

Dr Barretto & Partners, Thornton Heath Health Centre

Quality Report

61a Gillett Road
Thornton Heath
Surrey
CR7 8RL
Tel: 020 8664 1590
Website:

Date of inspection visit: 7 December 2016
Date of publication: 16/03/2017

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

Ratings

Overall rating for this service	Good	
Are services safe?	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

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	11
Background to Dr Barretto & Partners, Thornton Heath Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Barretto & Partners, Thornton Heath Health Centre on 7 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 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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.

The areas where the provider must make improvements are:

- Review recruitment procedures to ensure references are obtained before employing staff.

Summary of findings

- Review training procedures to ensure all staff have role appropriate training including fire training, infection control and information governance.

The areas where the provider should make improvement are:

- Review the business continuity plan to ensure staff contact and buddy practice details are available.

- Review staff understanding of the practice mission statement.
- Review complaints procedures to ensure verbal complaints are recorded as well as written ones.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed; however, not all staff had references obtained prior to employment.
- Equipment was checked and calibrated.
- There were health and safety policies in place and staff were aware of them.
- Not all staff had completed role appropriate training including fire, infection control and information governance.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. Not all verbal complaints were recorded.

Good



Are services well-led?

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. However, some staff were unsure of the practice mission statement.
- 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.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had a business continuity plan; however, it had no staff contact numbers and buddy practice details.

Summary of findings

The six population groups and what we found

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

Older people

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

- 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.
- Influenza and pneumococcal vaccines were offered to patients aged 65 years and over. The percentage of uptake was 71% for 2015/2016.
- The practice looked after one nursing home with weekly ward rounds.
- Dementia screening was offered for older patients.

Good



People with long term conditions

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

- Nursing staff and GP's had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 78%, which was 3% above the CCG average and 2% below the national average. The exception rate for the practice was 13%, CCG 9% and national 12%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had specialised clinics for some long-term conditions, for example, a weekly diabetic clinic, weekly COPD (chronic obstructive pulmonary disease) and an asthma clinic.
- In-house spirometry was offered. (Spirometry is the most common lung function test, it looks at how well your lungs work and shows how well you breathe in and out).

Good



Summary of findings

Families, children and young people

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 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.
- Cervical screening had been carried out for 85% of women registered at the practice aged 25-64, which was comparable to the CCG average of 82% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, and health visitors.
- The practice held weekly baby clinics for eight week checks, immunisation and preschool boosters.
- Patients had access to weekly antenatal and postnatal clinics.
- Double appointments for parents with young children were offered.
- The practice offered a healthy living and weight advice service.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours were provided on Saturday mornings from 9am-11.30am.
- On-line access was available to patients to book appointments and request repeat prescriptions.
- Pre-bookable phlebotomy appointments were available Monday to Friday from 8.30am to accommodate the working population.
- Telephone consultations were offered.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice had 48 patients on its learning disability register 81% had an annual health check in the last 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Translation services were available by telephone or face to face.

Good



People experiencing poor mental health (including people with dementia)

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months,
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Mental health checks were done.
- 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.
- The practice looked after a home for mentally ill patients.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and fifty four survey forms were distributed and 105 were returned. This was a 30% response rate and represented 1.5% of the practice's patient list.

- 75% found it easy to get through to this surgery by phone compared with a CCG average of 73% and a national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 74% of patients described the overall experience of this GP practice as good compared with a CCG average of 82% and a national average of 85%.

- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with a CCG average of 75% and a 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 13 comment cards which were all positive about the standard of care received. Patients said that staff were helpful, respectful and the service was good.

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

Dr Barretto & Partners, Thornton Heath Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included GP specialist advisor and an expert by experience.

Background to Dr Barretto & Partners, Thornton Heath Health Centre

Dr Barretto & Partners, Thornton Heath Health Centre, shares its premises with community staff and Kings Dental Services. The practice list size is approximately 7000. The practice population is diverse, with a predominantly young working population. Eighty five percent of the patient population is less than 50 years old. Life expectancy for males in the practice is 78 years and for females 83 years. Both of these are in line with the Croydon Clinical Commissioning Group (CCG) and national averages for life expectancy.

