

Brompton 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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

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 Brompton Medical Centre on 20 August 2015. Overall the practice is rated as requires improvement.

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 their responsibilities to raise concerns, however significant events were not routinely recorded and learning from incidents was not widely communicated with staff.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but there was no process in place for the review of policies and assurance staff had read, understood and complied with these policies.
- The practice proactively sought feedback from patients which it acted on.

The areas where the provider must make improvements are:

- Develop a programme of continuous clinical and internal audit to monitor quality and make improvements.
- Ensure all significant events are routinely recorded and learning is communicated with staff.
- Ensure care plans developed are comprehensive and are routinely reviewed to meet patients needs.

Summary of findings

The areas where the provider should make improvements are:

- Ensure emergency medicines and equipment is easily accessible to staff in the event of an emergency.
- Ensure information on how to complain is available for patients and easy to understand.
- Ensure all staff receive regular appraisals.
- Put systems in place for the review of policies and the assurance staff have read, understood and comply with these policies.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements.

Staff were aware of their responsibilities to raise concerns and there was a system in place for the reporting of significant events, however we found these were not routinely recorded and learning was not communicated formally with staff. National patient safety alerts and other safety guidance were disseminated within the practice however there was no system to record that these had been appropriately dealt with and discussed within the clinical team.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Emergency medicines were stored in a locked cupboard which posed a risk to the response rate in the event of an emergency.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Data showed patient outcomes were low for the locality. There were no formal systems in place ensure clinical staff were kept up to date with clinical guidelines and that these were followed. There was no programme of continuous clinical and internal audit used to monitor quality and make improvements. Care plans were not consistently reviewed and altered on a regular basis and did not contain adequate plans for patients in the event of a medical emergency. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work Staff worked with multidisciplinary teams.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Data showed that patients were generally satisfied with the care they received. 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. However, information for patients about how to complain was not advertised on the practice website or in the waiting area of the practice. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as requires improvement for being well-led.

It had a vision and a strategy and staff were aware of this and their responsibilities in relation to it. There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients and had an active patient participation group (PPG).

The practice had a number of policies and procedures to govern activity, but there was no system in place to review these and no assurance staff had read, understood and complied with the policies. All staff had received inductions but not all staff had received regular performance reviews or appraisals. There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements and no completed audit cycles. The practice did not have robust systems in place to monitor and manage risk. Significant events were not routinely recorded and learning from incidents was not communicated with staff.

Requires improvement



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 provider was rated as requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

Patients over 75 years had access to a named GP. Longer appointments and home visits were available for older people when needed. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. Older patients received a multi-disciplinary team approach to their care and received targeted vaccinations.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of people with long term conditions.

GPs 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. However, not all these patients had a personalised care plan or received a structured annual review to check that their health and care needs were being met. For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement 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

Requires improvement



Summary of findings

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.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement 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.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

Requires improvement



Summary of findings

Eighty-five percent of people experiencing poor mental health 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. 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 71 responses and a response rate of 16%.

- 84% find it easy to get through to this surgery by phone compared with a CCG average of 85% and a national average of 73%.
- 95% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 80% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 65% and a national average of 60%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.

- 92% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 82% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 63% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 45% feel they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. Patients stated staff were friendly, helpful and responsive to their needs.

Areas for improvement

Action the service **MUST** take to improve

- Develop a programme of continuous clinical and internal audit to monitor quality and make improvements.
- Ensure all significant events are routinely recorded and learning is communicated with staff.
- Ensure care plans developed are comprehensive and are routinely reviewed to meet patients needs.

Action the service **SHOULD** take to improve

- Ensure emergency medicines and equipment is easily accessible to staff in the event of an emergency.
- Ensure information on how to complain is available for patients and easy to understand.
- Ensure all staff receive regular appraisals.
- Put systems in place for the review of policies and the assurance staff have read, understood and comply with these policies.

Brompton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP Specialist Advisor, a Practice Manager Specialist Advisor and an Expert by Experience. Experts by Experience are people who have direct experience of using health and social care services.

Background to Brompton Medical Centre

The Brompton Medical Centre provides GP primary medical services to approximately 2,600 patients living in the London Borough of Kensington and Chelsea. The borough of Kensington and Chelsea has a diverse population with high average incomes alongside above average levels of deprivation. A high proportion of the patients registered with the practice are from Asian ethnic backgrounds.

The practice team is made up of one female and two male GPs, practice nurse, a practice manager, three receptionists and two administrative staff.

The practice opening hours are between 9:00am-6:00pm Monday, Tuesday, and Friday; 9:00am-1:00pm on Wednesday and 9:00am – 8:00pm on Thursdays. GP appointments were available during these times. Telephone access is available during core hours and home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical

services).The practice refers patients to the London Central and West Unscheduled Care Collaborative Out of Hours and the NHS '111' service for healthcare advice during out of hours.

