

Melbourne Grove 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?		Requires improvement	
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 Melbourne Grove Medical Practice on 8 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed though the practice had not implemented the recommendation from their Legionella risk assessment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Not all patients felt they were treated with compassion, dignity and respect or 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. However we saw that the practice did not provide complaint responses in two out of the three complaints reviewed for over four months.
- Some patients said they had difficulty accessing appointments over the telephone and there was a lack of continuity of care as a result of staff turnover and reliance on locum GPs. Urgent appointments were available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review and update the practice's safeguarding policies with details of all relevant contacts to enable staff to effectively report safeguarding concerns.
- Consider providing customer service training for all staff.

Summary of findings

- Comply with the recommendations in the practice's legionella risk assessment.
- Continue to work on recruiting additional staff to improve continuity of patient care.
- Arrange additional training for practice nurses with higher than average inadequate cervical screening sample rates.
- Continue to work on improving patient satisfaction scores around access; particularly in respect of their ability to contact the practice over the telephone.
- Ensure that the practice's stock of emergency medicines are appropriate to meet the needs of patients requiring emergency treatment.
- Take action to respond to low national patient survey scores and monitor progress.
- Respond to complaints in a timely fashion in accordance with the practice's complaints policy

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed though the practice had not complied with the recommendations in their Legionella risk assessment.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as requires improvement for providing caring services.

Requires improvement



- Data from the national GP patient survey showed patients rated the practice lower than others for most aspects of care.
- Most patients we spoke to on the day said that they were treated with compassion, dignity and respect and they were

Summary of findings

involved in decisions about their care and treatment. Feedback from CQC comment cards was mixed and some patients said that both clinical and non-clinical staff did not act with compassion.

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treat 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.
- 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 provided detailed responses although these were sometimes not given in a timely manner in accordance with their complaints policy. Learning from complaints was shared with staff and other stakeholders.
- Continuity of care was raised by patients as a concern and some said they found it difficult to get through to the practice on the telephone.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. In spite of this commitment some patients had expressed dissatisfaction with the level care and compassion shown by both clinical and non-clinical staff. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and the aim to provide high quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The leadership within the practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice participated in pilot schemes and aimed to improve the quality of care.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the CCG's Holistic health assessments service whereby patients over 65 years who were housebound or had chronic diseases or were aged over 80 had comprehensive health assessments with a view to using this information to address their health and social care needs.
- The practice aimed to engage with the local community and turn the practice into a community hub which would combat social isolation. The practice had partnered with a local charity in January 2016 and had started a weekly arts and crafts group for patients over 65.

People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for the management of diabetic patients was in line with local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice ran a monthly diabetes patient's support group which was delivered by the practice clinical lead. This provided education and information to patients as well as allowed them to talk through their experiences with other patients. We were told that there were 18 patients participating in this group. The practice had held a diabetes awareness week from 13 to 17

Summary of findings

June 2016 which included a fruit and vegetable bring and buy where money was donated to a diabetes charity and educational talks on diabetes were provided for both staff and patients.

- The practice had undertaken a review of all patients referred to secondary care. Learning points from this review included improving the practice's urgent referral process; ensuring those patients urgently referred had attended secondary care appointments and the importance of educating locum staff on how to complete urgent referral forms.

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. Immunisation rates were relatively high for all standard childhood immunisations.
- The number of women who had undergone cervical screening was in line with local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice undertook a research project between September and November 2015 which aimed to identify the needs to young patients. All patients aged 13 – 18 were written to with a questionnaire asking them to provide feedback on their experience of using GP services. As a result the practice held a youth PPG and discussions were held about topics relevant to the practice's youth population including exam stress and substance misuse.
- The practice had a twitter account which it was hoped would allow young patients to engage more effectively and provide feedback.

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, flexible and offered continuity of care.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a 'Commuter's Clinic' on Saturdays between 9 am and 1 pm for working patients who could not attend during normal opening hours.

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



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- Staff at the practice had received domestic violence training.
- The practice had developed a vulnerable adult's protocol that provided staff with a list of patients who would be classified as vulnerable. The protocol outlined the requirement for all of these patients to be correctly coded on the patient record system and that those patients coded were prioritised and accommodated when booking appointments, proactively followed up and flagged to clinicians in the event that they did not attend their appointments.

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).

Good



- 77% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice performance for the management of patients with mental health conditions was in line with local and national averages.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice held a drug counselling service every week where the clinical lead reviewed patients attending with a drug counsellor.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. Four hundred and eleven survey forms were distributed and 110 were returned. This represented 1.5% of the practice's patient list.

