

Pearl Medical Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shakespeare Health Centre on 10 August 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- Most patients said they found it easy to make an appointment 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 the partners, the lead GP and management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- The practice should ensure that it reviews non-clinical safety alerts. For example it should risk assess its use of vertical blinds with looped cords in line with the relevant alert issued by NHS England.
- The practice could improve its fire safety procedures by carrying out periodic fire drills.
- The practice should ensure that all sharps bins are checked and removed as appropriate.

Summary of findings

- The practice had only identified ten patients who were carers and was not confident in the accuracy of this list. The practice should improve its identification of carers to ensure these patients receive appropriate assessment and support.
- The practice provided information in the waiting room and on its website about the service, the patient participation group, and recent patient feedback. It should also consider providing information about its vision and values.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- 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.
- Most risks to patients were assessed and well managed. The practice should ensure it acts on relevant non clinical safety alerts.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed the practice tended to be at or above average for most indicators.
- The practice scored in line with other practices in the local area for key performance indicators on managing diabetes.
- The practice carried out clinical audits which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from recent patient surveys showed that the practice tended to score in line with other practices in the clinical commissioning group for patient experience.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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 they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care to 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 up to date policies and procedures to govern activity and met regularly as a team.
- 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 complied with the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

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. Patients over 75 had been informed of their named GP.
- The practice was responsive to the needs of older people, and offered home visits, care planning and urgent appointments for those with enhanced needs. For example, certain patients (based on clinical need) had open access to telephone consultations or could telephone for repeat medications in special circumstances.
- All patients were offered annual flu vaccines either at the practice or at home if they were housebound. The practice also offered the shingles and pneumococcal vaccines to eligible older patients.

Good



People with long term conditions

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

- The practice kept registers of patients with long term conditions. These patients had a regular structured review to check their health and medicines needs were being met. The practice operated a call-recall system to encourage patients to attend for their review.
- Practice performance for diabetes was comparable to the CCG average. The percentage of diabetic patients whose blood sugar levels were adequately controlled was 75% compared to the clinical commissioning group average of 76%.
- The practice participated in a local scheme to avoid unplanned admissions. Patients identified as at risk were reviewed and had a personalised care plan. Cases were discussed at regular multidisciplinary meetings. Patients with complex problems requiring more intense support were case managed by a local complex patient multidisciplinary group.
- The whole practice team had roles in chronic disease management and prevention. For example, the practice had designated each GP to lead on specific conditions and the health care assistant had been trained on smoking cessation.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

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 higher than average for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. The premises were suitable for children and babies.
- Appointments were available outside of school hours.
- We saw positive examples of timely communication with and referral to health visitors and other health, social and education services. The practice invited their local health visitor to attend monthly multidisciplinary meetings at the practice.

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 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 and flexible.
- The practice was open until 7.30pm on two evenings during the week.
- The practice offered a range of ways to access services, for example, daily telephone consultations with a GP, online appointment booking and an electronic prescription service.
- The practice offered a full range of health promotion and screening services reflecting the needs for this age group. For example it had achieved its target for uptake of NHS health checks for patients aged 40-74.
- The practice targeted its student vaccination campaign outside of term time when students were more likely to be at their locally registered address.
- 74% of eligible women registered with the practice had a recorded cervical smear result in the last five years compared to the CCG average of 77%.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including people with a learning disability. Patients with a learning disability were offered an annual health review.
- The practice offered longer and same day appointments for patients in vulnerable circumstances and patients with a learning disability.
- The practice identified and flagged patients who were also carers. Carers were offered regular reviews and flu vaccination.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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).

- All (six) of the practice patients with dementia had attended a face to face review of their care in the last year compared to the CCG average of 86%.
- Patients newly assessed to be at high risk of dementia were referred to the local memory clinic for diagnostic tests.
- The practice was alert to patients with mental health problems who were showing signs of distress or becoming unwell, for example, the practice monitored whether patients collected repeat prescriptions.
- The practice regularly liaised with specialist teams in the case management of patients experiencing poor mental health.
- 96% of practice patients diagnosed with a psychosis had a comprehensive care plan which was comparable to the CCG average of 91%.
- The practice was able to advise patients experiencing poor mental health and their carers how to access various support groups and voluntary organisations.
- The GPs discussed how patients with mental health problems could access services urgently, for example, if they were experiencing a crisis.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice's results were comparable with the local and national averages. The survey programme distributed 400 questionnaires by post and 112 were returned. This represented 3% of the patient list (and a response rate of 28%).

