

The Belmont 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Belmont Medical Centre on 29 July 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 generally 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 felt the practice offered an excellent service and staff were professional, helpful, friendly and caring and treated them with dignity and respect.

- 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 patient participation group was very well engaged and influenced practice development.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Revise the incident reporting form so that it supports the recording of notifiable incidents under the duty of candour.

Summary of findings

- Optimise the security of the repeat prescription request box held in reception.
- Review the provision of a mercury spill kit to ensure one is available for use in the event of accidental damage to mercury blood pressure equipment.
- In accordance with published guidance ensure all non-clinical staff receive annual basic life support training.
- Review the need for clinical staff to receive formal MCA training.
- Display notices in the reception areas informing patients that translation services are available.
- Install a hearing loop to assist people with hearing loss.
- Review options to restrict queues forming too close to the reception desk.

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 generally well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2014/2015 showed performance indicators relating to diabetes and mental health were similar to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published January 2016 showed satisfaction scores for consultations with doctors and nurses were comparable to local practices.
- Patients said they felt the practice offered an excellent service and staff were professional, helpful, friendly and caring and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- 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. They attended regular CCG led meetings and reviewed performance data compared to other local practices of identify areas for improvement.
- 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.

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, accessible 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was very well engaged and influenced practice development.

Good



Summary of findings

- 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 had a named lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- Home visits were available for patients unable to attend the surgery due to illness or immobility.
- The practice identified older patients at risk of hospital admission and invited them in for review to create integrated care plans aimed at reducing that risk. Cases of unplanned admission were discussed at the clinical meeting to review and update care plans.
- Monthly multi-disciplinary team meetings were held with members of the district nurses, mental health team, well-being officer and community matron to discuss older patients with complex medical needs.
- The practice made referrals to the well-being officer attached to the surgery whose role was to support patients over the age of 55 years to access community services.

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. Patients with long term conditions were invited for annual health checks including medication reviews.
- Longer appointments and home visits were available when needed.
- The practice identified patients with long term conditions at risk of hospital admission and invited them in for review to create integrated care plans aimed at reducing the risk. Cases of unplanned admission were discussed at the clinical meeting to review and update care plans.
- Monthly multi-disciplinary team meetings were held with members of the district nurses, mental health team, well-being officer and community matron to discuss patients with complex medical needs.
- The practice made referrals to the well-being officer attached to the surgery whose role was to support patients over the age of 55 years to access community services.

Summary of findings

- A community respiratory care nurse attended the practice once a week to help manage and give advice on patients with asthma and Chronic Obstructive Pulmonary Disease (COPD).

Families, children and young people

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

- There was a named lead for safeguarding children, staff had received role appropriate safeguarding training and were aware of their responsibilities to raise concerns.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had good links with child health team and held regular multi-disciplinary team meetings attended by the health visitor and community matron.
- Childhood immunisations were offered in line with national guidelines and uptake rates were similar to local averages for 2014/15.
- The practice offered routine ante-natal and post-natal care, expectant mothers were given an antenatal pack and routine mother baby six week checks were offered postnatally.

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 practice offered extended hour appointments two mornings and two evenings a week in addition to Saturday appointments once a month to support patients unable to attend the practice in normal working hours to access the service. Telephone consultations were also available.
- There was the facility to book appointments, request repeat prescriptions online and access care record viewer if they had subscribed to do so.
- New patients and NHS health checks for patients aged 40–74 were offered with appropriate follow-ups for the outcomes of health assessments where abnormalities or risk factors were identified.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Good



Summary of findings

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



- There was a named GP lead for safeguard vulnerable adults. 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Annual health checks with extended appointments were offered to patients with learning disabilities and these patients were given a health action plan to keep at home. The uptake rate for these annual health checks was 96% in the last year.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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