- 42% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 47% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 50% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 44% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 completed comment cards. Twelve of these cards were exclusively positive about the care received. Twelve of cards contained mixed feedback and five cards were negative. Of the positive comments patients had referred to the quality of care provided by the clinical lead and the pleasant surgery environment. Seven patients expressed dissatisfaction with the attitude of reception staff, six cited problems getting through to the practice on the telephone and four documented instances where clinical staff had been uncaring and as many patients complained about the lack of continuity due to staff turnover and reliance on locum staff.

We spoke with ten patients during the inspection. All 10 patients said they were satisfied with the care they received and most thought staff were approachable, committed and caring. Three patients told us that reception staff were not always considerate or caring and that it could be difficult to make an appointment.

Melbourne Grove Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Melbourne Grove Medical Practice

Melbourne Grove Medical Practice is based in the Southwark CCG and serves approximately 7154 patients. The practice is part of Concordia Health Limited and is registered with the CQC for the following regulated: Surgical Procedures, Diagnostic and Screening Procedures and Treatment of Disease, Disorder or Injury. The practice is providing Maternity and Midwifery Services and Family Planning but is not yet registered for these services. The practice has been asked to take steps to ensure their registration is up to date and correct.

The practice has average levels of deprivation compared to other areas nationally. The practice has a larger than average working age population and lower proportion of patients over the age of 65. The practice has a slightly lower proportion of patients with a long term health condition compared to the local and national average.

Clinical care is provided by three GPs of mixed gender, two female practice nurses and a healthcare assistant. The practice had recently become a training practice and we were told that they were due to receive their first GP in training in August 2016.

The practice is open between 8 am to 6.30 pm Monday to Friday and 9 am to 1 pm on Saturdays. The practice offers 87.9 GP hours per week with booked and emergency appointments five days per week. The practice had recently recruited another GP due to start in September 2016 who would work 39 hours per week. However we were told on the day of the inspection that one of the GPs who worked 27 hours would shortly be leaving the practice. The practice told us that they were looking to recruit an additional 24 GP hours, 32 nurse practitioner hours and 10 practice nurse hours. Locum staff are currently being used to ensure that there was adequate cover.

Melbourne Grove Medical Practice operates from purpose built premises at Melbourne Grove, London, Southwark SE22 8QN. The practice is based over two floors. The service is accessible for patients with mobility problems and those who cannot climb stairs could be seen in a surgery on the ground floor.

Patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Alternative Provider Medical Services (APMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Childhood Vaccination and Immunisation Scheme, Facilitating Timely Diagnosis and Support for People with Dementia, Improving Patient Online Access, Influenza and Pneumococcal Immunisations, Learning Disabilities, Minor Surgery, Patient Participation, Rotavirus and Shingles Immunisation and Unplanned Admissions

The practice is a member of GP federation Improving Health Limited.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 September 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, practice management and customer service officers) and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that the practice had undertaken a review of patients on the basis of an alert concerning glucose testing strips.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse however the practice's policies did not contain information of all relevant safeguarding contacts:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff though neither the child nor adult safeguarding policy had details of external safeguarding contacts. However we did see posters in consulting rooms and reception which detailed the contact information for both the practice leads and the local safeguarding leads. There was a lead member of staff for safeguarding. The clinical lead attended quarterly safeguarding meetings for safeguarding leads in the

CCG. The practice had monthly meetings and weekly contact with the health visitor team and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All three GPs and the nursing staff were trained to child protection or child safeguarding level 3.

- A notice in the waiting room and on all consulting room doors 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD's 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 five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and the majority were well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments which had been completed in September 2016. The practice was in the process of implementing actions. We saw evidence of regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However some of the action points from the Legionella risk assessment had not been completed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We were told that the practice had recruitment challenges, one GP had left the practice a week prior to our inspection and another had left the day prior to our inspection. The practice ensured that all vacant GP hours were covered by using locum GPs. We were told that a new GP was due to join the practice at the end of September 2016. We also saw the practice was actively trying to recruit a GP, a nurse practitioner and a customer support officer. The practice had also made improvements to their recruitment procedures in respect of the recruitment of locum staff.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available on both the ground floor and the first floor in an area accessible only to staff. The practice had staged an emergency scenario to assess their ability to respond to an unforeseen incident where a patient would require resuscitation with the aid of emergency equipment. Action points from the scenario included ensuring that the practice mobile telephone was easily accessible and that a staff member should be allocated to lead/co-ordinate emergencies and this should be different from the staff member administering basic life support.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice. The practice did not have a complete supply of recommended emergency medicines. For instance there was no antiemetic (used to treat nausea), opiates (for severe pain), naloxone (for opiate overdose) or diclofenac (for pain relief). However the practice had completed a detailed risk analysis of those medicines that were not present and decided that their absence was justified given that the risk of requiring these medicines was remote and that any emergency could be promptly dealt with by calling an ambulance who could take them to a nearby hospital. The emergency medicines were kept in a locked area within a secure area of the practice. All staff knew of the location of emergency medicines. All the medicines we checked were in date.
- 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 used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100 % of the total number of points available with an exception reporting rate of 9%. (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).

