St David's Family Practice

Quality Report

St David's Family Practice
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Date of inspection visit: 11 May 2016
Date of publication: 05/07/2016

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St David's Family Practice on 11 May 2016. Overall the practice is rated as good.

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

- The practice provided safe and effective clinical care.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had recently employed a pharmacist who led a diabetes clinic providing holistic patient centred care; this clinic had very positive patient feedback.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services was available and easy to understand, although there was only limited information available on how to complain. Improvements were made to the quality of care as a result of complaints and concerns.
- Most 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.
- 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 arrangements for ensuring that patients with long term conditions receive high quality care in light of the high level of exception reporting in the Quality and Outcomes Framework. Implement the action plan produced following the inspection.
- Ensure that action plans are written and followed up after infection control audits.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the national average for most conditions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with average for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. One of the partners was the medicines management lead for the CCG and had written prescribing guidance which they shared with doctors in the CCG.
- 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.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was better than local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- We saw that there was a poster to help patients understand the complaints system and there were summary leaflets available from reception. A number of complaints were made verbally and handled straight away, but no record was kept of these complaints. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

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

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 strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided support for patients in two local care homes and feedback from the homes was positive.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 79% of patients on the diabetes register had a record of a foot examination and classification which was below the clinical commissioning group (CCG) average of 89% and national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had recently employed a pharmacist who carried out medicines management reviews and led a diabetes clinic.
- The CCG prescribing advisor worked with the practice to carry out medicine reviews for patients.

Families, children and young people

Good

The practice is rated as good 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

Summary of findings

A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. The practice nurse rang parents to encourage them to bring children in for their immunisations, and followed up those who did not attend.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 81% of eligible female patients had a cervical screening test which was in line with the clinical commissioning group average of 80% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, they were based on site and there was good communication between midwives and doctors.
- A consultant gynaecologist visited monthly to run a gynaecology clinic on site, which was convenient for patients to attend.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered electronic prescribing allowing patients to collect prescriptions from a pharmacy closer to their place of work.
- The practice offered evening appointments until 8pm twice a week and Saturday morning appointments.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Doctors telephoned patients who did not attend for appointments and carried out a telephone consultation where appropriate.
- 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.
- The practice worked closely with a local carers support group to ensure carers were able to access the support they needed.

People experiencing poor mental health (including people with dementia)

Good

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

- 74% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84% and clinical commissioning group (CCG) average of 83%. The practice told us that there was a high turnover of patients in the local care homes, which both specialised in providing care for people with dementia. This meant that GPs did not have time to set up face to face meetings for all patients in the care home before these patients moved on.
- 93% of patients experiencing poor mental health had an agreed care plan, which is the same as the CCG average of 91% and better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 350 survey forms were distributed and 117 were returned. This represented 1% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 64% and national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and 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 17 comment cards which were all very positive about the standard of care received. Patients commented that the staff were very helpful and caring. Other comments were that patients felt they were listened to and were treated with respect. The doctors received praise for providing an excellent service.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The friends and family survey from 2015 showed that 94% of patients would recommend the practice based on 184 responses.

Areas for improvement

Action the service SHOULD take to improve

- Review the arrangements for ensuring that patients with long term conditions receive high quality care in light of the high level of exception reporting in the Quality and Outcomes Framework. Implement the action plan produced following the inspection.
- Ensure that action plans are written and followed up after infection control audits.

St David's Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to St David's Family Practice

St David's Family Practice is located in purpose built premises in Stanwell, a busy residential area. Stanwell is located near Heathrow airport and many local people work at the airport. There is a lot of social housing in the area and a large migrant community.

The practice is based on the first and second floor of the premises and there is a lift to access these floors. The ground floor has community healthcare facilities, a pharmacy and library.

The practice operates from:

St David's Family Practice

Hadrian Wall

Stanwell

Staines

Middlesex

TW19 7HE

There are approximately 11,300 patients registered at the practice. Statistics show quite a high degree of income deprivation among the registered population. The registered population is lower than average for 55-79 year olds, and higher than average for those aged 0-9 and 25-44. The population is made up of many different ethnic groups with an ethnic estimate based on Public Health England data of 14.5% Asian, 3.1% black, 2.8% mixed and 1.3% other non-white. There is a high turnover of patients, around 10% of the practice population move on each year. Practice figures from 2015 showed that 1196 patients joined the practice and 815 left the practice. This creates a large administrative and clinical workload, as well as making it more difficult to develop a long term relationship with patients.