- QOF data 2014/15 for performance indicators relating to mental health were similar to local and national averages.
- The practice maintained a register of patients experiencing poor mental health and these patients were invited for annual health checks.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had access and encouraged self-referral to the talking therapies counselling services based at the premises.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. Two-hundred and eighty survey forms were distributed and 101 were returned. This represented 1.4% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 85% 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 73% and the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and 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 17 comment cards which were mostly positive about the standard of care received. Comments received described staff as professional, helpful, friendly and caring and the environment as clean and tidy. The few negative comments described difficulty getting appointments on the day and outside of normal working hours.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the Friends and Family Test (FFT) for the period January 2016 to June 2016 showed that 91% of respondents would recommend the practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Revise the incident reporting form so that it supports the recording of notifiable incidents under the duty of candour.
- Optimise the security of the repeat prescription request box held in reception.
- Review the provision of a mercury spill kit to ensure one is available for use in the event of accidental damage to mercury blood pressure equipment.
- In accordance with published guidance ensure all non-clinical staff receive annual basic life support training.
- Review the need for clinical staff to receive formal MCA training.
- Display notices in the reception areas informing patients that translation services are available.
- Install a hearing loop to assist people with hearing loss.
- Review options to restrict queues forming too close to the reception desk.

The Belmont 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 and an Expert by Experience.

Background to The Belmont Medical Centre

The Belmont Medical Centre is a well-established GP practice situated within the London Borough of Hillingdon. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is one of eight member GP practices of the Wellcare Health Network in the Uxbridge and West Drayton locality. The practice is an accredited training practice for GP trainees and a teaching practice for undergraduate medical students.

The practice provides primary medical services to approximately 7,468 patients living in Uxbridge and some areas within Hillingdon. The practice holds a General Medical Services Contract (GMS) and Directed Enhanced Services Contracts. The practice is located at 53-57 Belmont Road, Uxbridge, with good transport links by bus and rail services.

The practice operates from converted premises leased from a private landlord and managed by the GP Partners. The practice has occupied the premises for 20 years and shares the premises with a community health care organisation. The building is set over three floors with stair and lift access. There are three consultation rooms on the ground floor and five on the first floor, administration offices are located on the third floor. The reception and

waiting area are on the ground floor and the main waiting area on the second floor. There is wheelchair access to the entrance of the building and two toilet facilities for people with disabilities one on the ground floor and one on the second floor. There are payable car parking facilities in the roads surrounding the practice.

The practice population is ethnically diverse and has a higher than the national average number of male and female patients between 0 and 4 years of age and between 25 and 39 years of age. There is a higher than average number of male patients 40 to 44 years of age and a comparable average of male and female patients 55 years plus. The practice area is rated in the fourth less deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2014/15 shows that the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (53%, 50%, and 54% respectively).

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, family planning, maternity & midwifery services, surgical procedures and treatment of disease disorder & Injury.

The practice team comprises of one male and three female GP partners, one male salaried GP and a female GP registrar who all collectively work a total of 35 clinical sessions per week. They are supported by three part time practice nurses, a practice manager and ten administration staff.

The practice opening hours are 8.30am to 6.30pm Monday to Friday. Consultation times in the morning are from 9.00am to 11.15am Monday, 8.30am to 12.30pm Tuesday, 8.30am to 11.10am Wednesday, Thursday and 8.30am to 11.50am on Friday. Consultation times in the afternoon are from 2.30pm to 6.00pm Monday, 3.00pm to 6.00pm

Detailed findings

Tuesday, 2.00pm to 6.00pm Wednesday, Friday and 2.00 to 5.50 pm on Thursday. Extended hour appointments are offered from 6.30pm to 7.20pm Monday and Tuesday, 7.30am to 8.00am Thursday and Friday and 8.10am to 11.00am one Saturday a month. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

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 29 July 2016. During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, practice manager and administration staff 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 did not explicitly support 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, following an incident when a vaccination had not been mixed correctly resulting in a component not being administered, the practice issued a full explanation and apology to the patient and discussed the incident with the practice nursing team. As a result the practice switched to pre-mixed syringes of the vaccination to prevent the error re-occurring.

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 nurses were trained to child safeguarding level three and administration staff to level one.

