

# Heathrow Medical Centre

## Quality Report

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

## Ratings

|  |      |   |
|--|------|---|
| Overall rating for this service            | Good |  |
| Are services safe?                         | Good |  |
| Are services effective?                    | Good |  |
| Are services caring?                       | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led?                     | Good |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Heathrow Medical Centre on 27 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed in most areas with the exception of some relating to infection control, emergency equipment and health and safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they felt the practice offered an excellent service and staff were helpful, caring, approachable, understanding and treated them with dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

# Summary of findings

- Review the significant event recording form to include the recording of notifiable incidents under the duty of candour.
- Implement a system to monitor and track the distribution of prescription forms and pads kept at the practice.
- Review that the protocols for monitoring cold chain storage where vaccines and medicines are stored, are consistently followed.
- Monitor and ensure that infection control procedures are consistently followed across all areas.
- Monitor and ensure that recently implemented protocols for checking equipment available for use in a medical emergency are followed.
- Advertise within the practice the provision of the translation service for patients.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and incidents.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed in most areas with the exception of some relating to infection control, emergency equipment and health and safety.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2014/2015 showed patient outcomes were at or above local and national averages for diabetes and mental health related indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a programme of independent clinical audits that demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses.

Good



# Summary of findings

- Patients said they felt the practice offered an excellent service and staff were helpful, caring, approachable, understanding and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified, for example comparing referral rates with local practices to identify areas for improvement.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. They had a written mission statement but this was not displayed in the practice or on the practice web site. Staff knew and understood the core values that the practice strived to achieve.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify most risks.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels. The practice team took part in pilot schemes to improve outcomes for patients in the local area.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Patients aged over 75 years had a named GP to promote continuity of care.
- There was a named lead for safeguarding vulnerable adults and staff were aware of their roles and responsibilities to raise concerns.
- The practice used risk stratification tools to identify older patients at risk of hospital admission and invite these patients in for review to create integrated care plans aimed at reducing this risk. The practice had achieved the target of completing 2% of these care plans.
- Older patients with polypharmacy (multiple prescriptions) were invited to six monthly medication reviews to assess repeat prescriptions and ensure these were still appropriate.
- Home visits were available for patients unable to attend the practice due to illness or immobility.
- Regular multi-disciplinary team meetings were held to discuss older patients with complex medical needs and update care plans accordingly. These meetings were attended by members of community support services including district nurses, community matron and members of the palliative care team.
- As part of local integrated care schemes a health and social care co-ordinator attended the practice once a week and offered support to older patients in accessing appropriate community services.

Good



### People with long term conditions

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

- GP and nurse led annual health checks were offered to patients with long term conditions, for example those with diabetes and asthma. Patients were also invited to six monthly medication reviews.
- 2014/2015 QOF data showed the practice was performing in line with local and national averages for performance indicators related to long term conditions, for example in diabetes and hypertension.
- The practice pro-actively referred patients to local CCG led education programmes to promote well-being and self-management in long term conditions.

Good



# Summary of findings

- The practice used risk stratification tools to identify patients with long term conditions at risk of hospital admission and invite these patients in for review to create integrated care plans aimed at reducing this risk. The practice had achieved the target of completing 2% of these care plans.
- Regular multi-disciplinary team meetings were held to discuss older patients with complex medical needs and update care plans accordingly. These meetings were attended by members of community support services including district nurses, community matron and members of the palliative care team.

## Families, children and young people

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

- There was named GP lead for safeguarding vulnerable children, staff had received role appropriate training and were aware of their responsibilities to raise concerns.
- Same day appointments were available for unwell children and pregnant women.
- The practice offered childhood immunisations in line with national guidance and uptake rates were comparable to local averages.
- Routine ante-natal and post-natal care was provided at the practice with dedicated staff to follow up on ante-natal referrals and ensure women were invited for flu and whooping cough vaccines at the appropriate time. They also followed up on maternity discharges to arrange six week mother and baby checks.
- The practice held a weekly walk-in family planning and cervical smear clinic on a Wednesday afternoon.