The practice is registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures and surgical procedures.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

Detailed findings

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 20 August 2015. During our visit we spoke with a range of staff (GP, practice manager, reception and administrative staff) and spoke with patients who used the service. We observed how people were being cared for and reviewed personal care or treatment records. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice had not prioritised safety and did not utilise information from reported incidents and national patient safety alerts to identify risks and improve patient safety. Staff we spoke with were aware of their responsibilities to raise concerns and there was a system in place for the reporting of significant events, however we found these were not routinely recorded and learning was not communicated formally with staff.

National patient safety alerts and other safety guidance such as Medicines and Health Regulatory Agency alerts were disseminated within the practice by the practice manager however there was no system to record that these had been appropriately dealt with and discussed within the clinical team.

Overview of safety systems and processes

The practice had systems and processes 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. We observed safeguarding posters in treatment rooms which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the 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.
- Notices were displayed in the waiting room and in the treatment rooms, advising patients of the chaperoning service. 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 legionella.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the GPs was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. However at the time of our inspection, an annual infection control audit had not been undertaken by the practice.
- 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.
- Recruitment checks were carried out and the six files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the treatment rooms which alerted staff to any emergency and all staff received annual basic life support training. Emergency equipment was available including access to oxygen with adult and children's masks, a defibrillator and a pulse oximeter (used to check the level of oxygen in a patient's bloodstream). Staff we spoke with knew the location of this equipment within the practice.

Are services safe?

Emergency medicines were available in one of the GP treatment rooms and all staff knew of their location. However we observed the emergency medicines were stored in a locked cupboard of the GP treatment room which posed a risk to the speed staff would be able to access these in the event of an emergency. We discussed this with the GP partner and following our inspection the practice were considering the introduction of emergency bags to contain emergency medicines and equipment to improve the response rates to any emergencies. All the medicines we checked were in date and fit for use.

We observed flowchart posters were displayed in the treatment rooms with the procedure to follow in the event of a patient experiencing anaphylactic shock.

At the time of our inspection, the practice was developing a business continuity plan for major incidents such as power failure or building damage with emergency contact numbers for staff.

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 access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. However there were no formal systems in place ensure all clinical staff were kept up to date and guidelines were followed.

Management, monitoring and improving outcomes for people

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. Current results were 93% of the total number of points available, with 12% exception reporting. Data from 2014 showed;

- Performance for diabetes related indicators was 74% which was 13% below the CCG average and 16% below the national average. The practice was working to improve performance of diabetes indicators and was referring newly diagnosed patients to Expert Patients Programme (EPP) courses to help patients to improve their health and wellbeing by learning new skills to manage their condition on a daily basis.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was 12% above the CCG average and 11% above the national average.
- The dementia diagnosis rate was 80% which was 3% below the CCG average and 4% below the national average.

We saw evidence of two medicines management audits undertaken in the last 12 months, one of these was a completed audit where the improvements made were implemented and monitored. For example, in response to a Medicines and Healthcare products Regulatory Agency (MHRA) alert relating to Nitrofurantoin antibiotic being contraindicated for some patients with renal impairment,

the practice carried out two audits which found patients were correctly being prescribed the antibiotic in line with national guidance. As a result of these audits the practice learning included checking patient renal function when choosing to treat with Nitrofurantoin and closely monitoring patients for signs of side effects during treatment with this medication.

We found no evidence of any further clinical audits completed to demonstrate improved care and people's outcomes and there was no programme of continuous clinical and internal audit used to monitor quality and make improvements.

As part of our inspection we reviewed care plans which had been developed for the care of some patients. From the sample of care plans we checked, we found these were not reviewed and altered on a regular basis and did not have adequate plans in place for patients in the event of a medical emergency.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training. The practice manager had received training in dementia awareness to act as the practice dementia champion.
- The learning needs of staff were identified through practice meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work however not all staff had received an appraisal within the last 12 months.

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.

Are services effective?

(for example, treatment is effective)

Information such as NHS patient information leaflets were also available. 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 ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and care of patients with complex needs were discussed. The multidisciplinary team meetings included attendance by district nurses, the primary care navigator, social services and a pharmacist.

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. The practice had a 'Confidentiality Teenagers policy' which referred to Gillick competency (used to decide whether a child or young person 16 years and younger is able to consent to their own medical treatment without the need for parental permission or knowledge). 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.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 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. For example, patients requesting help to quit smoking were referred to a smoking cessation counsellor where necessary.