The practice has four partners, two salaried GPs and two regular locum GPs (four male and four female). The partners all work full time and the other doctors work part time. There are two practice nurses.

The practice is a training practice and there are regularly GP trainees working in the practice. At the time of the inspection there were six trainees, three doing a rotation in general practice whilst based in a hospital and three in their final year of GP training.

The practice is open from 8.00am to 6.30pm from Monday to Friday. Appointments are from 8am to 10.30am, followed by an emergency clinic. Afternoon appointments are from 4pm to 6.20pm with an emergency clinic at 3pm. In addition the practice offers extended hours opening with appointments until 8pm on Monday and Wednesday, and from 9am to 11.30am on Saturdays. Patients can book appointments in person, by phone or on line.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111. The GP out of hours service is provided by Care UK.

The practice has a Personal Medical Services (PMS) contract. PMS contracts are nationally agreed between the General Medical Council and NHS England.

Detailed findings

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 11 May 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurse, practice manager, receptionists) 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written 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.

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, patients were being referred to a musculoskeletal service but had not understood that this service was not provided at the hospital. Patients were ringing the practice to ask what had happened to their referral and it was not clear to reception staff where their referral had gone. On investigation the practice found that this was a new pathway and they wrote a leaflet to explain how the service worked and who to contact regarding their appointment. This leaflet was given to patients by the GP when they referred them to the service. The doctors also explained this new service to the reception staff.

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. We saw that some GPs and staff had not received training on vulnerable adults relevant to their role. This was addressed by the practice immediately and we saw training certificates for the two GPs and two staff members within 48 hours of the inspection. GPs were trained to child protection or child safeguarding level three. Practice nurses were trained to child safeguarding level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken but there was no action plan written as a result, although findings were discussed. The practice sent us a detailed action plan within 48 hours of the inspection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions 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 and

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Proof of identification had not been stored in all personnel files but had been seen for the DBS checks. All clinical staff and most non clinical staff had had a DBS check and there was a risk assessment for the members of staff who did not have a check.

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).
- 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. Administration staff were multiskilled to cover all administration roles.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.9% of the total number of points available, with an exception reporting rate of 14.7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We discussed the high level of exception reporting with the practice and they created an action plan which they sent to us within 48 hours of the inspection. The plan showed how they plan to target different groups to increase the number of patients who are reviewed for long term conditions. The practice explained how the high turnover of patients made it more difficult to meet the time scales required within QOF. They also found that some patient groups were principally interested in acute care only and did not want to attend for long term condition reviews. Some of these patient groups spent large parts of the year abroad and hence were less likely to come in for reviews.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for mental health related indicators was better than the national average. 93% of patients experiencing poor mental health had an agreed care plan, which was better than the clinical commissioning group (CCG) average of 91% and the national average of 88%.
- Performance for diabetes related indicators was mixed compared to the national and CCG average. 79% of patients on the diabetes register had a record of a foot examination and classification which was below the CCG average of 89% and the national average of 88%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 79% compared to the CCG average of 78% and national average of 78%.

The practice had recently introduced a pharmacist led diabetic clinic and this had received very positive feedback from patients. The clinic provided holistic patient centred care and included insulin initiation.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of clinical audit included reducing the number of antibiotics prescribed. The practice had identified that it had one of the highest levels of antibiotic prescribing in the local area and had worked with the clinical commissioning group (CCG) to reduce usage. It had done this by improving patient education and working with community pharmacies to ensure patients were getting a consistent message. The practice issued delayed prescriptions and an explanatory leaflet to patients to explain when antibiotics were effective. They held practice meetings to discuss local guidelines and carried out audits to identify high prescribers and worked with them to reduce their levels of prescribing. The level of antibiotic prescribing reduced by 78% from 2013/14 to 2015/16.

Information about patients' outcomes was used to make improvements such as in the diabetes clinic. The pharmacist spent time with patients to help them understand their medicine(s) and the importance of diet

Good

Are services effective?

(for example, treatment is effective)

and exercise in managing their condition, and this approach had had a significant impact on patients who stated they felt much better able to manage their condition.

