

The Wilson Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to The Wilson Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Wilson Health Centre on 1 November 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment, however, the practice was not using care plans for patients with long-term conditions.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Consider the use of care plans for patients with long term conditions, to improve care and document how the needs of these patients are being met.
- Review how they identify carers so they are able to offer appropriate support.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

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 although care plans were not in place for long term conditions.
- Clinical audits demonstrated quality improvement.
- The practice used clinical audit to review patient medical records and ensure clinical coding was appropriate and consistently supported good patient care.
- 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.
- The practice had effective systems for dealing with suspected cancer referrals to secondary care under the two week wait system.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care, though

Summary of findings

the practice had taken a number of steps to address issues from the patient survey over the last 12 months. In-house survey data suggested improvements had been made to patient care.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice was developing its carers register and gave information leaflets to patients who were carers.
- 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, for example the practice provided a walk in centre from 8am until 8pm seven days a week as well as routine GP surgery appointments.
- 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 clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The provider and the practice management team encouraged a culture of openness. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- Older patients were offered and booked double appointments to ensure there was adequate time for their needs when they attended the practice.
- The walk-in centre provided immediate support and data provided by the practice showed that 5.7% of access to this service was by older people.
- The district nursing team was colocated in the practice giving good shared care for these patients.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Care plans were not in place for all patients with long-term conditions.
- 93% of patients with diabetes had a recent blood pressure test which was within a normal range, which was above the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 97% of newly diagnosed diabetic patients had been referred to a structured diabetes programme within nine months of diagnosis which was above the CCG and the national averages of 92%.
- 100% of patients with heart failure were treated with medication in line with guidance which was above the CCG and national average of 73%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 77% of eligible women had attended cervical screening in the last five years which was below the Clinical Commissioning Group and national averages of 81%.
- The practice is open from 8am until 8pm seven days a week and the premises were suitable for children and babies.
- The practice introduced a new mothers' patient participation group during October 2016 to help develop services for this patient group.
- We saw positive examples of joint working with midwives, health visitors and school nurses, including quarterly meetings between the practice and local health visitors.
- The practice signposted patients regarding reversible long-lasting contraception and gave them details of local family planning clinics.

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.
- 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 services from 8am until 8pm which ensured good access for working aged people.

Good



Summary of findings

- The practice also offered a range of telephone appointments to support people who could not attend the surgery due to work commitments.

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, travellers and those with a learning disability.
- The practice supports patients in two local homes for people with learning disabilities.
- Walk in services were accessible to patients including those not registered and homeless patients.
- The practice had 17 patients on the learning disability register and offered longer appointments and annual health reviews for these patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice participated in the national directed enhanced service for patients at risk of unplanned admission to hospital.
- The practice worked closely with a local hospice for patients who were in need of end of life care.
- 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.

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



- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the Clinical Commissioning Group (CCG) average of 85% and national average of 84%.
- 95% of patients with complex mental health conditions had their care reviewed in the last 12 months which was above the CCG average of 90% and the national average of 89%.

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.

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 was performing in line with local and national averages. Of the 358 survey forms distributed 102 were returned. This represented 1% of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 63% and the national average of 73%.
- 82% 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 83% and national average of 85%.
- 70% of patients described the overall experience of this GP practice as good which was noticeably lower than the CCG average of 80% and national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to CCG average of 74% and the national average of 78%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients

prior to our inspection. We received 36 comment cards, 30 of which were highly positive about the standard of care received. Patients described the service as excellent and named individual staff and GPs for the care they gave. There were four cards which described difficulties with the telephone system, access and waiting and two which mentioned concerns about specific medical care.

We spoke with twelve patients, one of who was a member of the patient participation group and four were attending the walk in service during the inspection. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some patients mentioned difficulties getting through by phone and waiting to see the GP as issues.

Data for the friends and family test (FFT) was not available for this practice, but the practice shared patient feedback data it had collated during 2016. During June to August 2016, 25 patients had responded, 85% of these said they would recommend the practice to family and friends. For the walk-in centre, 91.5% of patients rated the overall service as good or very good between January and June 2016.

The Wilson Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to The Wilson Health Centre

The Wilson Health Centre provides primary medical services to 7,096 patients from its Health Centre at Cranmer Road, Mitcham, Surrey, CR4 4TP. The service is provided by Concordia Health limited under a general medical services contract with NHS England. The practice is part of the NHS Merton Clinical Commissioning Group (CCG).

There are five salaried GPs providing 28.5 sessions per week, three male, two female; one female nurse practitioner, one female practice nurse, and two health care assistants. Vacancies in the clinical team for one GP and three nurse practitioners are filled by agency staff and locums. The clinical staff are supported by a practice manager, two supervisors and seven administrative staff known as customer service officers.

The practice provides a walk in centre contracted by Merton CCG as well as GP surgery services and is open from 8am until 8pm seven days a week 365 days a year. When the practice is closed, patients are able to contact the locally contracted out of hours provider via NHS 111.

