

King Edwards Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at King Edwards Medical Centre on the 7 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of safeguarding training for clinical staff and recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- 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.

- Patients said there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure Level 3 child protection training is provided to all clinical staff.
- Ensure recruitment arrangements include all necessary employment checks for all non-clinical staff.

In addition the provider should:

- Ensure the serial numbers of prescriptions issued are logged and to ensure an audit trail is kept to monitor their use.

Summary of findings

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.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there were areas where it must make improvements. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed with the exception of risks related to safeguarding as there were no written records to evidence that the practice nurse had received Level 3 child protection training. Recruitment arrangements also did not include all necessary employment checks for non-clinical staff.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that 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. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. All staff were aware of what their responsibilities were in relation to providing a good quality service. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 comparable or all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with health visitors and school nurses. For example the practice initiated having a health visitor based at the practice once a week which the CCG rolled out across all the practices in their group when they saw the benefits delivered to the local community. The practice had been proactive in identifying the lack of paediatric expertise available.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

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 offered a 'Commuter's Clinic' as well as being open to any other patient every day at 7.00am on Tuesday, Wednesday and Friday, for patients who could not attend during normal opening hours. 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.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. It had carried out annual health checks for people with a learning disability and these patients had received a follow-up.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

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

Good



Summary of findings

What people who use the service say

All of the 40 patient CQC 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 also spoke with six members of the patient participation group (PPG) (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The results from the National GP Patient Survey July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was significantly above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 96% said the GP was good at listening to them compared to the Clinical Commissioning Group CCG average of 81% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 79% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and national average of 95%
- 96% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and national average of 85%.
- 85% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 90%.

80% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Areas for improvement

Action the service **MUST** take to improve

- Ensure Level 3 child protection training is provided to all clinical staff.
- Ensure recruitment arrangements include all necessary employment checks for all non-clinical staff.

Action the service **SHOULD** take to improve

- Ensure the serial numbers of prescriptions issued are logged and to ensure an audit trail is kept to monitor their use.

King Edwards Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector**. The other members of the team were a GP specialist advisor and a practice manager specialist advisor and an expert by experience.

Background to King Edwards Medical Centre

King Edwards Medical Centre is situated within NHS Barking and Dagenham Clinical Commissioning Group. The practice holds a Personal Medical Services contract (Primary Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provides a full range of enhanced services including extended hours, adult and child immunisations, learning disabilities services, and remote care monitoring. The practice had a branch surgery at Thames View Medical Centre which we visited as part of the inspection. Two GPs were available at the branch surgery during the day.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Treatment of disease, disorder or injury, Family planning, and Diagnostic and screening procedures.

The staff team at the practice included two male GP partners and one female GP partner, two salaried female GPs, one female practice nurse, a practice manager and a team of administrative staff (all working a mix of full time and part time hours). The practice was not an approved training practice for GP Registrars. The practice had a patient list of just over 7000 at the time of our inspection and shared their patient list size with their branch surgery.

The practice is open between 08:00am and 18.30pm Monday to Friday. Appointments were available all day and the practice did not close during the day. Extended hours surgeries were available on a Tuesday, Wednesday and Friday from 7.00am to 8.00am. Patients were also offered additional appointments at the branch surgery.

To assist patients in accessing the service there was an online booking system, text message reminders for appointments and test results. Urgent appointments were available each day and GPs also completed telephone consultations for patients. An out of hour's service provided care to patients when it was closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice website as well as through posters and leaflets available at the practice.

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.

Why we carried out this inspection

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

This provider had not been inspected before and that was why we included them.

Detailed findings

How we carried out this inspection

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

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

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

- Older people

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 October 2015. During our visit we spoke with a range of staff such as the GPs, practice manager and administrative staff. We spoke with 15 patients and including six members from the PPG group. We reviewed personal care or treatment records of patients.

Are services safe?

Our findings

Safe track record and learning

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had prescribed a Combined Oral Contraceptive Pill (COCP) to a patient with a high BMI and who was also a smoker which put them at risk of other health conditions. The incident was documented and learning was shared with all clinical staff and they were reminded of prescribing guidance and guidelines. A letter of apology was also sent to the patient. The practice further responded by conducting an audit for all patients on COCP repeat prescriptions.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. National patient safety alerts were disseminated by email and discussed in clinical meetings and then placed onto the intranet. We saw Medicines and Healthcare Products Regulatory Agency (MHRA) alerts to ensure best practice. Minutes from clinical meetings showed, for example, an alert on Ebola and the Muslim festival of Hajj being discussed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to

all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. However, although all GPs working at the practice had received Level 3 child protection and training in safeguarding adults, and safeguarding was also covered in staff inductions for all staff, written evidence to confirm the practice nurse had received Level 3 child protection training was not provided. Shortly after our inspection, the provider informed us that they had booked the training for the practice nurse to attend.

- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the GPs 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 and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local Clinical Commissioning Group pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and a log was maintained which recorded received prescriptions. However, the serial numbers of prescriptions issued were not logged, which did not ensure an audit trail was kept to monitor their use.
- Although, recruitment checks were carried out, the two files we reviewed of recently recruited reception members of staff showed that appropriate reference checks had not been undertaken prior to employment. This was discussed with the practice management who told us they would be obtaining references as soon as possible.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the

different staffing groups to ensure that enough staff were on duty. For example, the management showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. They were stored in a secure mobile trolley and all the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. For example, we saw an alert cascaded to all clinical staff electronically on the use of steroids. We were told that this was useful to the practice as there were patients who were body builders. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We also saw evidence of the dissemination of information to salaried GPs to ensure they were made aware of information appropriate to their practice.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were that 99.8% of the total number of points available were achieved by the practice. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed that;

- Performance for diabetes related indicators was better to the CCG and national average. For example, the percentage of patients with diabetes, on the register, who had a record of an albumin: creatinine ratio test in the preceding 12 months was 96.52% compared to the national average of 85.94%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 85.71% compared to the national average of 78.53%.