Good



## Working age people (including those recently retired and students)

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

- Extended hour appointments were available three evenings a week for patients unable to attend the practice during normal working hours.
- There was the facility to book appointments and request repeat prescriptions online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Good



# Summary of findings

- New patient and NHS health checks for patients aged 40 to 74 years of age were available with appropriate follow-up of any abnormalities or risk factors were identified.

## People whose circumstances may make them vulnerable

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

- There was a named GP lead for safeguarding vulnerable adults and staff were aware of their roles and responsibilities to raise concerns.
- The practice maintained a register of vulnerable patients with alerts if appropriate on their medical records to highlight any issues to all staff.
- The practice maintained a register of patients with learning disabilities and these patients were invited for annual health checks and medication review. Longer appointments were available if required.

Good



## People experiencing poor mental health (including people with dementia)

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

- Seventy per cent of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 85% and national average of 84%.
- Screening for dementia was offered opportunistically as well as part of completing integrated care plans for at risk patients. Referrals were made to local memory services if appropriate.
- The practice maintained a register of patients experiencing poor mental health and they were invited for annual health checks and six monthly medication reviews.
- 2014/2015 QOF data showed the practice was performing at or above local and national averages for mental health related indicators.
- The practice proactively referred patients to local support services and Improving Access to Psychological Therapies (IPAT) services.
- The practice held regular multi-disciplinary team meetings attended by members of the community mental health team to discuss complex cases and update care plans as appropriate.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty four survey forms were distributed and 125 were returned. This represented 2% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Comments received described staff as caring, friendly, approachable and understanding and the environment as safe, clean and hygienic.

We spoke with nine patients during the inspection including one PPG member. Most of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice achieved an average 86% satisfaction rate in the NHS Friends and Family Test for the four month period from January 2016 to April 2016.

## Areas for improvement

### Action the service SHOULD take to improve

- Review the significant event recording form to include the recording of notifiable incidents under the duty of candour.
- Implement a system to monitor and track the distribution of prescription forms and pads kept at the practice.
- Review that the protocols for monitoring cold chain storage where vaccines and medicines are stored, are consistently followed.
- Monitor and ensure that infection control procedures are consistently followed across all areas.
- Monitor and ensure that recently implemented protocols for checking equipment available for use in a medical emergency are followed..
- Advertise within the practice the provision of the translation service for patients.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support.

# Heathrow Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to Heathrow Medical Centre

Heathrow Medical Centre is a well-established GP practice situated within the London Borough of Hillingdon. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is a member of The Clover Health Network in the Hayes and Harlington locality.

The practice provides primary medical services to approximately 6,200 patients living in Hayes. The patient list size had increased in May 2015 due to the practice merging with another GP surgery in the local area. The practice holds a General Medical Services contract and Directed Enhanced Services contracts. The practice is located at St Peters Way, Harlington, Hayes with good transport links by bus services.

The practice operates from a converted two storey detached house owned and managed by the GP partners. The practice has three consultation rooms, reception and waiting area on the ground floor with administration offices on the first floor. There is wheelchair access to the entrance of the building and disabled toilet facilities. There are no public car parking facilities on site but cars can be parked in the surrounding residential areas. Car parking for disabled badge holders is available in the resident holder bays outside the practice.

The practice population is ethnically diverse and has a higher than the national average number of patients below four years of age and between 25 and 44 years of age and between 55 and 59 years of age. There is a lower than the national average number of patients from 65 years of age plus. The practice area is rated in the fifth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

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

The practice team comprises of one male and one female GP partner and one male and one female regular locum GPs, who all collectively work a total of 20 clinical sessions per week. They are supported by a locum practice nurse who works 32 hours a week, two health care assistant/administrators, a practice manager, business manager, 10 receptionists/administrators and a cleaner.

