

Dr JI Solomon's Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr JI Solomon's Practice, also known as Queens Walk Medical Centre, on 3 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment.
- 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, although we noted not all staff had received updated training in infection control.
- 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 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 should make improvements are:

- Ensure all staff have received appropriate training for safeguarding and infection prevention and control.
- Check all electrical equipment to ensure it is safe to use.

Summary of findings

- Update the induction process to include the practice's mandatory training schedule.
- Demonstrate an ongoing audit programme where continuous improvements to patient care have been made.
- Ensure the practice actively identifies and supports patients who are also carers.
- Advertise that translation services are available to patients on request.
- Keep patients and the patient participation group updated on changes made in response to feedback.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 or verbal 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.
- Recruitment checks had been carried out for new starters prior to employment, although we found that the GP partners had not received a disclosure and barring service check (DBS). Following our inspection the practice provided evidence that they had applied for DBS checks for these staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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, however the practice only had evidence of one completed two cycle audit.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



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

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 Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment 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 to issues raised. Learning from complaints was shared with staff.

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

Good



Summary of findings

- 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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The percentage of older patients registered at the practice was lower than national averages. Patients over the age of 75 represented 4% (national average 8%), and patients over the age of 85 represented 1% (national average 2%).
- All patients over the age of 75 had a named GP who was responsible for their care.
- The practice offered a range of enhanced services which included the shingles and flu vaccinations, and avoiding unplanned admissions to hospital.
- The practice was responsive to the needs of older people, and offered longer appointments, home visits and urgent appointments for those with enhanced needs.
- The practice was involved in a local initiative designed to improve the coordination of care for patients over 75 years. This involved patient risk stratification, proactive care planning, case management in multidisciplinary groups, and improved sharing of medical information between service providers.
- Monthly multidisciplinary team meetings were used to review care plans and discuss those with enhanced needs.
- The practice was part of a local integrated care programme to improve services for vulnerable adults over the age of 65, who required GP care over the weekend.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions. For example, to the primary care navigator, social services, and occupational therapy.

People with long term conditions

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

Good



- The percentage of patients at the practice with a long standing health condition (44%) was lower than the national average (54%).
- The GP partners and nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and discussed at clinical and multidisciplinary team meetings.

Summary of findings

- Nationally reported data showed that outcomes for patients with long term conditions were good.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions. For example, to the rapid response team, community matron, district nurses, or heart failure nurses.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

Good



- The percentage of patients aged zero to four (7%), aged five to 14 (13%) and under 18 (24%) was similar to national averages (6%, 11% and 21% respectively).
- 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 were invited for an appointment.
- Urgent access appointments were available for children who were unwell.
- 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 we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered shared antenatal and postnatal services. There was joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

Good



- The number of patients in paid work or full-time education was higher than the national average, 73% compared to 62%.

Summary of findings

- 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 had a website and facilities to book appointments and order repeat prescriptions online.
- Telephone consultations were offered for patients who could not attend the practice. Late appointments were available from 18:30 to 19:00 on Monday, Tuesday and Thursday evenings. These appointments were prioritised for working patients.
- There was a range of health promotion and screening that reflected the needs for this age group, including NHS health checks for patients aged 40 to 74.
- The practice's uptake for the cervical screening programme was 85 %, which was above the CCG average of 78% and national average of 82%.
- Young people were offered chlamydia screening, and we were told the practice had the highest uptake in the locality.

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 register of patients living in vulnerable circumstances including housebound patients, carers, those with a learning disability, and patients receiving end of life care.
- Housebound patients and those who could not access the practice were supported via home visits.
- 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.

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).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia. Data from 2014/15 showed 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Patients could also be referred to an in-house counsellor who attended the practice every week.
- Staff had a good understanding of how to support patients with mental health needs, including during times of crisis.

Summary of findings

What people who use the service say

The national GP patient survey results published in 2016 showed the practice was performing above local and national averages. 292 survey forms were distributed and 106 were returned. This represented 2% of the practice's patient list.

- 79% found it easy to get through to this surgery by phone (CCG average 69%, national average 73%).
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 92% described their overall experience of the practice as good (CCG average 78%, national average 85%).
- 85% said they would recommend the practice to someone new to the area (CCG average 70%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were positive about the standard of care received. Patients said clinical staff treated them with dignity and respect, were helpful and understanding, and they felt supported in making decisions about their care and treatment. Non-clinical staff were described as friendly, helpful and caring.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the friends and family test showed 98% of patients would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure all staff have received appropriate training for safeguarding and infection prevention and control.
- Check all electrical equipment to ensure it is safe to use.
- Update the induction process to include the practice's mandatory training schedule.
- Demonstrate an on-going audit programme where continuous improvements to patient care have been made.
- Ensure the practice actively identifies and supports patients who are also carers.
- Advertise that translation services are available to patients on request.
- Keep patients and the patient participation group updated on changes made in response to feedback.

