

St Peter's Medical Centre

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 St. Peter's Medical Practice on 5 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- Patients said they could make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped 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.

We found two areas where the provider should make improvement:

- The reception area would benefit from a more formal queuing system to encourage only one person at a time to approach the reception desk. This would improve the level of confidentiality.
- The practice should continue to improve their phone system and look at ways of improving this service.

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.

- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were in line with or above average for the locality and 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 multidisciplinary teams 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.
- 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.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 could 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. This included disabled access, a portable hearing loop, baby changing facilities and a private area for breast feeding if required.
- 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.
- The practice operated a successful triage service that patients felt enabled them to have good access to appointments. The practice continued to review this service.

Are services well-led?

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

Good



- 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 this.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- 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 and had a range of enhanced services. These services included a frailty project which identified those at risk of losing their independence, attending accident and emergency or having an unplanned hospital admission. There were care plans in place for these patients and their records were flagged to ensure all staff were aware of their complex care needs.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was involved in piloting an electronic care plan for older patients which was accessible to the wider healthcare team including the integrated primary care team and the local ambulance service.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were similar to the national average. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 75% compared with a national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 85% compared with a national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 80% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months, which was better than the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG average of 80% and the 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 had recently implemented a new service for children and young people aimed at identifying families who would benefit from educational sessions on managing acute illness. The initial educational sessions are planned for spring 2016.
- The practice ran a young persons' sexual health drop-in clinic on Monday afternoons offering advice and signposting patients to local services.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients were able to book telephone appointments online one week in advance and to opt for text message reminders with the option to cancel an appointment if required.

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.

Good



- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- Staff received training in caring for the traveller community which included a talk on travellers, their culture and health inequalities given by a member of the local traveller community.
- Homeless patients were referred to the local specialist practice in line with a local protocol.
- The practice offered an annual review and longer appointments for patients with a learning disability.
- Letters to patients with a learning disability had been specially formatted to aid visual understanding.
- Patients who were at risk of losing their independence and those of increased vulnerability were reviewed regularly by a multidisciplinary team including a specialist pharmacist.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- There was a mental health lead GP within the practice who worked closely with multi-disciplinary teams in the case management of vulnerable patients.
- A primary care mental health nurse attended patients' annual health reviews. The nurse proactively encouraged patients to attend reviews which improved uptake.
- The practice reported an increasing number of patients with mental health problems being referred from other local practices due to the expertise offered by the practice mental health lead GP.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- 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.
- Case meetings were held within the practice to discuss any recent suicides and learning and action points were established to ensure that patients felt fully supported at times of crisis.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had sign-posted patients experiencing poor mental health to various support groups, and they were proactive in helping patients address issues such as alcohol consumption and smoking to improve all aspects of their health.
- 94% of patients with schizophrenia, bipolar effective disorder and other psychoses had a comprehensive care plan in the preceding 12 months which is higher than the national average of 88%.
- 84% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is in line with the national average of 84%.

Summary of findings

What people who use the service say

The national GP patient survey results were collected between April 2014 and March 2015 and published on 2 July 2015. 356 survey forms were distributed and 111 were returned. This represented 1% of the practice'

- 63% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 76% and a national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88% and national average 85%).
- 84% of patients described the overall experience of their GP practice as good (CCG average 85% and national average 85%).
- 87% of patients said they would recommend their GP practice to someone who has just moved to the local area (CCG average 78% and national average 78%).

The results showed the practice was performing in line with local and national averages with the exception of phone access to the practice. In October 2015 a new appointment system was implemented and the effects of this have yet to be analysed.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards all of which were positive about the standard of care received and staff helpfulness and attitude. There were mixed opinions about the recently implemented appointments system; two people considered it to be an excellent service while another person did not find the call back system very convenient.

We also spoke with four patients on the day of inspection. Patients commented positively about staff saying that they were friendly, polite and caring. Patients also said they could get appointments that suited them and were happy with the care and treatment that they received.

We reviewed the latest results from the friends and family test in November 2015, which received 70 responses. This showed that 90% of respondents would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

We found two areas where the provider should make improvement:

- The reception area would benefit from a more formal queuing system to encourage only one person at a time to approach the reception desk. This would improve the level of confidentiality.
- The practice should continue to improve their phone system and look at ways of improving this service.

St Peter's Medical 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 a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

Background to St Peter's Medical Centre

St. Peter's Medical Centre is located on Oxford Street in Brighton, East Sussex. The practice provides services for approximately 11,143 patients living within the Brighton area. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England. A GMS contract is one between GPs, NHS England and the practice where elements of the contract such as opening times are standard. The practice patient population is higher than the national average amongst the 65-75 year age group. Deprivation amongst children and older people is high compared to the national averages. Life expectancy for men and women is similar to the national averages. The practice has more patients with long standing health conditions and health related problems affecting their daily lives than the national average, which could mean an increased demand for GP services.

