

# Portobello Medical Centre

## Quality Report

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

## Ratings

Overall rating for this service	Good	
Are services safe?	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	10

### Detailed findings from this inspection

Our inspection team	11
Background to Portobello Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Portobello Medical Centre on 12 May 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.
- Clinical audits had been carried out, and one of these was a completed second cycle audit demonstrating quality improvement in patient outcomes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

The areas where the provider should make improvement are:

- Continue to complete clinical audits through the full audit cycle to further demonstrate where the improvements made are implemented and monitored to improve patient outcomes.
- Review the system for the identification of carers to ensure all carers have been identified and provided with support.

# Summary of findings

- Advertise in the reception area that translation services are available.
- Update the practice's policy on notifiable incidents in line with 2014 regulations.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Clinical audits were used to drive quality improvement. One of the audits submitted as evidence for the inspection was a completed second cycle audit demonstrating such improvement.
- Data from the Quality and Outcomes Framework (QOF) showed for the majority of indicators 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.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

- 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 participated in CCG led audits such as gastroenterology referrals to ensure they were appropriate.
- The majority of patients said they were able 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. However, the practice's policy on notifiable incidents needed to be updated to reflect the new 2014 regulations.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The practice had recently set up a patient participation group which was beginning to become 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.

- 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 and same day access via the telephone for those with enhanced needs.
- There was close liaison with the community matron, district nurses and primary care navigator for signposting patients and relatives to access services and for management of their conditions.
- There was also close working with the local rapid response team, which included doctors and nurses to keep patients over 65 well, at home and out of hospital.
- The practice worked to the Gold Standards Framework in supporting patients on its palliative care register and made use of the Co-ordinate my Care portal to register the wishes of patients and communicate with other services in supporting those patients.

Good



### People with long term conditions

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

- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- QOF performance for long term conditions management was generally above average. Performance for diabetes related indicators was below the national average but the practice was taking action to address this.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. This included close communication with district nurses and a primary care navigator.

Good



# Summary of findings

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were broadly comparable to CCG averages for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 75% and the national average of 82%. 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 also worked with the local 'family nurse partnership' to secure home visiting support for first time young mothers, aged 19 years or under.

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 reflected the needs for this age group.
- There was early morning opening for walk-in appointments, three days a week for working patients who could not attend during normal opening hours.
- Same day access was available via the telephone or in face-to-face consultations.
- The practice provided an in-house phlebotomy service.
- The practice provided a travel vaccination clinic.

Good



## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

Good





# Summary of findings

- 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. There was close liaison with a primary care navigator for signposting patients and relatives to access services and for support in the management of their conditions.
- 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).

- 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 national average.
- QOF performance for mental health related indicators was above average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, including 'Take time to talk' for access a range of psychological therapies and support to patients who were anxious, depressed, stressed or worried.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with and often above local and national averages. Three hundred and ninety four survey forms were distributed and 72 were returned. This represented 3% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% 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%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 93% 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 27 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight patients during the inspection, including two members of the patient participation group. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Feedback from the NHS Friends and family test showed 100% of patients would recommend the practice, from 24 responses received.

# Portobello Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Portobello Medical Centre

Portobello Medical Centre is a single location GP service which provides primary medical services through a General Medical Services (GMS) contract to approximately 2,600 patients in the Royal Borough of Kensington and Chelsea in West London. The practice is part of NHS West London CCG. The practice is located in a purpose built property which it shares with another GP practice. The patient population includes a cross-section of socio-economic and ethnic groups. The practice serves a relatively young population group with above average numbers in the 15 to 44 years age range and below average numbers aged 75 and over.

The practice team is made up of two GP partners (1.2 whole-time equivalent (WTE)); a maternity cover GP (0.5 WTE); a salaried GP (0.2 WTE); the practice manager (0.6 WTE); a practice nurse (0.8 WTE) and healthcare assistant (0.2 WTE); an administration manager, and three reception staff (total 2.6 WTE). There are three female GPs (including one on maternity leave) and one male GP (maternity cover), and one female practice nurse and one male healthcare assistant.