The practice had high exception reporting rates for Cancer (22% compared with 14% in the CCG and 15% nationally) and for Chronic Kidney Disease (15% compared with 6% in the CCG and 8% nationally).

We undertook a review of patient files on the day of the inspection and were satisfied that patients were being exception reported appropriately. The practice provided us with a copy of unpublished QOF data for 2015/16 this showed that the exception reporting rate for cancer had reduced to 7%.

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

- Performance for diabetes related indicators was comparable with the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification

within the preceding 12 months was 91% compared with 85% in the CCG and 88% nationally. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 12 months was 97% compared with 88% in the CCG and 94% nationally.

- Performance for mental health related indicators was similar to the national average. For example the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 77% compared with 80% in the CCG and 84% nationally. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed

Care plan documented in the record, in the preceding 12 months was 96% compared with 85% in the CCG and 88% nationally.

There was evidence of quality improvement including clinical audit.

- There had been 19 audits completed in the last two years, three of these were completed audits and two of these showed improvements being implemented and monitored.
- The practice participated in local audits and had reduced their spending on prescribing from a 7% overspend in 2014/15 to a 13% underspend in 2015/16.
- Findings were used by the practice to improve services. For example, one of the audits focused on the reduction of prescribing of addictive pain medication. At the conclusion of the first audit the practice established a pain clinic which targeted patients who were on these medications with a view to reducing or finding alternate means of pain management. The practice also provided feedback to a local hospital about perceived over prescribing of these medications comparative to other secondary care services in the area. The second cycle showed that the number of times morphine or tramadol were issued had significantly reduced. A second audit focused on the reducing the prescribing of high dose inhaled corticosteroids for patients with asthma.

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 an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice also held monthly in-house educational meetings covering areas such as use of emollients, acne and antibiotic prescribing.
- 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 online resources and discussion at practice meetings. However one of the practice nurses had a 5% inadequate cervical screening rate.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Staff from external agencies, including district nurses and health visitors, regularly attended the practice's weekly clinical meetings where care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients could be referred to external agencies for support with weight management and smoking cessation when required.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by having access to translation services and ensuring that a female sample taker was available. The practice's protocol for cervical cytology also ensured that patients with learning difficulties or who did not speak English were identified and followed up as a priority. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the

Are services effective?

(for example, treatment is effective)

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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 96% and five year olds from 80% to 96%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Twelve of the 29 patient Care Quality Commission comment cards we received were exclusively 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. Twelve cards contained mixed feedback and five contained negative feedback. Concerns cited included dissatisfaction with reception staff, uncaring clinical staff, lack of patient continuity and difficulties getting through on the practice telephone to make an appointment.

We spoke with three members of the patient participation group (PPG). They 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 practice scored lower on the national GP patient survey in respect of questions related to being treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 60% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 61% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 78% 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%.
- 62% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 64% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

This data had been analysed by the practice. The practice considered that they needed to actively promote feedback mechanisms to improve dialogue and engagement with patients.

We were told on inspection that the practice had previously identified problems with the behaviour of staff and appropriate action was taken to address this. The practice had seen a decrease in the number of complaints in respect of clinical care since action had been taken. We were also told that the practice had recently recruited a number of new customer service staff and a new assistant practice manager. The practice hoped that these appointments would improve customer service. One of the GPs had recently completed an advanced communication skills course and that some reception staff had been sent on customer service training; though a number of the staff who received this had left and this had not been completed by new staff members.

Care planning and involvement in decisions about care and treatment

Most patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Two patients said that the GP was on occasion neither good at involving them in decisions about care and treatment or explaining tests and treatments. Patient feedback from the comment cards aligned with the positive views expressed by patients in this regard. We also saw that care plans were personalised.

Are services caring?

Results from the national GP patient survey showed patients rated the practice lower than national averages for questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 54% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 65% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients as carers (over 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice sent letters out to carers on behalf of the safeguarding lead to invite them in for an annual health check which included offering a flu immunisation and putting patients in contact with support agencies.

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. We saw leaflets in the waiting area which encouraged patients to contact the GP if they had suffered bereavement directing patients to source of support if they had suffered bereavement and this was featured in the practice's August newsletter.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice participated in the CCG's Holistic health assessments service whereby patients over 65 years who were housebound, had chronic diseases or were aged over 80 had comprehensive health assessments with a view to using this information to address their health and social care needs. Staff at the practice had been asked by the local federation to assist in the redesigning of this assessment.

- The practice offered a 'Commuter's Clinic' on Saturdays between 9 am and 1 pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. Patients with mobility problems could be accommodated on the ground floor of the practice.
- The practice had created welcome packs which were targeted at patients of different ages. The welcome packs contained leaflets and information of services relevant to patients within that age range. For example there was leaflet for personal alarms provided by a national charity and information about walking groups in the local area for patients over the age of 65.
- The practice provided newsletters which provided information on different topics each month. For example mental health support, how to effectively access appointments, flu vaccinations, the opening of a Saturday surgery and help and support for vulnerable patients.

