Kings Road 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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

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 9.00am on 15 September 2015. Overall the practice is rated as outstanding.

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

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice had teamed up with a social enterprise to tackle immediate health and social issues affecting Muslim communities such as mental health.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- 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.
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place,

Summary of findings

was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

We saw several areas of outstanding practice including:

- The practice had a daily 'frontline' GP who provided both telephone / email consultations, urgent prescriptions and a triage service. The practice said this provided expert care at the point of contact. This had reduced the need for patients to have an appointment with a GP.
- The chief executive sent all staff a weekly 'staff matters' bulletin by email. This provided them with any information about the practice including clinical updates, staffing matters, training opportunities and any changes within the practice group.
- The provider had developed two training packages. One for clinicians, which entailed fortnightly consultant-led training for GPs via webinars in a collaborative learning environment designed to enhance clinical knowledge and delivering excellent patient services and another for receptionists training as Healthcare Assistants (HCAs). The training was used by other local practices.
- The practice had maximised their Quality and Outcomes Framework (QOF) performance over the previous six years and flu vaccination rates for over 65s and at risk groups were consistently above the Clinical Commissioning Group (CCG) for the previous five years.
- The practice had teamed up with a social enterprise to tackle immediate health and social issues affecting Muslim communities such as mental health. They had co-produced a short film with patients, clinicians and faith groups called "Talking from the heart" exploring mental health diagnosis and therapy by combining medical and faith advice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Although data showed that patients rated the practice lower than others for several aspects of care, action plans were in place to address this. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent

Summary of findings

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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding ☆

The practice is rated as outstanding for being well-led. It had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. High standards were promoted and owned by all practice staff and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice carried out proactive succession planning. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice gathered feedback from patients using new technology, and it had a very active patient participation group (PPG) which influenced practice development.

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

Outstanding ☆

The practice is rated as outstanding for the care of older people. Nationally reported data showed that outcomes for patients were above average for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

A Primary Care Navigator was based at the practice three days a week, to support older patients and their carers to access timely care and community support. Their role included befriending, attending patients' homes, liaising with social services and acting as advocates.

Flu vaccination rates for over 65s and at risk groups were consistently above the Clinical Commissioning Group (CCG) average for the previous five years.

People with long term conditions

Outstanding ☆

The practice is rated as outstanding for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Working with a local charity the practice provided the Expert Patients Programme (EPP) (a self-management programme for people living with a long-term condition with an aim to support people by increasing their confidence, improving their quality of life and helping them manage their condition more effectively).

The practice had maximised their Quality and Outcomes Framework (QOF) performance over the previous six years for chronic disease indicators.

Families, children and young people

Outstanding ☆

The practice is rated as outstanding for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who

were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

The practice held a monthly Paediatric Hub Clinic in partnership with consultant paediatricians from the local hospital. The clinic had proved successful in reducing the number of referrals to secondary care and had allowed patients to see a consultant quickly within the community.

Working age people (including those recently retired and students)

Outstanding ☆

The practice is rated as outstanding for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The practice had a daily 'frontline' GP who was based behind the reception desk and provided both telephone / email consultations, urgent prescriptions and a triage service. The practice said this provided expert care at the point of contact. This had reduced the need for patients to have an appointment with a GP. This service was particularly useful for working age people.

People whose circumstances may make them vulnerable

Outstanding ☆

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 87% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice had a register of patients with no fixed abode and those who were victims of domestic violence. The practice proactively contacted patients on the register for health checks and to identify any additional needs. Patients with no fixed abode were offered free health checks.

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People experiencing poor mental health (including people with dementia)

Outstanding

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). Out of 125 patients on the mental health register 90% had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

The practice had teamed up with a local charity to tackle immediate health and social issues affecting Muslim communities such as mental health. They had co-produced a short film with patients, clinicians and faith groups called “Talking from the heart” exploring mental health diagnosis and therapy by combining medical and faith advice.

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What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in line with local and national averages. There were 54 responses and a response rate of 11.7%.