The practice is open between 7.00 am to 5.00pm Monday and Thursday; 8.00am to 5.00pm Tuesday and Friday; and 7.00am to 5.00pm Wednesday. A walk-in surgery is available from 7.00am to 10.00am Monday, Wednesday and

Thursday and 8.00am to 10.00am Tuesday and Friday. Booked in advance appointments with a GP are from available on Monday, and Tuesday between 2.00pm and 5.00pm and on Wednesday and Friday between 3.00pm and 5.00pm. GP appointments can also be booked on the day on Monday between 8.00am and 10.00am. Early morning appointments are offered between 7.00am and 8.00am in walk-in clinics on Monday, Wednesday and Thursday.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call.

## 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 12 May 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff (the principal GP; the maternity cover GP; the practice nurse; the practice manager; administration manager; and a receptionist) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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.
- 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, as a result of an incident where the practice did not act on a request from a patient for a call back, the whole practice team were reminded of the call back procedure and new guidance was produced and included in the practice's 'locum pack' to avoid a recurrence.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3.

- 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. A recent infection control audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had applied for and received approval for an improvement grant from NHS England to start work on upgrading of flooring and sinks to meet infection control requirements.
- 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 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. The practice nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

## Are services safe?

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 with a poster in the reception office which identified local health and safety representatives. 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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, and audits.

### 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 94% of the total number of points available. QOF data from 2014/15 showed:

- Performance for diabetes related indicators was below the national average, 83% compared to 89%.
- Performance for mental health related indicators was above the national average, 100% compared to 92.8%.

Prior to the inspection CQC identified the following variations for further enquiry:

#### Very large variation

- The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD) (2014/15) - 0.28 compared to 0.71 nationally.

#### Large variation

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (2014/15) - 73% compared to 94% nationally.
- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) (2014/15) - 0.26 compared to 0.63 nationally.

We discussed this data with the practice. In relation to CHD and COPD variations the practice considered the relatively

young practice population (above average in the 25-39 age group) impacted on the figures. They were nevertheless investigating the data to see if there had been any coding errors. To help improve the flu immunization rates the recently appointed healthcare assistant would be supporting the practice nurse to encourage diabetic patients to attend for this. In all three areas the practice anticipated improved performance as a result of action to review and address these variations.

There was evidence of action taken to secure quality improvement including clinical audit.

- The practice submitted evidence of four clinical audits completed since March 2016. One of these was a completed second cycle audit where changes in treatment had been reviewed further to demonstrate the improvements in patient outcomes overall. The practice told us that another internally initiated audit had been earmarked for a second cycle review.
- The practice participated in local audits, national benchmarking, and peer review. Findings were used by the practice to improve services. For example, the practice ran an audit to identify patients who were prescribed antiplatelet medicine (used to inhibit blood clots) in combination with aspirin. Each patient was reviewed and, based on clinical guidelines, the relevant anti-platelet medicine was stopped if there was no indication for the need to continue the combination therapy. The audit also led to improvements in related patient documentation including regular review and updating of the patients' problem summary in their notes.

### 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, key administrative and computer systems and policies and procedures, 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. One of the GP team had recently attended training in palliative care to enhance the support of patients receiving end of life 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 apart from recent recruits 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.
- 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.
- The process for seeking consent was appropriately recorded in patient records .

### 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 and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were signposted to the relevant service.
- Dietary advice was provided at the practice's weight management clinic. Patients could be referred to an in-house health trainer or to weight management or exercise schemes. Smoking cessation advice was available on the premises from a dedicated smoking cessation adviser who attended the practice weekly. Of the 260 smokers who had been identified, 243 (93%) had been offered support. 47 smokers had given up smoking in the last 12 months.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 75% and the national average of 82%. There was a policy to offer written and text message reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Childhood immunisation rates for the vaccinations given were broadly comparable to CCG averages. For example, 2014-15 childhood immunisation rates for the vaccinations given to



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

under two year olds ranged from 67% to 100% and five year olds from 56% to 81%. The practice encouraged parents to bring their child for immunisation when they attended for the six week baby check.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice

exceeded its 2015-16 CCG target for health checks and received a performance bonus for this. Of eligible patients 802 had been offered the check and 119 had received one. 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.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 99% 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%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 93% 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%.