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.
- The practice was a training practice and had four GP trainers. One of the partners was a GP programme director and took a lead role in helping GPs who were finding training difficult. The practice had six GP trainees at the time of the inspection; some of these were part of an innovative arrangement where they spent some time in a GP practice and some time in specialist training elsewhere.
- 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 and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice were reviewing the appraisal methodology to ensure action plans were reviewed regularly.
- 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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

A visiting gynaecologist saw patients on site and worked with the GPs, including running education sessions. The practice told us this improved the referral quality and management of complex gynaecological cases.

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.
- The process for seeking consent was 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:

Good

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Community based services were located on the ground floor of the building, for example district nurses. A drug support worker held sessions on site.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 82%. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were below national averages for under two year olds and comparable to national averages for five year olds. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 29% to 84% compared to 75% to 88% nationally and five year olds from 71% to 90% compared to 76% to 91% nationally. These figures were based on data from NHS England for the period April 2014 – March 2015. On investigation the practice told us there had been staff illness in 2014 and 2015 and locum nurses were used to carry out vaccines. In addition the high turnover of patients and the fact that some children had had immunisations in other countries meant it was harder to get accurate data on the childhood immunisation rates. The data returns for NHS England had been delayed during this time period. We saw data from the practice which showed that over 90% of all under two year olds had been immunised in the last year, April 2015 – March 2016.

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

Good

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

We spoke with three members 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 in line with clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.

The practice was above CCG and national averages for its satisfaction scores on the reception team:

- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% 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 in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 82% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available, and that three of the doctors spoke Punjabi. The self-check in machine displayed information in several different languages.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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 180 patients as carers (1.6% of the practice list). The practice worked with a local charity to help identify and support carers and the charity spoke very positively of the work the practice had done to identify and support carers. There was a large display in the waiting room area about carers and carer registration forms available. Carers were given priority for appointments and directed to the various avenues of support available to them.

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

Good

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 NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The partners took lead roles in the CCG; one was the prescribing lead and had written prescribing guidance for all doctors in the CCG.

- The practice offered late appointments on a Monday and Wednesday evening until 8pm for working patients who could not attend during normal opening hours. In addition there was a Saturday morning clinic from 9am to 11.30am.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, braille signposting, a hearing loop and translation services available.
- The practice had a lift to improve access.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 10.30am every morning, with an emergency clinic from 10.30am to 11.30am. Afternoon appointments were from 4pm to 6.20pm with an emergency clinic from 3pm to 3.30pm. Extended hours appointments were offered at the following times on Mondays and Wednesdays until 7.50pm and every Saturday from 9am to 11.20am. In addition to pre-bookable appointments that could be booked up to four 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 better than local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 78%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that there was a poster to help patients understand the complaints system, and a section of the website for comments and suggestions. A number of complaints were made verbally and handled straight away, but no record was kept of these complaints.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled with a timely response. 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, a patient was referred inappropriately to the minor operations clinic, resulting in a delay in their treatment. The patient was given a full explanation and apology and the practice team held a learning session to go through the services offered in the minor operations clinic.

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 aim was to provide "the best possible holistic person centred care delivered in a flexible way to suit the needs of individual patients". Staff knew and understood this aim.
- The practice had a five year plan which was comprehensive and included developing annual practice development plans with staff involvement. This plan was reviewed every 6 months.

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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and 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).This included support training for all staff on communicating with patients about notifiable safety incidents. 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 and written apology.
- The practice kept written records of formal interactions but did not consistently keep records of verbal interactions. They had an event recording log where some incidents with both patients and equipment were noted. In addition they had a system for recording significant events which were discussed at clinical meetings. Some incidents were recorded in both the event recording log and the significant event log.

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

- Staff told us the practice held regular meetings. These were principally clinical meetings but reception staff could attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so. We noted team development meetings were held every year attended by partners and some staff.
- 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.

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, carried out patient surveys and discussed improvements with the practice management team. For example, a recent discussion on appointments highlighted the issue of patients not attending for pre

Are services well-led?

Good

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

booked appointments. It was agreed to highlight this to all patients through a poster in the waiting room which was updated monthly with the number of patients who did not attend.

- The practice had gathered feedback from staff through practice meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. A recent example of this was the introduction of a signing in process so that staff would know when doctors were on site or out on visits. 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. The practice had moved to new premises five years ago and had worked hard to ensure the new premises were set up to provide excellent patient care and efficient working. They had plans to use spare consulting rooms in the premises and were considering plans to offer more services. The practice had recently employed a GP pharmacist and were using this role in an innovative way to run diabetes clinics. A visiting gynaecologist saw patients on site and worked with the GPs, including running education sessions.