- 84.2% find it easy to get through to this surgery by phone compared with a CCG average of 85.3% and a national average of 74.4%.
- 72.2% find the receptionists at this surgery helpful compared with a CCG average of 85.8% and a national average of 86.9%.
- 58.6% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 65.3% and a national average of 60.5%.
- 81.2% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86.9% and a national average of 85.4%.
- 94% say the last appointment they got was convenient compared with a CCG average of 90.8% and a national average of 91.8%.
- 76.3% describe their experience of making an appointment as good compared with a CCG average of 79.5% and a national average of 73.8%.
- 52.5% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65.1% and a national average of 65.2%.
- 41.4% feel they don't normally have to wait too long to be seen compared with a CCG average of 58.5% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards which were all positive about the standard of care received. Patients said the staff and services provided were excellent.

Kings Road 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 advisor and a practice manager specialist advisor.

Background to Kings Road Medical Centre

Kings Road Medical Centre is located at Worlds End Health Centre, 529 Kings Road, London, SW10 0UD. The practice is part of AT Medics Limited (the provider) which has 25 GP practices and one walk-in centre across London. The practice provides primary medical services through a Personal Medical Services (PMS) contract to approximately 10,700 patients in the London borough of Kensington and Chelsea. (PMS is one of the three contracting routes that have been made available to enable commissioning of primary medical services). The practice is part of the NHS West London Clinical Commissioning Group (CCG) which comprises 51 GP practices. Information from Public Health England shows the practice has a much higher than England average of patients aged between 20 and 39 years. The practice has a lower than England average for patients over 40 years of age and younger patients under 19 years of age. Life expectancy is 81 years for males and 85 years for females which is above the national average. The local area is the fourth more deprived in the West London CCG. The practice team consists of six salaried GPs (three male and three female), three practice nurses, two health care assistants, a practice management team and a large team of reception / administration staff. The GP medical director of AT Medics also works at the practice.

The practice runs a range of clinics / services including anticoagulation clinics, asthma and COPD clinics, baby clinics, child health and development, dressings, drug and alcohol services, contraception, phlebotomy, minor surgery, counselling and smoking cessation services, child and travel vaccinations.

The practice is an approved training practice for GP trainees and nurses.

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 and surgical procedures.

The practices' opening hours are 08:00hrs and 21:00hrs Monday to Thursday, 08:00hrs to 18:30hrs Fridays and 09:00hrs to 12:00hrs Saturdays and Sundays. The practice does not close for lunch.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service.

How we carried out this inspection

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

Detailed findings

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 September 2015. During our visit we spoke with a range of staff including five GPs, two nurses, health care assistant, the management team, primary care navigator and spoke with four patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one significant event involved a document scanned into the wrong patients notes. Action was taken to rectify the error and staff provided with additional training. The incident was discussed during an administration meeting to share learning. Significant events were also cascaded up to the corporate team and analysed. For example, it was noted that across all the AT Medics practices there were three significant events involving two week wait referrals. This triggered a review of the whole process which was revised, improved and disseminated. The new process included a built-in on-going audit review process as its main safety feature.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The lead GP had received safeguarding training to Level 3.
- A notice was displayed in the waiting room, advising 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 check (DBS) (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Appropriate recruitment checks had been undertaken on all staff 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.

- 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 that enough staff were on duty including cover for annual leave and sickness.

Arrangements to deal with 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. Emergency scenarios were practised regularly at staff meetings. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records carried out by the clinical director. We saw the practice had weekly clinical meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed.

Management, monitoring and improving outcomes for people

All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued.

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice had achieved maximum QOF points for the previous six years. The QOF exception rate for 2014/15 was 15.8%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been a range of clinical audits completed in the previous 12 months and these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, one GP had audited the prescribing of metformin in diabetic patients with chronic kidney disease in line with NICE guidelines (CKD is common and can be found in up to 23% of patients with diabetes). The audit identified 16 out of 195 patients who required a review. A re-audit two months later showed 100% compliance with NICE guidance.