Dr JI Solomon's Practice

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 specialist adviser and a practice manager specialist advisor.

Background to Dr JI Solomon's Practice

Dr JI Solomon's Practice, also known as Queens Walk Medical Centre, provides GP led primary care services through a Primary Medical Services (PMS) contract to around 6,500 patients living in the surrounding areas of Ruislip Manor and South Ruislip. PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG).

The practice staff comprise of three GP partners (two male, one female); a salaried GP (male); a practice nurse; a practice manager; reception manager; and a team of reception/administrative staff. The practice is a training practice and currently has a GP registrar and a foundation year two doctor working there. The GPs (including the trainees) collectively provide 33 sessions per week. The nurse works 26 hours a week.

The practice is located in a purpose built property with six consulting/treatment rooms on the ground floor. The second floor has a large meeting room and administrative areas. The ground floor of the premises is accessible by wheelchair.

The practice is open from 09:00 to 13:00 every weekday morning, and from 16:00 to 18:30 every weekday afternoon except Wednesday when it closes at 13:00. The phones lines are open from 08:45 to 13:00 every weekday morning, and from 16:00 to 18:15 every weekday afternoon except Wednesday. If patients telephone the practice from 08:00 to 08:45 and 13:00 to 16:00 they are directed to an out-of-hours provider, who would contact the doctor on call in emergency cases. The practice opted out of providing out-of-hours services to their patients. Outside of normal opening hours (18:30 to 08:00) patients are directed to an out-of-hours GP or the NHS 111 service.

Appointments are available from 09:00 to 11:00 every weekday morning, and from 16:00 to 18:00 every afternoon (except Wednesday afternoon). Extended opening hours are available from 18:30 to 19:00 Monday, Tuesday and Thursday evenings for pre-booked appointments only. The telephones are not answered during this time. Appointments can be booked in advance over the telephone, online or in person.

The percentage of patients aged zero to four (7%), aged five to 14 (13%) and under 18 (24%) is similar to the local averages (7%, 12%, 23% respectively) and national averages (6%, 11% and 21% respectively). Patients aged 65+ represent 10% of the practice population, patients aged 75+ represent 4%, and patients aged 85+ represent 1% (local averages are 13%, 6% and 2% respectively; national averages are 17%, 8% and 2% respectively).

The percentage of people with a long standing health condition (44%) is below the local and national averages of 50% and 54%. The average life expectancy for the practice is 81 years for males (CCG average 79, national 79) and 85 years for females (CCG average 84, national 83).

Detailed findings

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

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 March 2016. During our visit we:

- Spoke with a range of staff including: the three GP partners; a GP registrar; practice manager; reception manager; and three receptionists / administrators.
- Spoke with five patients who used the service.
- Received feedback from two members of the patient participation group.

- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed 41 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

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

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 near miss incident involved an urgent referral not being given to the practice's referral team for faxing. The error was identified the same morning and rectified. The learning points were identified and shared with the team so that urgent referrals were sent to the correct staff to action.

Overview of safety systems and processes

The practice had 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 provided reports where necessary for other agencies. Staff

demonstrated they understood their responsibilities. GPs were trained to child protection level 3 and the practice nurse to level 2. Some non-clinical staff had yet to complete the online safeguarding training through the practice, however they had a good understanding of safeguarding through previous training undertaken and from an educational presentation at the practice last year.

- A notice in consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP partner and the practice nurse were the infection control clinical leads and kept up to date with best practice. There was an infection control protocol in place. Infection control audits had been undertaken in 2014 and 2016. The recent audit identified staff training as an area for improvement, however not all staff had completed the online training which was introduced in January 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, including a repeat prescribing policy and a protocol for staff to refer to. This included a review of high risk medicines such as lithium. 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. Comparison data showed the practice had high medicines management achievement and were low prescribers compared to others in the locality. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) 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).

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However, we noted that the practice had not carried out DBS checks for the GP partners. Following our inspection the practice provided evidence that they had applied for DBS checks for the three GP partners.

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 and health and safety information on display. The practice received an external health and safety compliance audit, and fire risk assessment in November 2015. They had taken action based on the recommendations made. For example, training had been booked for the nominated staff member who was the fire warden. Regular fire drills were carried out.
- Electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. However, we noted some items had not been updated with the relevant stickers to confirm they were included in the 2016 checks. The practice told us they would contact the company who undertook the checks and would recheck all items which did not have the up to date stickers.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as a disability access audit and a legionella risk assessment (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. The practice were looking to recruit a second nurse.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and emergency medicines were available.
- The practice had a defibrillator, which is used in cardiac emergencies, available on the premises. We saw evidence that they had ordered medical oxygen.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive continuity and recovery plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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.