The practice facilities include six consultation and treatment rooms and a patient waiting room. The consultation rooms are on the ground floor. The premises

are wheelchair accessible and there are facilities for wheelchair users including an accessible toilet. There is a hearing loop for patients with hearing impairments. Baby changing facilities are available.

The staff team comprises of two GP partners male and female and two salaried GPs (male and female) working a total of 26 sessions a week. Other staff include two female practice nurses, two female health care assistants, six receptionists/administration staff, a finance manager and a practice manager.

The practice is open between 8am to 6.30pm Monday to Friday. They offer extended hours from 9am to 11.30am on Saturday. When the practice is closed patients are directed (through a recorded message on the practice answer machine) to contact the local out of hours service.

The practice provides GP services to a nursing home and a mental health residential unit.

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

The practice had not been inspected previously by CQC.

Detailed findings

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.

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 7 December 2016. During our visit we:

- Spoke with a range of staff (three GPs, one healthcare assistant, the practice manager, two administration and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

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 on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice carried out a thorough analysis of the significant events and maintained a log on the computer system. The practice had meetings after each significant event (death reviews) these were attended by GPs.
- 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. an antibiotic prescription for a nursing home patient was sent to the wrong pharmacy; consequently the patient could not take their antibiotics. After investigation the GP contacted the home, who confirmed that they had not received a prescription so medication had not started. The practice carried out a thorough analysis of the significant event. There had been four significant events in the last 12 months. All of the significant events had been handled in line with the organisations policy. A thorough analysis was carried out and learning recorded.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a safety alert from the MHRA relating to the medicine Evacal (used to prevent and treat lack of calcium and vitamin D) was received on the 1 December 2016. We saw that the alert had been disseminated to staff, and that a check was done to see if any patients were taking this medicine.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. 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 all had received training on safeguarding children and vulnerable adults relevant to their role GPs were trained to child protection or child safeguarding level three. The nurses were trained to level two and most of the administration staff were trained to level one. All staff we spoke with demonstrated understanding of safeguarding issues.
- Not all staff had received role appropriate training including fire safety, and information governance. Out of five files checked, two clinical and one non-clinical staff members had not received up to date training.
- Notices in the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The practice shared its premises with community staff and Dental Services. General domestic cleaning was carried out by the facilities management services team. We saw copies of the cleaning schedules which included the practice. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place out of five files

Are services safe?

checked two clinical and one non-clinical had not received up to date training. Infection control audits were being undertaken at regular intervals. We saw evidence of an audit completed in September 2016.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions. They could be requested on line, by telephone or by attending the surgery which included the review of high risk medicines. All repeat prescription requests were reviewed by GPs. 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. Blank prescription forms and 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. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed five personnel files and found most appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, out of five files checked four members of staff two clinical and two non-clinical did not have references.

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. The practice had up

to date fire risk assessments and regular fire drills were carried out by the facilities management company. The risk assessments included all areas of the practice and copies of the assessments were made available to the practice. Fire alarms and smoke detectors were tested weekly.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Calibration was conducted annually, having last been completed in June 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.
- Not all staff had not completed fire training, this included two clinical and one non-clinical.
- The practice had a defibrillator 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.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage; however, the plan did not include emergency contact numbers for staff or buddy practice details.

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 most recent published results were 98% of the total number of points available with 10% exception reporting compared with the Clinical Commissioning Group (CCG) average of 8% and the national average of 10%. (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 2015/16 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, 78% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 78%. The exception reporting rate was 15% (CCG 9% and national 12%).
- Performance for diabetes related indicators was similar to the local and the national average. For example the percentage of patients on the diabetes register with a record of a foot examination and risk classification in

the preceding 12 months was 96% compared to a CCG average of 87% and a national average of 88%. The exception reporting rate was 8% (CCG 5% and national 8%).

- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 94% which was above CCG average of 92% and national average of 90%. The exception reporting rate was 4% (CCG 10% and national 11%).
- Performance for mental health related indicators was in line with the CCG and national averages for the number of patients who had received an annual review at 82% compared with CCG average of 85% and national average of 88%. The exception reporting rate was 10% (CCG 8% and national 13%).
- The number of patients with dementia who had received annual reviews was 91% which was comparable to the CCG average of 85% and national average of 84%. The exception rate was 2% (CCG 6% and national 8%).