The practice is easily accessible to patients with limited mobility with automatic doors and wide corridors.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The average life expectancy of the practice population is comparable with both CCG and national averages number for males at 78 years (compared to national average 79 years). Life expectancy for females is also comparable with the national average at 82 years (national average 83 years). The practice population consists of higher numbers of patients aged 0 – nine and 20 – 38 than average with a lower proportion of patients aged 50 upwards.

- 56% of patients have a long standing health condition (48% CCG)
- 74% are in paid work or full time education (68% CCG)
- 7% are unemployed (8% CCG)

The practice population is also varied in ethnicity, with around 45% white British; 5% Asian and Asian British and a range of mixed ethnicities and backgrounds with a range of languages.

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 1 November 2016. During our visit we:

- Spoke with a range of staff including three GPs, two customer service officers and the practice manager.
- Spoke with patients who used the GP service and walk-in centre.
- Observed how staff interacted with patients and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. An example of where the practice had responded was in relation to a medication error where a medicine did not meet personal preferences. As well as an apology and explanation being given to the patient, information was displayed in the practice to ensure patients were aware they have a right to choose.
- The practice carried out a thorough analysis of the significant events. The threshold for what constituted a significant event was high, three significant events had been recorded in the last 12 months. In one example a power cut occurred in the practice and the subsequent analysis of the event recorded that the practice business continuity plan was followed appropriately to minimise disruption to the service.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were discussed in clinical meetings and monthly administration meetings and action was taken to improve safety in the practice. For example, in one incident a patient was wrongly identified and the practice amended its policy to ensure that staff requested address details in future to correctly identify each patient.

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:

- Safeguarding arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the designated safeguarding lead. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and the practice nurse was trained to level 2 and non-clinical staff to at least level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, 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 Clinical Commissioning Group 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in

Are services safe?

line with legislation. Locum GPs also signed PGDs so they were kept up to date with current immunisation guidance. The nurse practitioner was an independent non-medical prescriber and supported with advice and guidance by the GPs in this role. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD, patient specific direction to ensure the administration of the vaccine is clinically reviewed) from a prescriber.

- We reviewed three personnel files and one locum GP file 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. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had a number of vacancies including for one GP and three nurse practitioners. They employed a variety of locum and agency staff to cover these vacant posts.

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 and a copy was held outside the premises.
- The practice had carried out an emergency scenario drill to ensure that their continuity plans were fit for purpose and staff were aware of their responsibilities

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 11% clinical exception reporting (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). Clinical exception reporting was slightly higher than the clinical commissioning (CCG) average of 8% and the national average of 10%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was better than the national average. For example, 86% had a recent cholesterol test which was within a normal range, which was above the clinical commissioning group (CCG) average of 75% and national average of 80%.
- 91% of patients with diabetes had a record of a foot examination and risk classification in the last 12 months which was above the CCG average of 84% and national average of 89%.
- Performance for mental health related indicators was similar to the national average. For example 91% of

patients with complex mental health conditions had a record of a blood pressure during the previous 12 months, which was comparable to the CCG and national average of 89%.

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 85% and national average of 84%.
- 95% of patients with complex mental health conditions had their care reviewed in the last 12 months which was above the CCG average of 90% and the national average of 89%.

The practice discussed with the inspection team their approach to clinical exception reporting, as they were aware it was slightly higher than comparators. The practice told us, where possible, two clinicians made the decision to except a patient from a QOF target.

There was evidence of quality improvement including clinical audit.

There had been seven clinical audits conducted in the last two years, six of these were completed audits where the improvements made were implemented and monitored.

Findings were used by the practice to improve services. For example, recent action taken as a result included a clinical review of antibiotic prescribing data; potential diabetic patients being invited in for further screening and lifestyle advice and ongoing advice to practice staff on clinical coding in patient medical records. Following a review of suspected cancer referrals the practice included a review of their protocol in their GP locum induction, and an additional check was brought in by the GP when referral was made by the advanced nurse practitioner.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality and was extended to locum and agency staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had completed a diploma in diabetes care.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months including GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. The practice had recently provided additional training in modern day slavery and human trafficking to help staff develop greater awareness and knowledge. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Although 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 did not complete care plans for patient with long-term conditions.

- Patient medical records were well maintained and regularly audited and included investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Care

plans for vulnerable patients with complex needs and those at risk of hospital admission were routinely reviewed and updated, although these were not in place for all patients with long term conditions.

The practice had clear systems and procedures for sharing information with secondary care where patients had suspected cancer and good systems to ensure that the referrals for two week waits were processed and followed up.

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.
- Consent forms for minor surgery were scanned into the patient medical record.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, patients who did not speak English as their first language and those requiring advice on their diet, smoking and alcohol cessation those with long-term conditions were all offered additional support. Patients were signposted to relevant services and sometimes invited back to further meetings with social services support.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 77%, which was below the Clinical Commissioning Group (CCG) and national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice

Are services effective?

(for example, treatment is effective)

demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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. According to practice provided data, 51% of patients had attended bowel screening within the last 3 years and the practice wrote to patients who did not attend. The practice had signed up to a local enhanced service to promote bowel screening with 41% of eligible patients having attended according to data provided by the practice.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. Immunisation rates for the vaccinations given to under two year olds ranged from 81% to 100% and five year olds from 73% to 88%. These were in line with national averages of 73% - 95% for under two year olds and 81% - 95% for five year olds.