As well as a team of four GP partners and three salaried GPs (three male and four female) offering 35 sessions per week, the practice also employs an Advanced Nurse Practitioner partner, a salaried Advanced Nurse Practitioner, three Practice Nurses and a Health Care Assistant. A Practice Manager and a Business Manager are employed and supported by receptionists and administrative clerks.

The Advanced Nurse Practitioner (ANP) and ANP Partner are both community practice teachers who provide mentorship and training for both graduate and post graduate nurses in primary care.

The practice is open between 8:30am and 6pm on weekdays. GP and nurse appointments are available between 8:30am and 1pm and 2pm to 5:30pm. Extended opening is available on Tuesday evenings until 8pm and on Saturdays from 9am until 1pm.

The practice operates a shared extended hours service alongside other local practices from 8am until 8pm from Monday to Friday and from 8am until 2pm on Saturdays. Patients are provided information on how to access services outside of these hours on the practice website.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease; maternity and midwifery services; family planning, and surgical procedures. Sexual health services are provided from this site both for people registered at the practice and for others living in the local area.

The practice provides sexual health services/training. The practice provides a dedicated family planning clinic until 9.00 pm every Tuesday for both registered and non-registered patients. This was timed to increase accessibility for both working women and mothers with childcare issues. The practice accepts referrals from other practices. The practice also accepts referrals for women who need an emergency intrauterine device (IUD) fitted within a certain time frame when the community contraception clinic do not have capacity. The practice provides training for GPs across the city for the Faculty of Sexual and Reproductive Healthcare (FSRH). This includes general contraceptive care training (Diploma in FSRH) and training to fit coils and implants (LoC IUT and LoC SDI).

Detailed findings

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 5 February 2016. During our visit we spoke with a range of staff including the Practice Manager and Business Manager, GPs, nurses, and reception/administrative staff. We also spoke with patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their

views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

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 business manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events and outcomes were discussed in the weekly staff meetings.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. We saw a range of incidents recorded that included those relating to clinical and administrative incidents and near misses. Learning outcomes were clearly recorded and shared with the relevant staff and there was evidence that the practice had learned from these events. For example, the practice had identified a potential breach of confidentiality when patient identifiable information was accidentally disposed of in the recycling waste instead of the confidential waste. The waste disposal processes were reviewed and as a consequence staff no longer wrote patient identifiable information on note paper and relied on electronic systems to share this type of information.

When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and there was also a flow chart in each room providing child and adult safeguarding action plans. The lead member of staff for safeguarding of both vulnerable adults and children was the Advanced Nurse Practitioner partner. The clinical team 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 relevant to their role. The safeguarding lead and all GPs were trained in safeguarding for adults and children (level 3). Other staff were trained to at least safeguarding level one.

- Notices placed in the waiting room and 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 criminal records check via the 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 and we observed the premises to be clean and tidy. The Advanced Nurse Practitioner 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 policy in place and staff received annual training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There was a clear schedule in place for cleaning clinical equipment and staff also performed unscheduled checks all of which were recorded. Infection prevention control guidance was displayed in relation to effective hand washing techniques and staff had been advised regarding the use of spillage kits.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice did not hold any controlled medicines on site. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Online repeat prescription requests were available for patient convenience. Prescription pads were securely stored and there were systems in place to monitor their use. Prescription pads used by GPs on home visits were tracked and locked away on the GPs return. Patient Group Directions had been adopted by the practice to

Are services safe?

allow nurses to administer medicines in line with legislation and these were signed and dated by a GP. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a GP or nurse was on the premises.

- The practice had a recruitment policy that set out the standards required when recruiting clinical and non-clinical staff. We reviewed five 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.

There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and a fire evacuation drill was carried out every six months. The fire alarm system was maintained by an outside agency that carried out weekly fire alarm testing. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were on duty. Staff told us there were usually enough people on duty to maintain the smooth running of the practice and there were always enough staff to keep patients safe. Where locums were used we saw evidence that appropriate recruitment checks had been completed prior to their use.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks and the location of this equipment was clearly signposted for prompt access in an emergency. 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan 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.
- 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 95% of the total number of points available, with 11% exception reporting. This was 0.4% above the CCG exception reporting and 1.4% below the national average. (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 an outlier for patients with hypertension having regular blood tests. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the national average. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 75% compared to a national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 85% compared with a national average of 88%.
- Performance for mental health related indicators was better than or similar to the national average. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the

last 12 months compared with a national average of 88% and of those patients 73% were receiving intervention for their diagnosis compared with 77% nationally.

