or on-line; urgent appointments were also available for people that needed them and could be booked on the day by phoning at 8:00 am or 2:00pm or by calling into the practice for an urgent medical problem.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was broadly comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone (CCG average 85%, national average 73%).
- 75% patients described their experience of making an appointment as good (CCG average 80%, national average 73%).
- 80% patients said they usually waited 15 minutes or less after their appointment time (CCG average 65%, national average 65%).

The large influx of new patients registering at the practice in the last year due to practice closures in the area had put pressure on the appointment system and access to appointments. However, the practice had assigned additional staff resources at peak times and was recruiting more staff to manage the increased demand. Apart from one negative comment in the friends and family test, patient feedback suggested that there was no significant undue delay in accessing appointments.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There were designated responsible persons who handled all complaints in the practice. The practice manager handled non-clinical, and the principal GP, clinical complaints.
- We saw that information was available to help patients understand the complaints system. There was a poster on display about how to complain and a complaints leaflet at the reception desk. There was also an on-line form on the practice's website on which patients could submit suggestions, comments and complaints about the service.

We looked at the information provided by the practice on all complaints received in the last two years. We found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. Complaints and their outcomes were discussed with appropriate staff and with the practice team to communicate wider lessons learned. We saw meeting minutes where complaints were discussed, for example where information about a patient provided correctly by the practice to external agencies electronically was not accessed by those agencies due to software issues. The agencies investigated and rectified the matter and the patient who complained was informed of the investigation reports and steps taken to avoid this happening in the future. The majority of patients we spoke with said they had no reason to complain. However, one patient who was generally happy with the service said they had raised an issue but had not heard further from the practice.

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 website reflected this vision and stated a commitment to caring for the health of patients and their families to provide them with the care needed.
- There was no mission statement or practice vision on display for patients at the practice. However, it was clear that staff were committed to the practice ethos of putting patients first and they were at the heart of the service they provided.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The strategy was clearly set out in the practice's project initiation document for the expansion of the practice to accommodate the recent large increase in patients registering at the practice.

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:

- 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
- Staff had a comprehensive understanding of the performance of the practice
- The practice undertook clinical audits initiated by the CCG and in house which it used to monitor quality.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The principal GP in the practice, supported by the practice manager and a long term locum had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The principal GP and practice manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- the practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 that the practice held regular team meetings. The practice manager was the practice clinical learning set (CLS) champion and fed back information on the practice's performance from regular locality CLS meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the principal GP and practice manager. All staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG which met on a regular basis, supported the practice in carrying out patient surveys and members were consulted about proposals for improvements to the practice management team. For example, the planned expansion of the practice staff and premises.
- The practice had recognised the PPG was practice led and had a small membership. It was taking action which

Are services well-led?

Good

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

included getting the PPG to nominate a chair person and advertising the PPG to encourage new membership. The practice website provided copies of PPG meeting minutes, patient surveys and encouraged new membership. The information was also available in the practice, however this was not immediately visible and could overlooked by patients.

- The practice had also 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 and were encouraged to suggest items for discussion at practice meetings. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong 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. For example:

- The practice has been selected as a pilot site for Whole Systems, a new community service which has been developed by the CCG to ensure comprehensive care planning for older at risk patients in a multi-disciplinary setting.
- The practice is part of a pilot scheme involving the local Paediatrics Hub. This means that every month the practice's long term locum takes part in a MDT meeting and discusses complex paediatric cases from the practice.
- In addition the practice has begun a number of Out Of Hospital Services to ease pressure on admissions including Anti-Coagulation monitoring, Ambulatory Blood Pressure Monitoring, Near Patient Testing Monitoring and ECGs.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider must ensure care and treatment is provided in a safe way for patients through the proper and safe management of medicines, and the provision of all necessary equipment for dealing with medical emergencies. Regulation 12 (1) and 2(e) (f) (g)