- A notice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice and attended update training with the last completed in June 2016. 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. For example, the practice were currently in negotiation with the landlord for the replacement of flooring to the existing consultation rooms.
- 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. Although it was observed that the repeat prescription request box kept in reception was open which posed a potential confidentiality risk. The practice carried out regular medicines audits with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD is a

Are services safe?

written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and generally 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. However, it was observed that the practice retained an old style mercury blood pressure gauge but there was no mercury spill kit available for use if this was accidentally damaged.
- 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.
- Records demonstrated that clinical staff had received basic life support training in the last year however it was unclear if annual training was completed by non-clinical staff.
- 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 on both floors of the practice.
- 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 99.1% of the total number of points available. Clinical exception reporting was 7.7%, which was similar to the CCG average of 7.8% and below the national average of 9.2%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

Performance for diabetes related indicators were similar to CCG and national averages.

- The percentage of patients with diabetes in whom the last IFCC- HbA1c was 64 mmol/mol or less in the preceding 12 months was 80%, which was above the CCG average of 74% and national average of 78%.
- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 76%, which was just below the CCG and national averages of 78%.

- The percentage of patients with diabetes, on the register, who have had influenza immunisation was 98%, which was above the CCG average of 92% and national average of 94%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 88%, which was above the CCG average of 77% and national average of 81%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96%, which was above the CCG average of 86% and national average of 88%.

Performance for mental health related indicators was similar to CCG and national averages. For example;

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 98%, which was above the CCG average of 92% and national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100%, which was above the CCG average of 93% and national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, one of these were completed audits where the improvements made were implemented and monitored. For example, an audit was conducted to review adherence to NICE guidelines on managing patients diagnosed with gestational diabetes. Initial results found not all patients (77%) who had been diagnosed with gestational diabetes had received annual blood tests as advised in NICE guidance. Following the first cycle results these patients were contacted and invited in for review and blood test. An alert was created on the electronic patient record system that prompted clinical staff to invite any patient diagnosed with gestational diabetes for yearly diabetic review. Second cycle audit showed an improvement in

Are services effective?

(for example, treatment is effective)

the number of patients who had not received yearly monitoring (41%). The audit was discussed with the clinical team to share knowledge and highlight the issue.

- The practice participated in local audits, national benchmarking, peer review and research. Findings were used by the practice to improve services. For example, the practice regularly reviewed performance data, such as prescribing rates and referrals, at CCG led meetings with other local practices to share learning and identify areas for improvement. The practice undertook a regular program of prescribing audits that reviewed prescribing practises compared to current local and national guidelines and highlighted areas for improvement. For example, a recent audit into antibiotic prescribing found not all prescriptions were within local guidelines and as a result the audit was discussed at the clinical meeting to ensure all staff were aware of and adhering to the current local guidelines for antibiotic prescribing.
- Information about patients' outcomes was used to make improvements. For example, the practice engaged in local enhanced services to reduce unplanned admissions. Patients at high risk of hospital admission were identified using risk stratification tools and invited for review to create integrated care plans aimed at reducing the risk. Any patients who had subsequent admissions were discussed in the weekly practice meeting to update the care plan and identify areas where their needs could be met in the community.

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 infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and those providing family planning advice and care.
- 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- 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. Monthly meetings took place with other health care professionals, including members of the district nursing team, mental health team, wellbeing officer and community matron, when care plans were routinely reviewed and updated for patients with complex needs. The practice was a member of Wellcare Health a network of local GP practices and attended regular network multi-disciplinary meetings with GPs and secondary care specialist to discuss complex cases and share expertise.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). However, clinical staff had not received formal MCA training.
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 monitored through patient records review. Written consent forms were used for minor surgical procedures and for other procedures verbal consent was documented in the electronic 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. Patients were signposted to the relevant service.

- Smoking cessation advice was available from the practice nurses with referral on a local support group if required.

The practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 78% and the same as national average of 82%. There was a policy to offer letter reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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 similar to CCG averages for 2014/15. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 96% (CCG average 90% to 95%) and five year olds from 89% to 94% (CCG average 88% to 94%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We did observe that the practice did not have any method to restrict queues forming too close to the reception desk, when receptionists were attending to individual patients.

The majority of the 17 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 professional, helpful, friendly and caring and treated them with dignity and respect.