- The percentage of patients with hypertension having regular blood pressure tests was 71% which was below the national average of 80%.

Clinical audits demonstrated quality improvement.

- There had been 15 clinical audits conducted between April 2014 and December 2015, all of these were completed audits where the improvements made were implemented and monitored. For example, there was an audit of patients who required a pre-medication echocardiogram (an echocardiogram is a scan that looks at the heart), before they were prescribed a certain medicine, in order to rule out a cardiac condition for which there was a contraindication. The practice reviewed records of these patients and found a low percentage of compliance. Clinicians were reminded of the need for an echocardiogram for this patient group and a second cycle of audit took place the following year with results of 83% compliance. To improve services further the practice had requested an electronic reminder to be linked to the records these patients.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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 such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke with a recently recruited staff member who felt the induction programme had been comprehensive and found the opportunity to shadow clinical and non-clinical colleagues beneficial.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those 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

Are services effective?

(for example, treatment is effective)

vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The GPs and nurses we spoke to told us they felt encouraged to take responsibility for their own learning and share knowledge with others in the practice. The Advanced Nurse Practitioner partner had an expertise in sexual health and family planning and delivered training to nursing colleagues in house, to other GP practices and in the community. The nursing team told us that they had improved their level of knowledge in this area of nursing which increased the level of competence delivered to patients.

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. Information such as NHS patient information leaflets, were also available.
- The practice shared relevant information with other services in a timely way; for example, when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice attended multi-disciplinary team meetings regularly; this included a monthly palliative care meeting and attendance to a proactive care meeting every eight weeks (Proactive care is a team consisting of representatives of community agencies). We saw evidence of the minutes for both of these meetings and that care plans were routinely reviewed and updated.

Case meetings were held within the practice to discuss any recent suicides and learning and action points were established. Staff felt that this improved the support given to patients at times of crisis.

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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits. We also saw examples of the forms that patients were asked to sign, such as; prior to a procedure to insert or remove a contraceptive implant.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, patients suffering poor mental health, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- We saw evidence that the practice had identified patients who may be in need of extra support on separate lists that were recorded on the practice

Are services effective?

(for example, treatment is effective)

computer system in an easily accessible location. This included carers (258), patients suffering poor mental health (212), those with learning disabilities (86) and patients over the age of 75 (556). These were used to alert reception to provide appropriate and prompt appointments, and by clinical staff to inform care planning and referrals to relevant services/support.

- The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG average of 80% and the national average of 82%. There was a policy to send text messages and letter reminders for patients who did not attend their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The percentage of people aged 65 and older who had received a seasonal flu vaccine was 65% which was below the national average of 73%.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 74% and for five year olds from 68% to 72%. Comparable CCG and national figures were unavailable.

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

The practice ran a young persons' sexual health drop-in clinic on Monday afternoon's offering advice and signposting patients to local services which meant the local student population were able to access guidance and support at a time when this population group had recently left the family home and were becoming used to being independent.

The practice provided a training placement for a Psychosexual and Relationship Therapy Trainee. This was an innovative training placement in primary care locally. The practice facilitated this placement by providing free of charge a location, a referral process and a source of clients for therapy from their patient base. The therapist accepted referrals for therapy for some patients with sex and relationship problems for whom there is no other local NHS provision.

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.
- The reception area was particularly busy and patients did not appear to be observing a formal queueing system. We observed several patients standing at the reception desk at one time meaning conversations could be overheard. However, there was a notice on the reception desk offering patients a private area if they wanted to discuss sensitive issues or appeared distressed and we observed patients making regular use of this. The size of this area was not designed for such a busy practice and there had been some attempt to resolve this by arranging seating facing away from reception to aid confidentiality. The practice said they were considering playing music to deflect attention from conversations. The reception area would benefit from a more formal queueing system with clear instructions on where patients should stand to queue. This would improve the level of confidentiality for patients at the reception desk.

All of the 11 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 observed particularly compassionate care from the reception staff; for example an elderly patient who arrived early for her appointment was settled into a seat and given a drink while she waited.