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 97% of the total number of points available, with 5% exception reporting. (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). The practice's performance was in line with the clinical commissioning group (CCG) and national average of 95% respectively. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to CCG and national averages (practice 88%; CCG 86%; national 89%). Examples of the practice's performance included patients with diabetes who had a blood pressure reading in the preceding 12 months of 150/90 mmHg or less (practice 90%, CCG 90%, national 91%); and patients with diabetes with a record of a foot examination and risk classification within the last 12 months (practice 91%, CCG 86%, national 88%).
- Performance for hypertension related indicators was above CCG and national averages (practice 100%; CCG 97%; national 98%). Examples of the practice's performance included patients with hypertension who had a blood pressure reading in the preceding nine months of 150/90 mmHg or less (practice 83%, CCG 82%, national 84%).
- Performance for mental health related indicators was below the CCG and national averages (practice 88%;

CCG 94%; national 93%). Examples of the practice's performance included patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive care plan documented (practice 91%, CCG 91%, national 88%); and patients with schizophrenia, bipolar affective disorder and other psychoses, who have a record of alcohol consumption in the preceding 12 months (practice 91%, CCG 92%, national 90%).

- Performance for dementia related indicators was above CCG and national averages (practice 100%; CCG 95%; national 95%). Examples of the practice's performance included patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (practice 86%, CCG 85%, national 84%); and patients with a new diagnosis of dementia who received the recommended blood tests (practice 100%, CCG 86%, national 82%).

There was evidence of quality improvement including clinical audit.

- We were shown three audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, we reviewed an audit which looked at blood test monitoring for patients taking the medicine warfarin. The first cycle audit showed 27% of patients (14 out of 52) had no record of their most recent blood test and it was not clear whether the patient records had been updated with results from the hospital. The practice took action by contacting the 14 patients to ensure a blood test had been taken and where, reviewing hospital letters and updating blood test results on the patient record, and ensuring blood test results were updated prior to a prescription being issued. The second cycle audit showed 15% of patients (eight out of 52) did not have a blood test recorded. These patients' records were reviewed further and it was identified that one patient had failed to have the blood test and they had been contacted by phone, and the practice had documented other reasons why test results were not available for the other seven patients.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example one of the GP partners, assisted by a medical student, had published a research paper on the

Are services effective?

(for example, treatment is effective)

practice's teledermatology service. The study found the service to be cost effective with appropriate referrals being made, and this was reflected in the practice's low referral rates for dermatology.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered practice procedures and protocols, including complaints and confidentiality. However, the practice's mandatory training was not included on the induction checklist for new staff.
- 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 attending courses and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. For example, the practice were currently supporting the reception manager who was training to be a health care assistant. The files we reviewed showed staff had received an appraisal within the last 12 months.
- The practice was a training practice whereby doctors training to be GPs, recently qualified doctors, and medical students saw patients. They were each mentored by a GP partner and had access to a senior GP throughout the day for support. They also received a debrief with their mentor after each clinical session. We received positive feedback from the trainee we spoke with.
- The practice offered in-house training and made arrangements for external speakers to provide educational talks for staff. Topics included safeguarding children and adults. The practice had recently (January 2016) introduced e-learning training modules for staff to access appropriate training to meet their learning needs and to cover the scope of their work. This included mandatory training in: safeguarding, fire safety awareness, basic life support, infection control, chaperoning, and information governance. We found

not all staff had completed the online training in safeguarding and infection control, and were told they would be given time to ensure all mandatory training was completed.

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. The practice also kept a list of patients who may be in need of extra support and shared this with the out of hours service.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- 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:

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients who smoked could be referred to the in-house smoking cessation advisor. Practice data showed 18 out of 34 patients seen had quit smoking in the last 12 months.
- The practice supported patients who were overweight by offering dietary and lifestyle advice. Patients could also be referred to a dietician if appropriate.

The practice's uptake for the cervical screening programme was 85 %, which was above the CCG average of 78% and the national average of 82%. We were told the practice offered 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.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% (CCG 90% to 94%), and five year olds from 93% to 98% (CCG 88% to 94%). Children who had not attended for their vaccinations were followed up by telephone, a letter, or by contacting the health visitor.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Practice data

showed that 13% of eligible patients had received an NHS health check in the last 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified. For example, patients with diabetes could be started on the appropriate medicines and referred to a local specialist service. Patients with learning disabilities were offered an annual health check, and practice data showed nine out of 14 patients had received their health check. Young people were opportunistically offered chlamydia screening, and we were told the practice had the highest uptake in the locality (11% compared to 3%).