- 75% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 68% and the national average of 73%.
- 71% 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 70% and the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 71% and the national average of 79%.

We spoke with three patients during the inspection and received 24 completed patient comment cards. All but one patient was very positive about care they received at the practice, for example consistently describing the clinical staff as caring and the receptionists as being friendly and helpful. One patient told us they had recently registered and thought the care they received at Pearl Medical Practice was better than their previous practice. Another patient told us that this was the only practice where they had ever felt comfortable and respected.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. We received one critical comment about difficulty getting through on the telephone early in the morning and another about the waiting room becoming uncomfortably hot at times. In both cases, the patients told us they were otherwise happy with the service.

The practice had an active patient participation group and members told us the practice was responsive to suggestions and had made improvements. For example, the practice had introduced extended evening hours as a result of patient feedback.

Areas for improvement

Action the service SHOULD take to improve

- The practice should ensure that it reviews non-clinical safety alerts. For example it should risk assess its use of vertical blinds with looped cords in line with the relevant alert issued by NHS England.
- The practice could improve its fire safety procedures by carrying out periodic fire drills.
- The practice should ensure that all sharps bins are checked and removed as appropriate.
- The practice had only identified ten patients who were carers and was not confident in the accuracy of this list. The practice should improve its identification of carers to ensure these patients receive appropriate assessment and support.
- The practice provided information in the waiting room and on its website about the service, the patient participation group, and recent patient feedback. It should also consider providing information about its vision and values.

Pearl Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

Background to Pearl Medical Practice

Pearl Medical Practice provides NHS primary medical services to around 4000 patients in Wembley, in the Brent Clinical Commissioning Group area. The service is provided through a general medical services contract.

The current practice clinical team comprises two GP partners and one salaried GP. The practice employs a practice nurse (although the post was vacant and being covered by a temporary practice nurse at the time of the inspection) and a health care assistant. The practice also employs a practice manager and administrative and reception staff. The GPs typically provide around 16 sessions in total each week. Patients have the choice of seeing a male or female GP.

The practice is open from 9am-6.30pm during the week with the exception of Thursday when the practice is closed from 3pm and does not run an afternoon surgery. The practice is additionally open between 6.30-7.30pm on Monday and Wednesday evenings. Same day and longer appointments are available for patients with complex or more urgent needs. The practice offers online appointment booking and an electronic prescription services. The GPs make home visits to see patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients are advised to use a contracted out-of-hours primary care service if they need urgent primary medical care. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, on its website and on a recorded telephone message.

The practice population profile differs from the national average in having a higher proportion of families with children under five and a relatively small population of patients aged over 65. The population in the local area is generally characterised by average levels of income deprivation, life expectancy, education and employment; although levels of income deprivation amongst older people are higher than average. The practice population is ethnically diverse with a significant number of patients originating from the Indian subcontinent.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; maternity and midwifery services and treatment of disease, disorder and injury. The practice has not previously been inspected by CQC.

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.

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 10 August 2016. During our visit we:

- Spoke with a range of staff, including a GP partner, the salaried GP, a health care assistant and a receptionist and spoke with three patients who used the service and one member of the practice patient participation group.
- Observed how patients were greeted on arrival at the practice.
- Reviewed an anonymised sample of the personal care or treatment records of patients. We needed to do this to understand how the practice carried out care planning and managed long term conditions such as diabetes.
- Reviewed 24 comment cards where patients and members of the public shared their views and experiences of the service.
- Interviewed three patients and met three members of the patient participation group.
- Reviewed documentary evidence, for example practice policies and written protocols and guidelines, audits and monitoring checks.

