

# Greenside Medical Practice

## Quality Report

88 Greenside Road, Croydon, Surrey, CR0 3PN  
Tel: 02082400072  
Website: [www.greensidemedicalpractice.co.uk](http://www.greensidemedicalpractice.co.uk)

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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 on 16 June. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. 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.
- 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:

- Arrange for a fire risk assessment to be carried out at the Greenside Road Practice.
- Ensure annual infection control audits are carried out.
- Review patient experience of booking routine appointments further to patient feedback during the inspection.
- Review how they identify carers to ensure their needs are known and can be met.

# Summary of findings

**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.

Good



- 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 generally assessed and well managed, but the practice did not have a fire risk assessment in place at the Greenside Road practice.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- 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 NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said 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 and other stakeholders.

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. 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.
- 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.

Good



# 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.

- 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.
- Longer appointments were available for older people with complex care needs.
- The practice was undertaking a programme of accreditation for the National Gold Standard Framework for palliative care.

Good



### People with long term conditions

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, and the practice kept a list of these patients and their care was discussed routinely at practice meetings.
- Quality indicators relating to the management of patients with diabetes were lower than the national average. The practice had identified and taken action to improve these indicators.
- 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.

Good



### Families, children and young people

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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses, who attended clinical meetings at the practice.

## **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).

- 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.

**Good**



## **People whose circumstances may make them vulnerable**

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. We saw examples of documented annual health checks given to these patients.
- The practice offered longer appointments for patients with a learning disability.
- Staff and residents at a nearby care home for people with a learning disability commented (during a recent CQC inspection of the home) that they felt very happy with the care offered by the GPs from this practice.
- One of the residents of a local care home for people with a learning disability was a member of the practice patient participation group and felt that the practice listens to their views.
- 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.

**Good**



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 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.

Good





# 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. Four hundred and five survey forms were distributed and 104 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) and national average of 73%.
- 76% 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 74% and the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good, compared to the CCG average of 82% and the national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to CCG average of 75% and 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 22 comment cards of which 19 were positive about the standard of care received but a majority said they had difficulties in booking routine appointments.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, but some patients reported difficulties booking routine appointments.

# Greenside Medical 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, a second CQC inspector and an Expert by Experience.

## Background to Greenside Medical Practice

The Greenside Group Practice is a large practice based in Croydon. The practice list size is 9255. The practice population is very diverse. The practice is in an area in London of high deprivation. There is a higher than average percentage of patients aged between 20-44 and also a higher than average number of single parents. The practice had a Personal Medical Services (PMS) contract.

The practice operates from two locations, one on Greenside Road with a branch on Lennard Road, both in central Croydon. Both are converted premises. All patient facilities are wheelchair accessible and there are facilities for wheelchair users including a disabled toilet, and a hearing loop. The Greenside road practice has access to four doctors' consultation rooms and one nurse consultation room on the ground floor. The Lennard Road practice has access to four doctors' consultation rooms, one nurse consultation room and one healthcare assistant consultant room on the ground floor.

The staff team comprises three male GP partners and one female salaried GP providing a total of 29 GP sessions per week. There are two female practice nurses, three health care assistants, a practice manager and two assistant practice managers. Other practice staff include a medical secretary, nine receptionists and three administrators.

The practice is open between 8.30am and 6.30pm Monday to Friday for appointments and offers extended opening between 6.30pm and 7.30pm on Tuesday evenings at the Lennard Road practice, and between 6.30pm and 7.30pm on Thursday evenings at the Greenside Road Practice. When the practice is closed patients are automatically directed from the practice telephone to the NHS 111 service and are also directed to the nearby Minor Injuries Unit and a GP Health Centre, both open from 2pm to 8pm daily. This information is also available on their website and in the practice leaflet.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of; treatment of disease, disorder or injury; diagnostic and screening procedures and maternity and midwifery services. These regulated activities are provided at two locations.

## 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.

The practice was previously inspected on 4 November 2013 and found to be compliant with all CQC regulations in place at that time.

# Detailed findings

## 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 16 June 2016.

During our visit we:

- Spoke with a range of staff including two GPs, a practice nurse and three administrative staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Visited the branch surgery in Lennard Road.
- 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 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. An example of this involved a prescription error. The person investigating the incident contacted the patient who had been prescribed medication in error, the mistake was explained to them, and they were invited for a next day appointment at the practice. The patient was subsequently contacted and offered an apology. The incident was discussed at a clinical meeting in the same week.
- The practice carried out a thorough analysis of the significant events, evidence was seen that these were sometimes discussed at weekly clinical meetings and routinely discussed at six weekly practice meetings. Where relevant, significant event analysis had a clearly documented apology and explanation to the patient.

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 alert about increased risk of cardiac side effects in patients prescribed domperidone (a medicine used to relieve feelings of nausea or vomiting), the practice immediately reviewed and ceased prescribing this medicine.