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.
- Staff and patients were aware that privacy could be an issue at the reception desk, one member of staff said she would ask patients to write things down where appropriate to resolve this issue.

Of the 36 patient Care Quality Commission comment cards we received, 30 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Concerns on the other six cards included the difficulty of getting through on the telephone, lack of appointments, and the waiting time for their appointments. Two comment cards mentioned issues around clinical care which they were not satisfied with.

During the inspection we spoke with twelve patients, one of whom was a member of the patient participation group (PPG). Four patients were waiting to be seen at the walk in centre. Positive comments included patients telling 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. Less positive comments were around the phone system and routine appointments as well as the wait at the walk in centre and the lack of privacy at the reception desk.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.

- 74% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice undertook regular patient surveys and monitored patient feedback. Actions taken by the practice to improve patient survey responses included:

- Additional customer service training for staff.
- A review of the telephone system with the telephony provider.
- Training provided by the Medical Defence Union on dealing with difficult patients and telephone communication skills.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. For patients with complex medical conditions there were shared care plans in place, but for patients with long-term conditions care plans were not in place and opportunities were missed to involve patients in their own care.

Results from the national GP patient survey showed patients responded less positively than other practices to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 73% 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%.

Are services caring?

- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%

Although 76% of patients in the GP survey said they would recommend the practice to someone who had recently moved to the area, which was in line with the local CCG average of 74% and national average of 78%, GP survey data showed that patients felt they waited too long for appointments. 30% of patients felt that they did not have to wait too long, compared with the CCG average of 48% and national average of 58%. The practice was conducting its own local surveys to ascertain whether the lower scores were related to the walk in centre. The practice had also reviewed the patient waiting times and appointment duration to review the issues from the survey. Between January and March 2016, 90% of patients who responded to the practice survey about the walk-in centre rated the overall service as “good” or “very good” and between April and June 2016, this increased to 93%.

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

- Several GPs spoke other languages including Urdu and Hindi and staff told us that translation services were available for patients who did not have English as a first language.

- Information leaflets were available in easy read format.
- The practice had arranged for follow up meetings with support such as social services for vulnerable patients where there were complex medical concerns and diagnoses to be given.

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 recently begun work on identifying carers and so far had identified 13 patients as carers. They recognised they had further work to do in this area. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they might be offered support from a local bereavement service and worked closely with a local hospice for end of life care. The practice also made leaflets on dealing with bereavement available to support patients which included a range of helpful information, advice and support services.

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. This included the provision of walk-in services under a contract with the CCG 12 hours a day, seven days a week, 365 days a year.

- Data shared with CQC by the practice showed that over 2,500 local patients accessed the service each month, roughly 1,500 of these patients were registered with the practice.
- There were longer appointments available for older patients.
- 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.
- There were disabled facilities and translation services available.
- The practice hosted the district nursing team who provided care for housebound patients.
- The practice offered minor surgery for joint injections.
- Walk-in services were available to registered patients and non-registered patients including homeless patients.

Access to the service

The practice was open between 8am and 8pm Monday to Friday. There were appointments available each morning, afternoon and evening.

The practice provided walk in centre services from 8am until 8pm seven days a week and patients knew they would be seen at this service if no regular appointments were available.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was either higher than or comparable to local and national averages.

- 92% of patients were satisfied with the practice's opening hours compared to the local average of 73% and national average of 78%.
- 64% of patients said they could get through easily to the practice by phone compared to the local average of 63% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. 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. Receptionists updated the appointment diary with the request and informed a GP who contacted each patient by telephone.

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 including leaflets and information on the practice website.

We looked at 20 complaints received in the last 12 months, 18 of which related to the walk-in centre. All complaints were satisfactorily handled. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, practice staff reviewed telephone skills and confidentiality after one complaint and systems for communicating with secondary care were reviewed after another.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had strategic objectives for improving care and service for patients which staff were aware of.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The governance framework included:

- A clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies which were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a practice management weekly review of disease prevalence data and safety searches for prescribing and monitoring which contributed to good governance.
- Ongoing audit of patient medical records gave assurance that clinical coding and records were of a high quality and supported clinical safety and good patient care.

Leadership and culture

On the day of the inspection the practice manager and clinical lead in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the practice manager and clinical lead was 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 and training for all staff on communicating with patients about notifiable safety incidents. The management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG comprised a good mix of patients and met quarterly. One practice objective was to increase engagement with patients and they had developed targets PPG meetings to help this. One meeting had been specific to young parents, giving appropriate advice and guidance, and a diabetes PPG meeting was planned. The PPG had been involved in setting up smoking cessation and alcohol awareness schemes and said their input and feedback was valued, for example the flooring was improved after their feedback.
- The practice had gathered feedback from staff through regular discussions and meetings. Staff told us they

Are services well-led?

Good 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. An example included issues over working hours which was addressed with locum and agency staff. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area including safeguarding and prescribing audit work.

There were plans to develop the PPG with a diabetes focussed meeting in December 2016 and ongoing recruitment to provide greater continuity of staff care.