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

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

- Staff told us they would inform the practice manager or the GP partners of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a root cause analysis if appropriate of individual significant events and an annual review.

We reviewed safety records, incident reports and patient safety alerts. The practice kept a log of significant events, critical incidents, near misses and medicines and equipment alerts. The practice acted on these alerts to identify any patients affected and ensure their treatment complied with current guidelines. The practice was less organised in relation to non clinical alerts. For example, it had not risk assessed the use of blinds with looped cords within the practice in line with a recent NHS England alert.

Significant events were discussed at both clinical and staff meetings and minutes retained. We saw evidence that lessons were shared and action was taken to improve safety in the practice and the practice liaised with other organisations such as Public Health England. The practice also reported relevant incidents through the NHS National Reporting and Learning System.

For example, there had been a recent incident involving a patient receiving an incorrect form of a vaccine for their age group. The practice reviewed the factors that had led to the mistake and discussed the learning as a team. As a result clearer information was disseminated on the current vaccination schedule to all staff carrying out vaccinations and also included in consultation rooms and the locum

pack. The practice apologised to the family involved and explained the error. In this case, the patient did not come to any harm and the practice's actions reduced the risk of recurrence.

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 to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.
- Safeguarding 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. The practice had designated leads for safeguarding children and vulnerable adults. The GPs provided safeguarding related reports where necessary for other statutory agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and practice manager were trained to child safeguarding level 3. The other staff members were trained to level 2.
- Notices in the waiting and consultation rooms 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. One of the GP partners was the lead for infection control in the practice and the practice nurses were responsible for monitoring infection control practice day to day. The practice had comprehensive infection control policies in place including hand washing, handling of specimens and handling of 'sharps'. Staff had received up to date training on infection control and were familiar with practice infection control protocols. We noted one sharps bin which had not been removed despite being installed over three months previously. This was because the room had not been in regular use. The practice should

Are services safe?

ensure that all sharps bins are checked in line with its policy. The practice carried out annual infection control audits. The most recent audit had not identified any actions for improvement.

- The practice had effective arrangements for managing medicines safely (including obtaining, prescribing, recording, handling, storing, security and disposal of medicine). Prescribers had ready access to the local formulary which was saved to the 'desktop' area of each computer terminal. Processes were in place for handling repeat prescriptions which included the review of high risk medicines and regular review of patients on long-term prescriptions. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice was performing well and meeting all local prescribing targets.
- The practice had effective systems in place to ensure vaccines and any other medicines were stored at the appropriate temperature.
- Patient group directions (PGDs) had been adopted by the practice to allow the locum practice nurse to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had appropriate health and safety policies and protocols in place with named leads. The practice

provided a copy of the fire risk assessment which was up to date. The practice had a rota with named staff leads should urgent evacuation of the premises be required. The practice had not carried out a recent fire drill.

- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The property management agency had risk assessments in place to monitor safety such as control of substances hazardous to health; infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had copies of these assessments.
- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty with the appropriate skill mix. The practice currently had a vacancy for a practice nurse and had secured a locum nurse to cover the vacancy during the recruitment process.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and child 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.

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 local 'pathways' agreed by the clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs. The practice was an active member of its locality group of practices.
- The practice monitored that guidelines were followed through group discussion, audits, medicines reviews with individual patients and checks of patient records. The practice showed us examples of audits of their practice against NICE and CCG guidelines.

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 for 2015/16 were 91.0% of the total number of points available compared to the national average of 95.4%. The practice exception reporting rates tended to be below average. (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). Data from 2015/16 showed:

- The practice prevalence rate for diabetes was 10% which was similar to the CCG average. Practice performance for diabetes related indicators was comparable to the local and national averages. For example, 75% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG average of 76% and the national average of 78%. Eighty-three per cent of practice

diabetic patients had a recent blood pressure reading in the normal range compared to the national average of 78%. The practice's exception reporting rates for diabetes indicators were below average.