- 96% 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%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 86% 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%.
- 86% 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 did not see any notices in the reception areas informing patients this service was available. However, there was information in the practice leaflet and on the practice website.

### 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.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified eight patients as carers (less than 1% of the practice list) and this was noted in the care plan of the patient they supported. There was a carers policy and the practice nurse carried out reviews of their healthcare and support needs. The practice recognised the numbers identified were low but were confident this was representative of carers on the practice

list and was reflective of the relatively young patient demographics (above average in the 15-44 age group, 57% of patients). 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, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in CCG led audits such as gastroenterology referrals to ensure they were appropriate.

- The practice offered an early morning opening walk-in 'Commuter's Clinic' on a Monday, Wednesday and Thursday starting at 7.00am 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. Priority was given to children under two who attended the daily morning walk-in clinics.
- There were all day, open access telephone triage appointments Monday-Friday.
- 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.
- The practice had recently introduced a service to homeless patients under a local out of hospital services scheme. There were five such patients registered.

### Access to the service

The practice was open between 7.00 am to 5.00pm Monday and Thursday; 8.00am to 5.00pm Tuesday and Friday; and 7.00am to 5.00pm Wednesday. A walk-in surgery was available from 7.00am to 10.00am Monday, Wednesday and Thursday and 8.00am to 10.00am Tuesday and Friday. Booked in advance appointments with a GP were available on Monday, and Tuesday between 2.00pm and 5.00pm and on Wednesday and Friday between 3.00pm and 5.00pm. GP appointments could also be booked on the day on Monday between 8.00am and 10.00am. Early morning appointments were offered between 7.00am and 8.00am in walk-in clinics on Monday, Wednesday and Thursday. 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. Patients could also book appointments up to two weeks in advance and from 8.00pm the night before using the practice's on line booking system.

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

- 90% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The majority of people we spoke with on the day of the inspection said that they were able to get appointments when they needed them. However, one patient told us that it took a long time to get a bookable appointment and another said they had a long wait to be seen in the walk-in clinic.

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.

If patients needed a home visit they were asked to contact the surgery before 10.00am and give a brief description of their illness to help the doctor to judge whether a home visit was appropriate and the urgency of the patient's needs. 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.

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

We saw that information was available to help patients understand the complaints system, including a notice and form available in the reception area and details in the practice leaflet and on the practice's website.

No written complaints had been received in the last 12 months but we looked at three cases considered in the last two years on the practice's complaints folder. We found they were satisfactorily handled, dealt with in a timely way,

and showed openness and transparency in dealing with the complaint. 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, following a complaint about the release of medical records, reception staff were instructed that all requests for records must be made in writing to avoid any future misunderstanding.

# 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 values were displayed in the waiting area and staff knew and understood the values.
- The practice was developing a robust strategy and supporting business plan to reflect the vision and values and a range of performance 'dash boards' with accompanying targets were being put in place and would be regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager 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). However, the practice's policy on notifiable incidents needed to be updated to reflect the new 2014 regulations and staff made

aware of the changes. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear 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 practice manager and partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had set up a patient participation group to encourage patients to communicate with the practice, participate in surveys and provide feedback on the services that the practice offered. The PPG had only recently been established but it was planned that it would meet regularly, and submit proposals for improvements to the practice management team. At the first meeting PPG members had requested more early morning walk-in clinics and the practice had since added clinics on two additional days.

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

# Are services well-led?

Good 

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

## 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. For example,

the practice had recently signed up to the out of hospital services scheme to provide specific services to homeless patients. The practice also anticipated improved patients outcomes through the recent introduction of performance 'dashboards' and related targets.