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The five patients we spoke with provided positive feedback about the service experienced. Patients said they felt the practice offered a good service and clinical staff were helpful, understanding, caring and treated them with dignity and respect. The 41 comment cards we reviewed highlighted that staff responded compassionately when they needed help and provided support when required.

We received feedback from two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was performing above local averages and in line with national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85%.

- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.
- 95% said the nurse was good at listening to them compared to the CCG average of 87% and national average of 91%.
- 86% said they found the receptionists at the practice helpful compared to the CCG average of 82% and 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 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local averages and in line with national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 82%.
- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 90%.
- 86% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% 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. Although, we did not see notices in the reception area informing patients this service was available.

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 and directed patients to support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 79 patients as carers (1% of the practice list) however we did not see evidence they were proactively trying to identify carers. Carers were offered the flu vaccination and practice data

showed 64 carers (81%) had received the flu vaccine within the last 12 months. Information was available in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement the practice would send a sympathy card and their usual GP would contact them. This call was either followed by a patient consultation or by giving them advice on how to find a support service. For example, patients could be referred to an in-house counsellor who attended the practice every week.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was part of a local integrated care programme to improve weekend GP services for vulnerable adults over the age of 65. Patients who required assistance or monitoring over the weekend could be referred. A GP from the network would visit the patient over the weekend and provide an update to the practice on the outcome.

The practice was also involved in Whole Systems Integrated Care (WSIC), a local initiative designed to improve the coordination of care for patients over 75 years. This involved proactive care planning, case management in multidisciplinary groups, and improved sharing of medical information between service providers.

- The practice offered extended hour clinics on Monday, Tuesday and Thursday evening from 18:30 to 19:00 for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex or multiple 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There was a disabled toilet and baby changing facilities.
- A translation service was available although there was no visible signposting to the service.
- Patients could access a male or female GP.

Access to the service

The practice was open from 09:00 to 13:00 every weekday morning, and from 16:00 to 18:30 every weekday afternoon except Wednesday when it closed at 13:00. The phones lines were open from 08:45 to 13:00 every weekday morning, and from 16:00 to 18:15 every weekday afternoon

except Wednesday. If patients telephoned the practice from 08:00 to 08:45 and 13:00 to 16:00 they were directed to an out-of-hours provider, who would contact the doctor on call in emergency cases.

Appointments were available from 09:00 to 11:00 every weekday morning, and from 16:00 to 18:00 every afternoon (except Wednesday afternoon). Extended hours appointments were offered from 18:30 to 19:00 on Monday, Tuesday and Thursday evenings. Appointments could be booked in advance over the telephone, online or in person. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 79% of patients said they found it easy to get through to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 80% of patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 75% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Sixty-seven percent of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%. People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a 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. For example, information was available in the practice leaflet and the complaints leaflet was accessible via the website.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual

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

concerns and complaints, and action was taken as a result to improve the quality of care. For example, the steps taken

when dealing with a clinical complaint involved reviewing the clinician's notes, discussing the treatment with a specialist, reviewing best practice guidance, and sharing the lessons learnt with other clinical staff.

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. Staff we spoke with knew and understood the values. The practice also had a strategy and supporting business plans which reflected the vision and values and these were regularly monitored by the partners and management team.

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 staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audits were used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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, people affected were given reasonable support, truthful information and a verbal or 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. This included 'daily huddles' for reception staff and the reception and practice manager, weekly clinical meetings, and whole practice meetings every two months. These meetings were minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), practice surveys, the friends and family test (FFT), and complaints received. The PPG was a longstanding group, however due to poor attendance prior to 2015 the practice decided a virtual group may improve engagement. The PPG contributed to practice surveys and submitted proposals for improvements to the practice management team. For example, to provide more information on services available in the waiting room and publicising the online booking facilities. We spoke with two PPG members who told us the practice was engaged in asking for feedback and improvements were made as a result. However, they stated that it would be useful for the group to be formally notified of the changes implemented. Staff told us the practice was looking to develop a newsletter so patients were kept updated.
- Results from the friends and family test showed 98% of patients would recommend the practice.
- The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

Are services well-led?

Good 

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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement within the practice, with all three partners being GP appraisers. The practice team was forward thinking and offered a weekly teledermatology clinic to improve outcomes for patients. Patients could attend the

clinic where staff would take a photograph of the skin lesion and send this along with a referral to a hospital consultant. The practice received a response within 48 hours and the GP would contact the patient with their results. A GP partner, assisted by a medical student, had reviewed the teledermatology service over a three year period and their research paper had been published in a general practice journal. The study found the service to be cost-effective, with appropriate referrals being identified, and offered a high level of patient satisfaction.