- In 2015/16, all patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 86% and the national average of 83%.
- For patients with a diagnosis of psychosis, 96% had an agreed, comprehensive care plan which was comparable with the CCG average of 91% and the national average of 89%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were prompted by changes and updates to guidelines, local commissioning priorities, significant events and safety alerts.
- The practice used clinical audit as a tool to monitor and improve its performance. The practice had logged multiple audits conducted over the previous two years, at least two of which were completed two-cycle audits where changes had been implemented and then reaudited to ensure the improvement had been sustained. Topics included the prescribing of lithium, a review of the appropriateness of referrals, staff awareness of emergency protocols, the prescribing of newer hypoglycaemic agents and the management of osteoporosis.
- The practice participated in locality based audits, national benchmarking and peer review and regularly liaised with the local NHS prescribing team. Findings were used by the practice to improve services.
- For example the practice had conducted a two-stage audit of its prescribing of methotrexate following a significant event. The first audit showed that only two thirds of affected patients had up to date blood tests prior to being issued with a repeat prescription. The practice discussed the results and amended its prescribing protocol, for example, ensuring that patients who were not up to date with their blood tests were contacted. The practice repeated the audit in 2016 and found that all but one patient prescribed this medicine now had up to date blood tests recorded in their notes.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had a structured induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the administrative staff had received awareness training about common long term conditions because the practice recognised that these staff had a role to play in encouraging patients to engage with services.
- 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 practice had secured a locum practice nurse to cover a vacancy and had checked their professional registration and competencies before they started at the practice.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on going support, one-to-one meetings, team meetings and informal discussion and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months or had an appraisal booked.
- We were told that reflection, learning and development was encouraged. For example, the practice held clinical and team meetings. Clinical meetings included regular discussion of guidelines, any significant events and unusual or complex cases.
- All staff received mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance.

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 treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

The practice participated in the local integrated care programme aiming to avoid unnecessary hospital admissions for patients assessed to be at high risk. It had recently audited patients over 75 who had been admitted and found these admissions were appropriate. Practice clinicians attended multidisciplinary meetings in the locality at which care plans were routinely reviewed and updated for patients with complex needs. The practice also routinely liaised with health visitors, district nurses and the local palliative care team to coordinate care and share information.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment. The practice had systems in place to ensure that where patients had made advance decisions, these were communicated to other services when necessary, for example, to the ambulance service if attending out of hours.

Supporting patients to live healthier lives

The practice identified patients 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.

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

- In 2015/16, 74% of eligible women registered with the practice had a recorded cervical smear result in the last five years compared to the CCG average of 77%. The practice ensured a female sample taker was available. 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.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In 2014/15, 68% of eligible women had attended screening within the last three years compared to the CCG average of 63%. Bowel cancer screening uptake was 59% compared to the CCG average of 44%.
- Childhood immunisation rates were high. For example in 2015/16, 89% of eligible babies had received the 'five in one' vaccination by the age of two years. For the preschool cohort, 82% had received their booster vaccinations. The practice followed up children who did not attend their initial appointments.
- 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. The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.
- The practice provided health education sessions as part of its patient participation group meetings. For example, the practice had organised a session on carers' needs and available services at the most recent meeting.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were polite and helpful to patients and treated them with 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 were able to take patients to a more private area if they needed to discuss sensitive issues or appeared distressed.

All but one of the patients who participated in the inspection were very positive about care they received at the practice, for example consistently describing the clinical staff as caring and the receptionists as being friendly and helpful. One patient told us they had recently registered and thought the care they received at Pearl Medical Practice was better than their previous practice. Another patient told us that this was the only practice where they had ever felt comfortable and respected.

Results from the national GP patient survey reflected these findings. The practice's results were statistically comparable to the national and local averages for patient experience of consultations. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.

- 88% 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 were listened to and were involved in decisions. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their treatment. The practice results were statistically comparable to the local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 71% 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%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

The practice participated in a locality wide practice survey in 2016. Twenty-nine practice patients participated. This survey found that 27 of these patients (93%) would recommend the practice.