The practice also carried out monthly audits on antibiotic prescribing, non-steroidal anti-inflammatory drugs (NSAIDs) prescribing and referrals to secondary care. We saw that individual GPs performance in these areas were compared and discussed. Data showed that the practice was meeting and exceeding the targets set by the CCG in these areas.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as COPD and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP prescribed medicines. We were shown evidence to confirm that following the receipt of an alert the GPs had reviewed the use of the medicine in question and where they continued to prescribe it, recorded the reason why they decided this was necessary. The evidence we saw confirmed that all clinicians had a good understanding of best treatment for each patient's needs.

The team made use of clinical audit tools and clinical meetings to improve performance. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved at their weekly clinical meetings. Staff spoke positively about the culture in the practice around audit and quality improvement.

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice also attended a monthly benchmarking group run by the CCG. Performance data from the practice was evaluated and compared favourably to similar surgeries in the area. For example, the practice was in the top threshold for all the quality antibiotic prescribing indicators when compared to other local surgeries and referral rates to secondary care were much lower as compared to others in the CCG.

Good

Are services effective?

(for example, treatment is effective)

Accident and emergency admission rates were in line with CCG targets and the practice was working towards reducing these further.

Effective staffing

The practice staff team included medical, nursing, managerial and administrators. Staff had the skills, knowledge and experience to deliver effective care and treatment. We reviewed staff training records and saw that all staff had an induction programme which covered a wide range of topics such as health and safety, infection control, safeguarding and fire safety. Staff also had to complete regular mandatory courses such as annual basic life support and defibrillator training. The practice manager kept a training matrix and was therefore aware of when staff needed to complete refresher training in these topics. Staff also had access to additional training to ensure they had the knowledge and skills required to carry out their roles. For example, reception staff told us they had received information technology, conflict resolution and customer service training.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support, for example we saw all GPs have an annual appraisal with the clinical director where they reviewed consultations, referrals, prescribing and career aspirations.

All staff had an appraisal within the last 12 months, had monthly one-to-one meetings and had access to coaching and mentoring. GPs told us they were supported to achieve their revalidation.

Staff files we reviewed showed that where poor performance had been identified appropriate action had been taken to manage this.

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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw they were participating in the Whole Systems Integrated Care (WSIC) pilot and as such worked closely with integrated care teams coordinated by the CCG. These teams combined all aspects of health and social care and included GP's, social services and local charities, such as Age Concern. GPs told us this had improved communication and sharing of relevant information and had reduced duplication and confusion for patients, carers and staff. All patients had care plans which they had been involved in drafting. They included information about how to manage their conditions. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Multi-disciplinary team working included social workers, mental health workers, community nurses pharmacists and paediatricians.

The practice manager carried out ad hoc audits to assess the completeness of these records and that action had been taken to address any shortcomings identified, for example where care plans had not been updated following reviews.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the

Good

Are services effective?

(for example, treatment is effective)

last twelve months of their lives, carers, 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. Smoking cessation advice was available from the nurses and health care assistants. The practice had a register of patients with a learning disability and 87% of patients on the register had received an annual health check in the previous twelve months.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national averages of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with or above the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 93% and five year olds from 57% to 91%. Flu vaccination rates for the over 65s were above the CCG average for the previous five years and above the national average for three of the previous five years (Currently 76% compared to the CCG average of 71% and national average of 73%). Flu vaccination rates for at risk groups were also above both CCG and national averages for the previous five years (Currently 59% compared to the CCG average of 51% and national average of 53%).

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. Out of 400 patients identified for a health check, 83% had received one. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the ten patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were treated with compassion, dignity and respect. However, the practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 75% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 83% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 72% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

The results from the national GP patient survey did not align with feedback we received on the day of our inspection where patients said they were satisfied with consultations with doctors and nurses. Also the practices' in house survey of approximately 175 patients carried out in conjunction with the Patient Participation Group (PPG) was more positive in relation to these questions.

The practice had discussed the results of the national GP survey in a quality improvement meeting and agreed actions to improve performance. For example, by offering longer appointments to fully address patients' needs and customer service training for receptionists.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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.