We spoke with two members of the patient participation group (PPG). They also told us they were happy with the care provided by the practice and said their dignity and privacy was respected. The PPG told us they feel valued and included in development of practice. For example, the

PPG were involved in organising a talk about new approaches to mental health for patients at the practice. The practice had a dedicated PPG notice board which was regularly updated by members.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was around average for its satisfaction scores on consultations with GPs but lower than average for its satisfaction score relating to consultations with nurses. The satisfaction scores relating to the helpfulness of the receptionists at the practice were higher than average. For example:

- 90% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 89%.
- 84% of patients said the GP gave them enough time (CCG average 84% and national average 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG average 95% and national average 95%).
- 89% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 84% and national average 85%).
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91% and national average 90%).
- 93% of patients said they found the receptionists at the practice helpful (CCG average 89% and national average 88%).

The nursing team reflected that during this time they were experiencing a higher than usual turnover of the nursing team which could account for the poorer scores. This staffing issue was resolved.

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 on the comment cards we received was also positive and aligned with these views.

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

Are services caring?

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 85% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 80% and national average 81%).
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84% and national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

Notices and leaflets in the patient waiting room told patients how to access a number of support groups and organisations specific to the needs of the population. For example there was information about local support groups to promote the health and wellbeing of young people available to patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice maintained a list of 258 carers which represents just over 2% 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, a GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice regularly 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.

- Home visits were available for older patients and patients who had difficulty attending the practice.
- The practice was on two floors and although there was no lift, patients who had difficulty in using the stairs were offered appointments on the ground floor.
- There were disabled facilities, baby changing facilities, a portable hearing loop and translation services available. Patients in the waiting room were alerted to their appointment audibly by the clinician calling them in person from the waiting room.
- A notice in the waiting room welcomed breast feeding and offered privacy to breastfeeding mothers on request.

Access to the service

The practice was open between 8:30am and 1pm for morning appointments and 2pm until 6:30pm for afternoon appointments from Monday to Friday. The practice offered extended appointments every Tuesday from 6:30pm until 8pm and on Saturdays from 9am until 1pm for patients and their carers who could not attend during normal opening hours. There had been a recent review of the appointments system and changes were made in response to patient feedback. Under the new system patients who called the practice requesting a same day appointment were triaged by a GP later that day, and then asked to attend the practice if necessary. Patients felt that this was more convenient as they only attended the practice if necessary and they were able to speak to a GP the same day. Face to face appointments were available according to clinical need and patient preference. The review of the appointments system was ongoing and patients were asked for feedback by text message.

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

- 76% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 75%.
- 63% of patients said they could get through easily to the practice by phone (CCG average 76% and national average 73%).
- 83% of patients said the practice is open at times that are convenient (CCG average 72% and national average 74%).

Listening and learning from concerns and complaints

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

- The complaint 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 up to date information was available to help patients understand the complaints system on the practice notice boards and on the website. However a complaints information leaflet we were given at reception had out of date information relating to the complaints procedure. This was quickly rectified by the practice and up to date information made available.

We looked at the complaints received in the last 12 months and found they were investigated in detail with transparency and openness. The practice held regular meetings where complaints were discussed to ensure lessons could be learnt, and action was taken as a result to improve the quality of care. For example, a complaint was received from a patient who felt their confidentiality had been breached through the level of information included on a medical report. The practice held a full review of the protocol for sending medical reports to third party agencies and as a result implemented a standard pro-forma to be completed for each request with the relevant level of information included. A full apology was given to the patient along with an explanation of the changes that had been made to the protocol.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas. Staff told us this could be accessed electronically.
- Details of the practice aims and objectives were included in the practice statement of purpose. These included providing a service that incorporates patients' suggestions and maintaining a high quality of care through continuous learning.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

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. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held monthly team meetings which everyone was encouraged to attend.
- Staff told us the culture within the practice was particularly open. They were encouraged to raise any issues at team meetings by adding agenda items to a notice displayed in the office and felt confident and supported in doing so.
- Staff told us they felt well supported in their roles and reflected that although the practice had experienced a recent shortage of clinicians, strong leadership helped them to cope with the effects of this.
- Team away days were held regularly and staff were looking forward to a team building weekend in France. Staff told us that spending time with colleagues away from the workplace helped them to bond as a team and to feel 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. The practice 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 through surveys and complaints received. There was an active PPG which met every six weeks and carried out patient surveys and submitted proposals for improvements to the practice management team. For example; a private area away from the reception area was made available for patients experiencing distress or for those with sensitive matters to discuss following a suggestion from the PPG.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The lead GP was also the lead for the Clinical Commissioning Group which increased the practice involvement in local pilot schemes to improve outcomes for patients in the area.

The Advanced Nurse Practitioner (ANP) was a partner at the practice and staff felt this increased the overall value of the nursing team's involvement in patient care. For example, the role of safeguarding lead is often the responsibility of a GP whereas this role was well managed by the ANP partner.