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 some support groups, for example for carers, was also available on the practice website. The practice computer system alerted staff if a patient was also a carer. The practice had a register of carers but told us this needed review as some patients who were care workers had been included in error. The practice offered carers the flu vaccination and priority for appointments. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if patients had suffered bereavement, the GP would visit or telephone. The practice signposted patients to bereavement support services. The responsible GP updated the electronic medical record to ensure the whole staff team were aware of any bereavement.

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, the clinical commissioning group (CCG) and was active in its locality group of GP practices to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability or other more complex needs.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and patients with urgent medical problems.
- The practice offered travel vaccinations. The practice provided information about which vaccinations were available free on the NHS and which were available privately for a set fee.
- There were disabled facilities and translation services. The practice was located on the ground floor of a health centre and all areas were accessible to people with disabilities.
- Patients were able to request appointments with a male or female GP.

Access to the service

The practice was open from 9am-6.30pm during the week with the exception of Thursday when the practice closed from 3pm and did not run an afternoon surgery. The practice was additionally open between 6.30-7.30pm on Monday and Wednesday evenings. The practice offered online appointment booking. Same day appointments were available for patients with complex or more urgent needs. The GPs made home visits to see patients who were housebound or too ill to visit the practice.

Results from the national GP patient survey showed that patient satisfaction with access to the service was comparable to the local and national averages.

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

- 77% 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 78% and the national average of 85%.
- 75% of patients described their experience of making an appointment as good compared to the CCG average of 68% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and telephone access did not seem to be a consistent concern. The patient participation group representative we spoke with said that practice had recently made significant improvements to telephone access. Routine appointments with named GPs were available within two weeks. The CCG provided out of hours primary care services at weekends and evenings which practice patients were able to use if they were unable to obtain a convenient appointment at the practice.

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.
- 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.
- We looked at four complaints (verbal and written) received in the last 12 months. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, the previous year the practice had identified a pattern of complaints about access to appointments and had implemented changes to the appointment system as a result. The practice had only subsequently

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

received one complaint about the appointment system and this specifically related to an administrative error. Practice meetings included an standard agenda item on patient complaints.

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 told us its vision was to provide a high standard of care for all patients within a welcoming, clean and clinically sound environment. The practice had a strategy to achieve this by actively engaging in local and national health care initiatives for the benefit of its patients. The practice did not display a mission statement or other summary of its vision in the waiting area or on its website.

- Staff we interviewed consistently told us the practice aimed to provide a high standard of care and they believed patients received a good service.
- The practice had a strategy and supporting business plans which reflected the vision and they which 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 in folders and on the shared drive.
- There was a comprehensive understanding of the performance of the practice. Benchmarking information was used to monitor practice performance in comparison to other practices within the same locality.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions.

Leadership and culture

The partners and senior staff in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised patient centred care and were able to provide examples. The partners and practice manager were accessible.

- There was evidence that changes to policies, guidelines, systems and processes were shared with staff. For example, staff signed to show they had read key policies and alerts.
- Staff said they felt respected, valued and supported by the partners and the practice manager. The practice had

undergone change over the previous two years with the recruitment of a new partner and the more recent recruitment of a long term salaried doctor. Staff told us these changes had been well planned and managed.

- The practice held regular staff meetings. Records of these meetings were kept for future reference. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issue at meetings or with managers individually.
- The provider complied 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).

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

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

- It 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, was involved in patient surveys and submitted proposals for improvements to the practice management team. The practice publicised recent patient feedback and survey results and its response with posters in the waiting room and reports on the website.
- The practice had also gathered feedback from staff through appraisals and staff discussion.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

- There was a focus on learning and improvement at all levels within the practice. The practice sought feedback from staff and patients, which it acted on. For example, the practice had acted on patient feedback by introducing extended hours opening and increasing the number of staff allocated to answering the telephone early in the morning which was the busiest time of day.
- The practice used clinical audit as a driver for improvement. We saw many examples of audit and benchmarking. The practice understood its

Are services well-led?

Good 

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

performance in relation to other practices in the area and investigated any areas where its performance seemed out of line, for example, hospital admissions of patients aged over 75.