However, results from the national GP patient survey we reviewed showed the practice scored below average in relation to patient feedback about their involvement in planning and making decisions about their care and treatment. For example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 53% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

The practice had discussed the results of the national GP survey in a quality improvement meeting and agreed actions to improve performance. For example, by developing more care plans for patients and involving patients in the process.

Good

Are services caring?

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

The practice participated in a carers initiative which involved working with a Carers support charity to identify carers and provide them with the support they needed. There was a practice register of carers and 40 had been identified and invited for annual health checks. At the time of our inspection 18 carers had received health checks which included a quality of life assessment to assess what support they needed. Sixteen had been referred to a local carers charity. Carers were also offered free flu vaccinations regardless of age. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice also held open days for carers to raise awareness.

Staff told us that if families had suffered bereavement, their usual 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.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The practice attended a monthly locality meeting with the Clinical Commissioning Group (CCG) and other practices to discuss local needs and plan service improvements that needed to be prioritised.

Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours to 21:00hrs Monday to Thursday and on Saturdays and Sundays to 12:00hrs for working patients who could not attend during normal opening hours.
- The practice offered a walk-in service between 18:00hrs and 19:00hrs Monday to Thursday and Saturday mornings for all patients who needed to be seen urgently without an appointment.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- There were disabled facilities and translation services available.
- The practice had a register of patients with no fixed abode and those who were victims of domestic violence. The practice proactively contacted patients on the register for health checks and to identify any additional needs. Patients with no fixed abode were offered free health checks.
- The practice had a shared care arrangement with the local provider and provided onsite substance misuse counselling.
- The practice supported out of area registrations which allowed patients who had moved away for university or work to remain on the patient list. Additionally those that worked locally but lived elsewhere could register with the practice.
- A range of online services including access to appointments, email consultations, messaging clinicians, medical records, medication requests and registration. The practice had been recognised by NHS England for the promotion of online services.
- A Primary Care Navigator was based at the practice three days a week, to support older patients and their carers to access timely care and community support. Their role included befriending, attending patients' homes, liaising with social services and acting as advocates.
- The practice had a daily 'frontline' GP who provided both telephone / email consultations, urgent prescriptions and a triage service. The practice said this provided expert care at the point of contact. This had reduced the need for patients to have an appointment with a GP.
- The practice held a monthly Paediatric Hub Clinic in partnership with consultant paediatricians from the local hospital. The clinic had proved successful in reducing the number of referrals to secondary care and had allowed patients to see a consultant quickly within the community.
- Working with a local charity the practice provided the Expert Patients Programme (EPP) (a self-management programme for people living with a long-term condition with an aim to support people by increasing their confidence, improving their quality of life and helping them manage their condition more effectively).
- Close working with community diabetic, respiratory and heart failure teams to manage patients with a long-term condition.
- The practice had teamed up with a local charity to tackle immediate health and social issues affecting Muslim communities such as mental health. They had co-produced a short film with patients, clinicians and faith groups called "Talking from the heart" exploring mental health diagnosis and therapy by combining medical and faith advice.

Access to the service

The practice was open between 08:00hrs and 21:00hrs Monday to Thursday, 08:00hrs to 18:30hrs Fridays and 09:00hrs to 12:00hrs Saturdays and Sundays. A walk-in service was available Monday to Thursday 18:00hrs to 19:00hrs and on Saturdays 09:00hrs to 12:00hrs. Appointments were available throughout the opening hours and were bookable by telephone, in person or

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

online. Other online services included test results and repeat prescriptions. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them. Routine appointments were available within three days of request. The practice also offered email and telephone consultations with a designated GP daily.

There were triage protocols for reception staff to follow including test results, repeat prescriptions and sick notes.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%.
- 84% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 74%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 74%.
- 53% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.
- Feedback from patients we spoke with during our inspection and the results of the practices' in house survey were more positive in this regard.

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 which included a complaints leaflet at reception. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 13 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.

Complaints were discussed at staff meetings and staff informed of any changes to procedures as a result by email and by the practices' weekly news bulletin. There was also a formal review of complaints annually.

Are services well-led?