- The practice ran a monthly diabetes patient's support group which was delivered by the clinical lead. This provided education and information to patients as well as allowed them to talk through their experiences with other patients. We were told that there were 18 patients participating in this group. The practice had held a diabetes awareness week from 13 to 17 June 2016 which included a fruit and vegetable bring and buy where money was donated to a diabetes charity and educational talks on diabetes for both staff and patients.
- The practice had started a youth PPG group and launched a twitter account in an attempt to better engage with younger patients.
- The practice had started a gardening group for patients which aimed to combat social isolation. The practice provided feedback from five patients. The feedback indicated that the project had a positive impact for these patients by reducing social isolation for these patients and improving their physical health.
- The practice held a drug counselling service every week where the clinical lead reviewed patients attending with a drug counsellor.

Access to the service

The practice was open between 8 am to 6.30pm Monday to Friday. Appointments were available during these hours. Extended hours appointments were offered at the following times on 9 am to 1 pm every Saturday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the local and national averages.

- 66% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 42% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Are services responsive to people's needs?

(for example, to feedback?)

The practice had changed its opening hours recently to offer extended hours access on a Saturday for working patients with pre booked appointments. The practice also provided us with two telephone access audits which showed an improvement in call response times with 67% of the calls reviewed being answered within less than 60 seconds. The practice was also promoting online access in their practice newsletter in an attempt to reduce pressure on the phone lines. In addition clinicians were told to book follow up appointments for patients during consultations and the practice had recently hired a new assistant practice manager who had been tasked with monitoring how quickly customer service staff answered the telephone.

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 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. However timely responses were not always given in accordance with the practice policy.
- 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 three of the complaints received in the last 12 months and found that though responses were detailed, open and transparent they were not provided in a timely manner. The complaint policy stipulated that the practice would respond within four weeks from receipt of the complaint however two of the complaints we reviewed did not have a final response drafted for over four months; though this was acknowledged in both of these responses and an apology was provided. In the case of clinical complaints responses included reflection not only from the clinician who the complaint related to but also the practice's clinical lead. High risk complaints were reviewed by senior management within Concordia to identify patterns and see if learning could be cascaded throughout the rest of the organisation. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

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

Though patient satisfaction with the practice was lower than national and local averages the practice had developed a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting three year business plan which reflected the vision and values and were regularly monitored. We saw that staff had contributed ideas to the strategy.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and aimed to improve the quality of 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. However the practice were not following the timeline for responses in their complaints procedure and safeguarding contacts were not detailed in the practice's safeguarding policy.
- A comprehensive understanding of the performance of the practice was maintained. The practice were aware of patient dissatisfaction with the quality of care provided by the practice and steps had taken to try and improve this for example by auditing the practice telephone system and working on ways to engage with patients through practice newsletters, PPG initiatives and specialist clinics. The practice was aware of concerns related to continuity of care and had recently appointed a new GP and were planning to recruit additional staff.
- 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, with the exception of the practice's Legionella risk assessment we saw that mitigating actions had been taken.

Leadership and culture

Practice staff told us they prioritised safe, high quality and compassionate care. We were told that the practice had come under new leadership in November 2015 and that efforts had been made to improve patient satisfaction with the service offered and we saw evidence to support this. However some of the feedback gathered suggested that patients remained unsatisfied with the quality of care received.

Staff told us the leadership team within the practice were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support for all staff on communicating with patients about notifiable safety incidents. The organisation encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology however some apologies were not provided in the timescales provided in their complaint policy.
- The practice kept written records of verbal interactions as well as written correspondence.
- Systems were in place to ensure that high risk complaints and significant events were reviewed by clinical directors to enable action to be taken and learning shared across the organisation.

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

- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff told us that they would frequently socialise outside of work.
- Staff said they felt respected, valued and supported, particularly by the clinical lead and managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the clinical lead and management encouraged members of staff to identify opportunities to improve the service delivered by the practice. For example we saw a board next to the practice manager's office where staff were encouraged to write down ideas to improve the care provided for the six CQC population groups.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

management team. For example, the PPG had assisted the practice in starting the community garden area targeted at patients over 65. Members of the PPG group also told us that they had input into the running of the practice's diabetes support group. A member of the PPG acted as the practice's patient ambassador and regularly volunteered at the practice. The practice had also established a youth PPG which provided educational sessions on topics such as exam stress and substance misuse.

- The practice had gathered feedback from staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example we were told that reception had introduced a rota for reviewing and scanning documentation from secondary care and that this had improved management of correspondence. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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 participated in a research project looking into the benefits of group consultations.