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits carried out in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- For example the practice carried out an audit looking at patients at risk of developing chronic obstructive pulmonary disease, (COPD describes a group of lung conditions that make it difficult to breath). In the first cycle the practice found that 91 patients were identified as having COPD. Following the audit the practice discussed the findings in a practice meeting and all clinicians were instructed to review all patients who smoked. In the second cycle, the practice found another 10 patients identified as having COPD. The practice had increased their diagnosis of COPD.
- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- 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 competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. However, out of five files checked we found that two clinical and one non-clinical staff member had not received fire training, infection control and information governance training.
- The lead GPs conducted role play as a method of training during staff meetings, topics covered included an understanding of mental health including dementia.

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. Weekly clinical meetings also took place.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.
- The healthcare assistant (HCA) ran a healthy living and weight advice service.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice up uptake for breast cancer screening was 60%, compared to a CCG average of 63% and national average of 72%. Their uptake for bowel cancer screening was 45%, compared to a CCG average of 50% and national average of 58%.

Are services effective? (for example, treatment is effective)

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 85% to 97% and five year olds from 67% to 94%. Flu immunisation rates for diabetes patients were 98% which was above the CCG.

Patients had access to appropriate health assessments and checks. These included health checks for new patients.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 13 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 one member 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 they needed help and provided support when required.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.

- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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 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:

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

Patient and carer support to cope emotionally with care and treatment

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 such as, baby immunisations, pregnancy, cancer, memory and allergy. 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 97 patients as carers (1.3% of the practice list). 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. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The facilities were accessible and translation services available.
- Phlebotomy was provided in-house for routine bloods and for fasting blood tests.
- Patients could electronically check in on the touchscreens available in the waiting area.
- The practice was responsible for looking after a mental health residential unit, they confirmed the practice provided an efficient and responsive service. The practice was responsible for looking after a nursing home; they visited it once a week. they confirmed the practice was supportive and responsive.
- Specialised clinics for long-term conditions were held for example diabetic clinic, COPD and asthma clinic.
- Healthy living and weight advice service were provided.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 8:30am to 6:20pm Monday to Friday. Extended hours surgeries were offered on Saturday from 9:00am to 11:30am. In addition to pre-bookable appointments could be booked up to two weeks in advance, urgent appointments were also available for people that needed

them. The practice operated a duty doctor system each day where one of the GPs triaged and covered all the emergency appointments from 8:00am to 6:20pm Monday to Friday.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice undertook a review of the friends and family test. Figures from January and February 2016 showed 72% and 75% satisfaction score. After analysis the practice identified the lower score was due to patients not being able to get appointments. The practice reviewed their appointment system which at the time was ring on the day and changed this to being able to book three days in advance by telephone and up to two weeks in advance for on-line access. The change in appointment system saw an 86% satisfaction score.

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.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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, this was via a poster in the reception area.
- The practice was not always recording verbal complaints.

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

We looked at four complaints received in the last 12 months and found that they had been responded to within appropriate time scales and explanations and apologies were given if applicable. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example a patient complained about poor customer services

regarding the appointment system and being told to call back the following day. The practice manager investigated the incident, discussed it with the reception team, and explained the new appointment system and that there was no reason for patients to be asked to call back the following day. The practice manager wrote to the patient apologising and explained the new appointment system.

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 area however not all 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. Lead roles were assigned to staff including having leads for safeguarding, infection control, complaints, and medicines management.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- The practice held weekly clinical meetings, nurse meetings every two weeks, all staff meetings every quarter.
- 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.
- References were not always obtained before employing staff.
- Not all staff had role appropriate training including fire training, infection control and information governance.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every 12 months.
- 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 proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and

Are services well-led?

Good 

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

through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example,

- The practice had gathered feedback from staff through annual appraisals, staff meetings. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was no evidence of continuous improvement.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed:</p> <ul style="list-style-type: none">• Not all staff had received appropriate training including fire safety, infection control and information governance.• The provider did not have processes in place to ensure references were followed up. <p>This was in breach of regulation 12(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>