Outstanding ☆

(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. Details of the vision and practice values were part of the practice's annual business plan published on their website and displayed throughout the practice. The practice vision and values was to provide world class accessible healthcare through innovative solutions and by investing in staff through structured coaching, leadership and training.

We spoke with ten members of staff and they all knew and understood the vision and values.

Governance arrangements

There was a clear leadership structure with named members of staff in lead roles. Clinical staff reported a clinical director and non-clinical staff were managed by an operations director. We spoke with ten members of staff and they were all clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Staff had to read the key policies such as safeguarding, health and safety and infection control as part of their induction. All 12 policies and procedures we looked at had been reviewed annually and were up to date.

The practice held monthly board meetings and bi-weekly directors and senior managers meetings which were attended by all senior staff and practice managers. We looked at minutes from these meetings and found that performance, quality, training and accounts had been discussed.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing above national standards. They had scored maximum QOF points for the previous six years. The clinical director was the lead for the different areas of the QOF and we saw an action plan had been produced to maintain outcomes. We saw QOF data was regularly reviewed and discussed at the practices monthly meetings.

The practice took part in a peer reviewing system with neighbouring GP practices in the local CCG. We looked at meeting minutes and saw that they met quarterly and discussed topics such as A&E attendances, referral pathways and inappropriate referrals to secondary care. It was also an opportunity for practices to work together to develop services focused on the needs of the local population for example integrated care.

There was a programme of continuous clinical and internal audit used to monitor quality and to make improvements. We found robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, all patients deemed vulnerable had risk assessments in their records. We saw that a patient's risk matrix was regularly discussed at practice meetings and updated in a timely way.

Leadership, openness and transparency

The directors of 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 directors were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. They encouraged a culture of openness and honesty.

We saw from minutes that practice meetings were held monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. They felt they worked well together and that they were a highly functional team which listened and learnt, and were aware of their areas for improvement, such as the need to reduce unplanned accident and emergency attendances.

We also noted that practice dinners were held for the whole team several times a year as well as charity football matches. Staff said they felt respected, valued and supported, particularly by the directors in the practice. All staff were involved in discussions about how to run and develop the practice, and the directors encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice managers were responsible for human resource policies and procedures. We reviewed a number of policies, for example, the recruitment and qualification

Are services well-led?

Outstanding ☆

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

checking procedure. We were shown the staff handbook which was available to all staff. This included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

We found the leadership promoted a culture of learning and quality improvement and saw clear evidence of integrated care at the practice. For example, working with the Age UK care coordinator and the local health watch representative.

The chief executive sent all staff a weekly 'staff matters' bulletin by email. This provided them with any information about the practice including clinical updates, staffing matters, training opportunities, and any changes within the practice group. For example, one issue we looked at gave details of a NICE guidelines update for prescribing anticoagulants instead of aspirin for stroke prevention. It also contained information about new immunisation programmes to be offered to patients.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met quarterly and was attended by the practice Director of Patient Engagement, involvement and community participation. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the emergency appointment system had been improved and telephone consultations introduced as a consequence of PPG feedback.

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

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of a number of local pilot schemes to improve outcomes for patients in the area. For example, they had teamed up with a local charity to deliver a range of health projects in the local community.

They were also a training practice both for GPs and nurses. At the time of our inspection the practice employed one trainee GP on a six month placement. The provider AT Medics had developed two training packages, one for clinicians, which entailed fortnightly consultant-led training for GPs via webinars in a collaborative learning environment, which were designed to enhance clinical knowledge and delivering excellent patient services. The other training package was for receptionists training to be Healthcare Assistants (HCAs). Staff were given protected time for training which did not impact on their remuneration. At the time of our inspection the practice had three HCAs all of whom had started working at the practice as receptionists. One HCA we interviewed was being encouraged by the management team to apply for medical school. The practice manager had also started at the practice as a receptionist and had progressed to their current role through in-house training and external courses provided by AT Medics.

The practice had been awarded the Quality Practice Award from the Royal College of General Practitioners which recognises practice teams who have demonstrated both clinical and organisational excellent practice in the delivery of primary care. They were also awarded the Investors In People award.