The opening hours are 8.30am to 6.30pm Monday to Friday. Consultation times in the morning are from 9.00am to 12.30pm and in the afternoon from 2.00pm to 6.00pm Monday to Friday. Extended hour pre-bookable appointments are offered from 6.30pm to 7.45pm Monday and 6.30pm to 7.15pm Thursday and Friday. Twelve telephone consultation appointments are offered daily and urgent appointments are also available for people that need them. Pre-bookable routine appointments can be booked up to two weeks in advance. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

# Detailed findings

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 May 2016. During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, practice manager and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

Staff told us they would make a record of any incidents that occurred at the practice in the incident recording book and inform the practice manager. A log was kept of all incidents that occurred and those categorised as significant events a form was completed detailing the incident, actions taken and learning outcome. However, the form completed did not support the recording of notifiable incidents under the duty of candour to demonstrate the actions the practice had taken in relation to this. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and a continuous log was maintained that enabled trends to be identified.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an event involving an issue with a faxed referral the practice reviewed the incident and used it as a training exercise to highlight the need for staff to follow protocols for all faxed referrals sent. The practice also kept a log of errors and near misses that occurred which were fed back and discussed with staff members to prevent repeat.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses to level two.

- Notices advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice did not maintain appropriate standards of cleanliness and hygiene across all areas. We observed the premises to be generally clean and tidy but it was in need of some re-decoration. One of the GP partners was the infection control clinical lead and the last infection control audit was completed internally by the practice in February 2016. The outcome of this audit was shared with the Clinical Commissioning Group (CCG) Infection control lead, who identified additional actions for the practice to consider. Infection control policies were in place but required review and update. We were told that medical equipment was cleaned after use but there was no formal schedule or log of when equipment was cleaned. There were arrangements in place for the handling of clinical waste however, it was observed that there was no lock fitted to the external clinical waste bin stored in the locked practice grounds. We saw unwrapped surgical masks stored in a tin in the treatment room and a pair of loose unwrapped tweezers that had not been discarded. Following the inspection the practice advised us that the identified issues had been rectified.
- Most of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling and disposal). However, the monitoring of the cold chain for fridges used to store medicines and vaccines did not follow recommended guidelines with twice daily temperature checks. It was also observed that fridge temperatures had on a few

## Are services safe?

occasions fallen slightly outside the recommended temperature range, but there was no written explanation of potential cause or of any actions taken. We were told post-inspection that these issues were investigated and remedial action taken through the implementation of a revised cold chain protocol.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however, there was no tracking system to monitor distribution. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber. (PSD are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However there was no log of a reference check for a member of the administration team who was previously employed by the practice merged with this practice.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, there was no risk assessment or modification/replacement of window blinds installed with free hanging looped cords in some areas. Following the inspection the practice advised us that this had been rectified and that all public accessible loop blinds had now been secured.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, it was observed that some defibrillator pads and oxygen masks had exceeded their expiry date and there was no record of emergency equipment checks performed by practice staff. We were told post-inspection that the expired items had been re-stocked and a new stock record management system had been implemented along with details of emergency equipment checks performed by practice staff. Emergency equipment was calibrated annually by an external company. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

## Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents including a disaster box that detailed emergency arrangements for neighbouring buddy GP practices.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

Performance for diabetes related indicators was comparable to the CCG and national averages. For example,

- The percentage of patients with diabetes in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 67% (CCG average 74% and national average 78%).
- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 64% (CCG average 78% and national average 78%).
- The percentage of patients with diabetes, on the register, who have had influenza immunisation was 95% (CCG average 92% and national average 94%).

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 70% (CCG average 77% and national average 81%).
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 78% (CCG average 86% and national average 88%).

Performance for mental health related indicators was comparable to national averages. For example;

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% (CCG average 92% and national average 88%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100% (CCG average 93% and national average 90%).