The practice's uptake for the cervical screening programme was 50% which was below the national average of 82%. The practices were working to improve the cervical smear uptake and were reviewing the nursing sessions provided at the practice. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 56% to 78% and five year olds from 50% to 100%. Flu vaccination rates for the over 65s were 55% which was below the national average of 73%. Flu vaccination rates for at risk groups were 50% which was comparable to the national average of 52%.

At the time of our inspection, NHS health checks for people aged 40–74 were not being offered to patients. However, the practice informed us plans were in place to recruit a Health Care Assistant to provide this service.

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 six 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 one of the 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 happy with how they were treated and that this was with compassion, dignity and respect. The practice was below average for some of its satisfaction scores on consultations with doctors and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 77% 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%.

- 72% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.
- 95% said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

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.

Results from the national GP patient survey we reviewed showed patients were generally satisfied with their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language. The electronic check-in service was available in different languages. Staff told us that when registering new patients they would record if the patient required an interpreter as necessary.

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.

Staff told us that if families had suffered bereavement, their GP contacted them and patients were offered a consultation and advice on how to find a support service.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who

Are services caring?

were carers and less than 5% of the practice list had been identified as carers. Written information was available in the waiting area 'Carers Corner' to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice attended monthly 'Commissioning Learning Set' meetings with the CCG to monitor and benchmark with other local practices, performance and quality of care.

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

- The practice offered extended hours on Thursday evenings until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were hearing loop and translation services available.
- The premises were not suitable for disabled access however; the practice had submitted an application for an improvement grant which included two additional consulting rooms on ground floor and a sliding door to facilitate wheelchair access.

Access to the service

The practice was open between 9:00am-6:00pm on Monday, Tuesday and Friday, 9:00am-1:00pm on Wednesdays and 9:00am-8:00pm on Thursdays and GP appointments were available during these times. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. One of the GPs provided patients with his mobile phone number which was advertised in the practice leaflet and on website for patients to contact in an emergency when the practice was closed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 84% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73%.
- 82% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 63% 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%.

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. The practice manager was the designated responsible person who handled all non-clinical complaints and the GP partners handled the clinical complaints.

However, at the time of our inspection we observed there was no information on the practice website or in the waiting area in the form of posters to help patients understand the complaints system but there was information contained within the practice leaflet. Some of the patients we spoke with were unaware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, as a result of a complaint received, the practice had offered staff training in customer services.

Are services well-led?

Requires improvement 

(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 promote health and preventative healthcare for patients. We found evidence of the practice vision in the practice leaflet and in a poster in the waiting area. We spoke with three members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these.

Governance arrangements

The practice did not have robust governance arrangements in place and these needed to be improved. There was a clear staffing structure and staff were aware of their own roles and responsibilities.

The practice had developed a limited number of policies and procedures to govern activity however, there was no process in place for the review of policies to ensure these are up to date and relevant and no assurance staff had read, understood and complied with these policies.

The practice had undertaken some medicines management audits however there was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.

The practice did not have robust systems in place to monitor and manage risk. For example, we found no log of significant events being recorded. The practice could evidence only two significant events being recorded and therefore the practice could not demonstrate a safe track record over time. From staff interviews we found examples of significant events which had recently occurred in the practice but these had not been recorded such as a patient collapse in the building which had occurred shortly prior to our inspection. We found there was no evidence of any learning as a result of significant events communicated with staff.

Leadership, openness and transparency

The senior staff 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 GPs and practice manager encouraged a culture of openness and honesty.

Staff told us that monthly team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice and the senior management team 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. Patients who raised any concerns or issues were proactively invited to join the patient participation group. The PPG of six members was active and met on a quarterly basis to submit proposals for improvements to the practice management team. For example, the PPG had requested that there was more information available in the practice for carers. We observed this had been implemented with a 'Carers Corner' in the waiting area of the practice.

The practice had also gathered feedback from staff through staff away days and generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had requested the provision of a practice nurse during extended hours to improve the service offered for patients. The practice manager informed us they were working on extending the hours of the practice nurse. Staff told us they felt involved and engaged to improve how the practice was run. However, we found appraisals had not been undertaken for all staff on a regular basis.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have a programme of continuous clinical and internal audit. Providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service. Regulation 17(2) (a)
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Significant events were not routinely recorded and learning from incidents was not widely communicated with staff. Incidents that affect the health, safety and welfare of people using services must be reported internally and to relevant external authorities/bodies. They must be reviewed and thoroughly investigated by competent staff, and monitored to make sure that action is taken to remedy the situation, prevent further occurrences and make sure that improvements are made as a result. Regulation 12 (2) (b)
Diagnostic and screening procedures Surgical procedures	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

How the regulation was not being met:

Care plans were not comprehensive or routinely reviewed and updated to ensure patients receive care and treatment that is appropriate, meets their needs and reflects their preferences.

Regulation 9 (1) (a) (b) (c)