- The percentage of patients with hypertension having regular blood pressure tests was better at 87.7% compared to the national average of 83.11%.
- Performance for mental health related indicators was better compared to the national average. For example, the percentage of patients with an agreed care plan documented in their record, was at 96% compared to the national average of 86.04%.
- The dementia diagnosis rate was above the national average. For example, the percentage of patients diagnosed with dementia was at 85.71% compared to the national average of 83.82%.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient's outcomes. There had been three clinical audits in the last two years and we saw two completed audits where the improvements made were implemented and monitored. For example, recent action taken as a result included an audit for all patients on the Combined Oral Contraceptive Pill (COCP) repeat prescriptions. During the audit all patients were screened by GPs in specially led clinics and their weight and BMI was checked. Four patients were taken off COCP and their contraception was changed. The second completed audit examined the quality of referrals each GP partner had made. The first audit cycle identified gaps in record keeping. During the second cycle there was a 20% improvement to how GPs were recording and maintaining their referral notes.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: fire procedures, basic life support and information governance awareness. 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a fortnightly basis and that care plans were routinely reviewed and updated. For example, at these meetings the GPs met with the community matron and provided updates on learning disability patients (such as referrals to other professionals and updates on medication changes).

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the

assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had independently employed a smoking cessation advisor who was linked to public health to actively review the lifestyle habits of patients and to support them to change their lifestyle by directing them to stop smoking services, where patients were overweight to weight management services and actively encouraged patients to take up NHS health checks.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79.99%, which was comparable to the CCG average and the national average of 81.88%. There was a policy to offer telephone and letter reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71.5% to 85.4% and five year olds from 54.5% to 69.2%. Flu vaccination rates for the practice for over 65s was 59.91%, (below the national average of 73.24%) and for at risk groups was 44.15% below the national average of 52.29%. However, Public Health England data identified that the practice population did not follow the local CCG age demographic with higher prevalence of 0 to 4 year olds and 20 to 44 year olds which was reflected in lower flu vaccination rates for over 65s.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

All of the 40 patient CQC 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 also spoke with six members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 81% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 79% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and national average of 95%
- 96% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and national average of 85%.

- 85% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 90%.
- 80% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 98% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 96% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and national average of 81%

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. Clinical staff also used language line and used an interpreting services to support their patients with communication.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and carers on the practice list had been identified as carers and were being supported, for example,

Are services caring?

by offering health checks and referral for social services support. Written information was available for carers to ensure they understood 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 or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example a health visitor was based at the practice once a week following a CCG pilot which had benefits on patient outcomes. The practice had been proactive in identifying the lack of paediatric expertise available.

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

- The practice offered a 'Commuter's Clinic' as well as being open to any other patient every day at 7.00am on Tuesday, Wednesday and Friday, for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had independently employed a pharmacist and a public health team screening employee to increase screening for Dementia. The five medical records we looked at confirmed that these patients were having NHS health checks. Patients were also referred to a memory assessment service and were given written and verbal information about their condition, treatment and the support options available in the local areas.

Access to the service

The practice was open between 08.00am and 18.30pm Monday to Friday. Appointments were from 9.00am to 11.30am every morning and from 16.00pm to 18.30pm daily. Extended hours surgeries were offered at the following times on Tuesday, Wednesday and Friday from 7.00am to 8.00am and Thursday from 7.30am to 8.00am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 57% patients said they could get through easily to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 62% patients described their experience of making an appointment as good compared to the CCG average of 65% and national average of 73%.
- 56% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 54% and national average of 64%.

In response to those areas where performance was below the CCG and national averages, the practice had established a pass number for vulnerable and older patients and extended opening hours.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. Patients were also provided with the contact details of The Independent Complaints Advocacy Services (ICAS) and the Patient Advice and Liaison Services (PALS) to support them with their complaints.

We saw that information was available to help patients understand the complaints system such as posters displayed in the reception area.

The practice had recorded one complaint in the last 12 months and this was satisfactorily handled and were dealt with in a timely way which was in accordance with the practice's complaints policy. The complainant was written to, discussing their complaint in detail. We noted that complaints had been handled with openness and transparency and were regarded as a significant event for discussion.

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

All complaints including verbal complaints were thoroughly recorded and we saw evidence of openness and transparency when dealing with complaints. Verbal complaints were recorded in writing to ensure they were not missed and were also responded to in writing.

The practice reviewed complaints on an on-going basis by discussing complaints at its practice and clinical meetings

to detect themes and trends and to ensure lessons were learned from individual complaints. We saw from the minutes that complaints were routinely discussed to ensure all staff were able to learn and contribute to determining any improvement action that might be required.

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 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.

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.
- There was a comprehensive understanding of the performance of the practice.
- There was 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, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and we saw meeting minutes to confirm this. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff

said they felt respected, valued and supported, 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG group informed us that they were involved in improving the appointment system and the implementation of the bypass number for older patients and any other patient in need who can call the GP directly on their mobile

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

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had independently employed a pharmacist and a public health team screening employee to increase screening for Dementia. They had initiated to have a health visitor based at the practice once a week which the CCG rolled out across all the practices in their group when they saw the benefits delivered to the local community. The practice had been proactive in identifying the lack of paediatric expertise.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Recruitment checks were not in place to ensure staff working, were properly vetted to ensure the protection of people using the service, 19 (3) (a) (b).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person had not ensured that staff had received appropriate training in safeguarding as was necessary to enable them to carry out the duties they were employed to perform; Staff had not received training in relation to safeguarding children 18 (1).