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example, an audit was conducted to review blood glucose monitoring in patients with type two diabetes to ensure current practice was in line with recommended NICE guidance. They identified patients who would benefit from self-glucose monitoring and invited these patients for review to discuss this and added alerts to electronic records to highlight patients who needed review when their current test strip prescription ran out. The second cycle of this audit was in process to assess if these changes had improved self-blood glucose testing rates in this group of patients.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, the practice attended CCG led meetings with other GPs and reviewed data on avoidable admissions and referral rates to compare with local practices and identify areas for improvement.

# Are services effective?

## (for example, treatment is effective)

Information about patients' outcomes was used to make improvements. For example, the practice used a risk stratification tool to identify patients at high risk of hospital admission and invited them for review to create integrated care plans aimed at reducing that risk.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- There was a written consent form for minor surgical procedures and joint injections; however the process for seeking consent was not monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the health care assistant with referral to a local support group if required.
- The practice's uptake for the cervical screening programme was 71%, which was lower than the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of

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

the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. They did consider that lower uptake rates may be attributed to cultural influence or omission by the practice in the recording of patients' decline. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- Childhood immunisation rates 2014/15 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 82% to 98% (CCG range 90% to 95%) and five year olds from 86% to 94% (CCG range 88% to 94%).
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring, approachable, understanding and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language and some staff could speak other languages. However, we did not see notices in the reception areas informing patients this service was available.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 43 patients as carers which was just below 1% of the practice list. Patients

identified as carers were offered additional support if required, for example annual flu vaccinations and referral to social services and community support services. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and this was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice attended regular CCG meetings and reviewed performance data on referral rates to compare with local practices and identify areas for improvement. The practice also attended network meetings with local GPs to discuss and update on community services and schemes, such as the integrated care planning scheme aimed at improving primary care services for the local area.

- The practice offered extended hour appointments three evenings a week for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children, pregnant women and those patients with medical problems that required same day consultation.
- Telephone consultations were available daily and since inception there had been a decrease in the number of unscheduled accident and emergency attendances.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available, however there was no hearing loop.
- Ante-natal and post-natal care was provided at the practice with dedicated staff to follow up on ante-natal referrals and ensure women were invited for flu and whooping cough vaccines at the appropriate time. They also followed up on maternity discharges to arrange six week mother and baby checks.

### Access to the service

The practice was open between 8.30am to 6.30pm Monday to Friday. Appointments were from 9.00am to 12.30pm and from 2.00pm to 6.00pm Monday to Friday. Extended hour pre-bookable appointments were offered from 6.30pm to 7.45pm Monday and 6.30pm to 7.15pm Thursday and

Friday. Twelve telephone consultation appointments were offered daily. 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.

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.

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints process in the practice leaflet and in the complaints procedure leaflet, however there was no information on the practice website.

We looked at three complaints received in the last 12 months and found they were satisfactorily handled with openness and verbal or written apology if appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint about an issue with reception staff the complaint was discussed with the team and extended in-house training was provided to improve customer care skills.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a written mission statement, but this was not displayed in the practice or on the practice web site. Staff knew and understood the core values that the practice strived to achieve.
- The practice had a robust strategy and supporting business plans which were regularly monitored. They had a business plan for expansion of the practice premises to increase consultation room capacity and had received planning permission to commence. However infrastructure funding provisionally agreed for the project had lapsed due to planning permission delay and a second funding application was scheduled to be submitted within the current time scale opportunity.

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. A system of feedback to practice staff was embedded to highlight areas where improvements could be made.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, reviewed outcomes from patient surveys, complaints and submitted proposals for improvements to the practice management team. For example, the

# Are services well-led?

Good 

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

PPG had suggested improvements to the waiting area to improve waiting space and had influenced the display of notices in the practice advertising on line access and appointments lost through non-attendances.

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was involved and supported the local NHS Hospital Trust in the development and automation of clinic letters to GP practices across the CCG to provide timely information. They were also involved in the development of a streamlined integrated care plan format to prevent unplanned hospital admissions in patients 65 years plus with the prototype adopted across the GP Network.