We spoke with one member 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 published January 2016 showed that most patients felt they were treated with compassion, dignity and respect, which was comparable to other practices. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% 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 published January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. There were no notices in the reception areas informing patients this service was available although this was detailed in the practice information leaflet.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 patients as carers (1.4% of the practice list). These patients were offered annual health checks and flu immunisation and were referred to the local carer's association if appropriate. 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 and this 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. The practice attended regular CCG led meetings with other local practices where performance data, such as prescribing rates and referrals were discussed to share learning and identify areas for improvement.

- The practice offered extended hour appointments two mornings and two evenings a week in addition to Saturday appointments once a month to support patients unable to attend the practice in normal working hours to access the service. Telephone consultations were also available twice daily prior to and at the end of consultation hours.
- There were longer appointments available for patients with a learning disability and 20 minute appointments bookable if required by other 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 as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available, however there was no hearing loop to assist people with hearing loss.

Access to the service

The practice was open from 8.30am to 6.30pm Monday to Friday. Appointments in the morning were from 9.00am to 11.15am Monday, 8.30am to 12.30pm Tuesday, 8.30am to 11.10am Wednesday, Thursday and 8.30am to 11.50am on Friday. Appointments in the afternoon were from 2.30pm to 6.00pm Monday, 3.00pm to 6.00pm Tuesday, 2.00pm to 6.00pm Wednesday, Friday and 2.00 to 5.50 pm on Thursday. Extended hour appointments were offered from 6.30pm to 7.20pm Monday and Tuesday, 7.30am to 8.00am Thursday and Friday and 8.10am to 11.00am one Saturday a month. The out of hours services were provided by an

alternative provider. In addition to pre-bookable appointments that could be booked up to four weeks in advance, on the day urgent appointments were also available in the morning and afternoon. Telephone consultations for routine or urgent issues/concerns were available on request. The practice website enabled patients to book/cancel appointments, request repeat prescriptions and access care record viewer if they had subscribed to do so.

Results from the national GP patient survey published January 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.

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

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example in the complaints summary leaflet and information displayed in the waiting room and on the practice website.

We looked at 11 complaints received in the last 12 months and found these were satisfactorily handled with, openness and transparency and written apologies were appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint about a missed

Are services responsive to people's needs?

(for example, to feedback?)

appointment letter the practice reviewed the event and updated the DNA protocol so that patients were telephoned following a first missed appointment to discuss the issue instead of a sending letter.

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, accessible care and promote good outcomes for patients.

- The practice had a written statement of purpose which was displayed on the practice website and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice was aware of future challenges and had begun planning how they would cope with additional demands. For example, they were in consultation with the landlord to build an additional consultation room to meet an increasing patient list size.

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
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership 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 were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. 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 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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had a very engaged patient participation group which influenced practice development. The PPG had an elected chairman, treasurer and secretary and held six meetings a year, three of which were open meetings where all patients from the practice could attend along with patients from the other seven member GP practices in the Wellcare locality network. These meetings had been organised with guest speaker attendance for

Are services well-led?

Good 

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

example, a representative from the Alzheimer's Society and presentations delivered by the practice GPs. The PPG contributed to patient surveys and submitted proposals for improvements to the practice management team. For example, they had been instrumental in the introduction by the practice of 48 hour advance appointment slots released daily and two surgeries a week reserved only for urgent appointments on the day. The PPG had raised money from a sponsored walk for the purchase of a play house in the waiting area for children attending the practice. They had implemented a patient transport service to patients who were not eligible for hospital transport, to assist them to and from secondary care appointments. They also offered in emergency situations a prescription delivery service for housebound patients, in conjunction with a local pharmacy.

- 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.

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 pilot schemes to improve outcomes for patients in the area. The practice was one of eight member GP practices of the Wellcare Health Network which had begun to bid for and provide services within the practices. This included the employment of a specialist COPD nurse who as part of the role advised on clinical management of the condition and supported training with the practice nurses. The practice was an accredited training practice for GP trainees and a teaching practice for undergraduate medical students. All practice staff had access to on-line healthcare training provided by an accredited training academy. The practice collaborated with the National Institute for Health Research in the recruitment of patients into research projects where the entry criteria could be potentially met.