### 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 protection or child safeguarding level 3, the nursing staff to level 2 and the administrative staff to level 1. An example was seen of a GP making a referral to the local authority safeguarding team after a patient who was a resident of a local nursing home suffered a broken bone following a fall. The patient notes had a clear record of the initial contact from the home and subsequent actions by the local authority. The practice had set up a password for use when booking appointments for an individual patient who was concerned that somebody had been contacting the practice and cancelling their appointments without their knowledge.
- 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.
- The most recent infection control audit had been undertaken in 2014 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

## Are services safe?

recording, handling, storing, security and disposal). The practice monitored the vaccine fridge temperature and had identified an occasion when the temperature was out of its safe range for the storage of vaccines. This was investigated as a serious incident at the time and documented actions and changes to practice policy had been carried out.

- 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.

### Monitoring risks to patients

We looked at how risks to patients were assessed and 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 did not have a fire risk assessment at the Greenside Road practice. The practice carried out regular fire drills and checks of fire alarms and fire extinguishers. Following the inspection the practice submitted evidence that a fire risk assessment had been arranged.

- 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.

### 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. Copies of the plan were kept off site by the practice manager and the GP partners.

# 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 had conducted a febrile child audit in the practice following an update to NICE guidelines.
- 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 87% of the total number of points available, with 7% clinical exception reporting rate. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for diabetes and mental health related indicators but not for any other QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 73%, which was below the Clinical Commissioning Group (CCG) average of 86% and the national average of 89%. For example, 70% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 78% and the national average of 78%. The exception reporting rate for this measure was 5% compared to the CCG average of 6% and the national average of 9%.
- The number of patients who had received an annual review for diabetes was 78% compared to the CCG

average of 87% and the national average of 88%. The exception reporting rate for this measure was 3% compared to the CCG average of 5% and the national average of 8%.

- Performance for mental health related indicators was 77%, which was below the CCG average of 91% and the national average of 93%. For example, 72% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 85% and the national average of 88%.
- The number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 89% compared to the CCG average of 85% and the national average of 84%.

The practice was aware that its QOF performance was lower than the CCG and national averages in a number of areas. In one instance the practice had found that failure to correctly code some conditions led to their omission from performance data. This had been rectified by the practice and unpublished and unverified QOF data seen at the inspection for the year 2015/2016 indicated that the practice had improved its performance for all clinical targets including diabetes and mental health indicators, with an overall projected achievement of 97%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits carried out in the last two years, one of children presenting with a high temperature and one of accident and emergency (A&E) attendance. Both 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. The outcome of the children with high temperature audit showed improvement in practice performance in documenting the measures that are used to manage



# Are services effective?

## (for example, treatment is effective)

this condition. For example during the second cycle of the audit the recording of heart rate for these patients increased from 26% to 71% and the recording of respiratory rate increased from 22% to 71%.

Information about patients' outcomes was used to make improvements. For example, following a three cycle audit of "frequent attenders" to A&E units, the practice took various steps to successfully reduce these numbers. This included referral to outpatient specialties following attendance, encouraging patients to call the practice before attending A&E, case discussion at monthly multidisciplinary team (MDT) meetings, telephoning parents and carers following attendance and providing leaflets about self-management of common infections.

### 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. Examples of recent training included reviewing patients with long-term conditions, training for nurse and administrative staff about "outcome based commissioning", training for reception staff on dealing with difficult patients, and attendance by two of the GPs at a palliative care workshop.
- The practice kept a list of staff members with lead responsibility in a range of clinical areas.
- 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 nurse received mentoring, development planning and support from the local Clinical Commissioning Group (CCG) lead nurse. The practice nurse also attended monthly protected learning sessions.
- 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. A patient record was seen where the patient was discharged from hospital was contacted by the GP the next day, who undertook blood tests three days later and was contacted again five days later to advise to restart their medicines.

The practice used a CCG "risk stratification tool" to identify the risk of a patient being admitted to hospital. The top 2% of patients with the highest risk of hospital admission had a care plan in place developed during a face to face meeting with their GP, they were given a copy of the plan and these were reviewed annually.

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. Those

# Are services effective?

## (for example, treatment is effective)

attending these meetings included GPs, nurses, the practice manager, health visitors, the district nurse, the community matron, palliative care nurses, social services and the residential home managers.

### 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. An example of this was seen whereby a "best interest meeting" had taken place in relation to a patient with a learning disability, in accordance with the Mental Capacity Act 2005 Code of Conduct. The minutes of the meeting had a clear record of attendance, decisions and discussions.
- 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. An example was seen of a mental capacity assessment described in a patient record in relation to a patient with dementia living in a care home.

### 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, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice used the "coordinate my care" service to prepare urgent care plans for palliative care patients which were electronically stored and shared with other providers involved with end of life care. The practice

held a palliative care register, liaised with local hospice services and carried out reviews of patient deaths in multidisciplinary team meetings and palliative care meetings.

- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The practice patient participation group had organised a patient talk by a practice GP and nurse on the topic of asthma and Chronic Obstructive Pulmonary Disorder on 24th May 2016.

The practice's uptake for the cervical screening programme was 88%, which was comparable to the CCG and 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 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. The practice also 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 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 90% to 94% (CCG average 85% to 93%) and five year olds from 70% to 91% (CCG average 69% to 92%).

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. Health checks were carried out for patients with complex needs and chronic conditions.



# 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 but were restricted by the close proximity of the reception and waiting area, and limited space to conduct confidential discussions. This potential problem with confidentiality was recognised by the practice in their patient survey results and shared with the patient participation group (PPG).

Of the 12 patient Care Quality Commission comment cards we received, seven were positive about the service experienced and five were mixed. Patients said they felt that 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 results were comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 81% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to CCG average of 89% the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% 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. We saw examples of the practice responding in a flexible way to individual patient needs.

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:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 83% 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 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.

## Are services caring?

We saw notices in the reception areas informing patients this service was available and a language identification poster for patients to indicate which language they spoke

- Information leaflets were available in easy read format.

### **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 27 patients as

carers (less than 1% of the practice list). Appointments for carers were prioritised. Written information was available to direct carers to the various avenues of support available to them. Additional support and respite care was arranged by the practice though the local authority.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone and these conversations were recorded in patient notes. 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. The practice told us they would sometimes send a condolence card to bereaved families.

# 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. For example the practice had identified a local travellers' site and GPs had attended the site to encourage people to join the practice.

- The practice offered extended hours on Tuesday and Thursday evenings until 7.30pm.
- 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 required same day consultation.
- The practice had identified a prevalence of Tamil, Polish and Urdu speakers among its patient population and produced practice information in these languages.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice hosted a welfare benefits adviser every fortnight.
- The practice offered appointments with a midwife on Wednesday mornings at the Lennard Road practice.
- The practice held clinics for asthma, diabetes, travel vaccination, antenatal care and smoking cessation.
- The practice organised health talks at the practice in the previous two months for minor ailments, diabetes and asthma.
- The practice had a learning disability lead who maintained the register of patients, conducted health reviews and routine visits to local care homes for people with a learning disability.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday for appointments and offered extended opening between 6.30pm and 7.30pm on Tuesday evenings at the Lennard Road practice, and between 6.30pm and

7.30pm on Thursday evenings at the Greenside Road Practice. In addition to pre-bookable appointments that could be booked up to six 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.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.
- 76% of patients said the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 74% and the national average of 76%.

Some people told us on the day of the inspection that they were able to get appointments when they needed them, but others said that it was difficult to get a routine appointment, and the majority of the 22 comment cards received cited difficulties in booking routine appointments. The practice had previously made efforts to improve patient access to appointments by introducing a text messaging reminder system in January 2016, with the aim to reduce the number of patients who do not attend for their appointments.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### 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.

## Are services responsive to people's needs? (for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including a copy of the complaints procedure and complaint forms in reception.

We looked at 8 complaints received in the last 12 months and these were satisfactorily handled, dealt with in a timely

way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. Verbal and written complaints were discussed at practice meetings. For example a verbal complaint regarding the use of mobile phones by practice staff was discussed and staff were reminded to follow the practice policy on mobile phone use.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had a clear succession plan in place.

### 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 risks, issues and implementing mitigating actions, although there was no fire risk assessment in place for the Greenside Road practice.

### 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 verbal interactions as well as written correspondence.

There was a clear, written leadership structure in place which was seen at the inspection, 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. In one example a significant event was identified when a group of people gathered outside the practice behaving in a violent and threatening manner, risking harm to staff and patients. Following the event one of the practice partners offered counselling and support to staff who were working at the time. The practice also introduced CCTV in the reception area and improved the security of the reception desk.
- The practice highlighted compliments as well as complaints received via the NHS choices website at team meetings.

### 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 submitted

# Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, information about the most recent patient survey and action planning was on display in the reception area.

- The PPG were kept informed of quality monitoring and quality improvement at the practice. For example the audit of A&E frequent attenders, and a course attended by receptionists in “dealing with difficult patients” were both shared with and discussed by PPG.
- The PPG had been involved in organising various health talks at the practice including minor ailments, diabetes and asthma.
- One of the residents of a local care home for people with a learning disability was a member of the practice patient participation group and felt that the practice listens to his views.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns

or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. One example of this was the introduction of a “day book” which was an online record of daily events and activities which was accessible by the whole staff team

- The practice produced a quarterly newsletter for patients which encouraged feedback and participation as well as informing patients of upcoming changes and events.

## 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 pilot schemes to improve outcomes for patients in the area, for example the practice was undertaking a programme of accreditation for the National Gold Standard Framework for palliative care.