

Slade Green Medical Centre

Quality Report

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Date of inspection visit: 19 June 2017

Date of publication: 16/08/2017

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 Slade Green Medical Centre on 24 September 2015. The practice was rated as good for providing caring and responsive services, and rated requires improvement for providing safe, effective and well led services. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2015 inspection can be found by selecting the 'all reports' link for Slade Green Medical Centre on our website at www.cqc.org.uk.

This inspection was undertaken as an announced comprehensive inspection on 19 June 2017. Overall the practice is now rated as Good.

Our key findings were as follows:

- The areas we identified at our last inspection as in need of improvement have now all been addressed
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they were satisfied with the care and treatment received at the practice, but some patients commented that they found it difficult to get an appointment to see a GP within a reasonable time.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

Summary of findings

However, there were also areas of practice where the provider needs to make improvements.

The provider should ensure:

- arrangements are put in place to ensure electrical safety tests are carried out at recommended intervals
- arrangements are put in place to support improvements to clinical outcomes for patients with diabetes and chronic obstructive pulmonary disease

- improvements are made to the identification of, and provision of appropriate support to, carers in the patient population
- arrangements are made to improve patient access to appointments

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average in many areas. However there were exceptions to this in the care of people with diabetes and COPD. The practice is therefore rated as requires improvement in providing effective services to people with long term conditions
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was 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.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example they understood about the most prevalent long term conditions in their local communities and targeted patients for screening and health checks.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from 13 examples reviewed 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Patients older than 88 were included in the practice's Avoiding Unplanned Admissions register and each patient had a personalised care plan. This care group were regularly discussed at clinical meetings to ensure their needs were met.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Elderly patients were able to request to have their flu vaccinations at home.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and there was a system to recall patients for 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.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Summary of findings

- The practice maintained clinical registers of our patients with long term conditions including diabetes, chronic obstructive pulmonary disease (COPD), asthma, heart problems, thyroid disorders, hypertension, cancer, arthritis and stroke. All patients within these groups were routinely invited to the practice for appropriate consultations, including treatment by intervention or education.
- The practice's performance for diabetes and COPD related indicators was lower than the local area and national averages, therefore the practice is rated as requires improvement for providing effective services to people with long term conditions

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were comparable to national averages for some standard childhood immunisations, but were lower than national averages for some immunisations recommended for children up to two years of age
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group, such as in the provision of ante-natal, post-natal and child health surveillance clinics.
- For women aged between 24 and 65, the practice offered the cervical screening programme, in line with national guidance, which included providing advice on sexual health and contraception.
- The practice had a female long term locum GP who was responsible for women's health.
- The practice targeted their younger population, aged between 15 to 24, to provide sexual health education. This has included free contraception and the option for Chlamydia testing. Both surgeries were equipped with forms and testing kits to accommodate opportunistic requests.
- The practice had recently started monitoring children who are aged seven years at risk of obesity for weight management.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, by the provision of extended opening hours and telephone consultations.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- As part of our seasonal flu vaccination programme, the practice provided additional clinics on a Saturday morning.

People whose circumstances may make them vulnerable

Good



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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 included carers in this group, as they considered them at risk of neglect due to the focus is on the person that they are caring for. The practice established links with local community groups and encouraged discussion about support for carers within their patient participation group.

Summary of findings

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).

- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixteen survey forms were distributed and 112 were returned. This represented a response rate of 35.4% (the average response rate nationally was 38%) and was 1.4% of the patient population.

- 85% of patients described the overall experience of this GP practice as good, compared with the CCG average of 80% and the national average of 85%.
- 64% of patients described their experience of making an appointment as good, compared with the CCG average of 65% and the national average of 73%.
- 68% 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 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which had all positive comments about the standard of care received.

We spoke with 10 patients during the inspection. Nine of these patients said they were generally satisfied with the care that they would recommend the practice. However six patients commented that appointments do not usually run on time, and they typically experienced about a 20 minute wait for their appointment.

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give views after receiving care or treatment across the NHS. The practice monitored its FFT responses on a monthly basis. In the past 12 months, the practice had received 44 to 49 responses per month, with 73 to 88% of respondents stating they would recommend the practice to friends and family.

Slade Green Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a second CQC inspector and a GP specialist advisor.

Background to Slade Green Medical Centre

Slade Green Medical Practice is located in the London Borough of Bexley. The practice has a branch surgery, Colyers Lane Medical Centre, which we also visited as part of this inspection. The practice provides a general practice service to around 8,000 patients.

The practice is registered with the Care Quality Commission (CQC) as a partnership to provide the regulated activities of: diagnostic and screening procedures, family planning, surgical procedures, treatment of disease, disorder or injury; and maternity and midwifery services.

The practice has a Personal Medical Services (PMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning, sexual health services and minor surgery.

The practice has two male GP partners. They employ two long term locum GPs, one male and the other female. There is also a female practice nurse and a male healthcare assistant completing the clinical team. The practice has a full time practice manager and nine administrative staff consisting of medical secretaries, reception staff, clerks and typist. The practice provides 25 GP sessions per week.

The Slade Green Medical Practice is currently open Monday, Tuesday, Wednesday and Friday from 8am to

7pm; on Thursdays they are open 8am to 6.30pm. Colyers Lane Medical Centre is open from 8am to 6pm, with the exception of Thursdays when they are open 8am to 12noon. Consultation times are from 8am to 12.30pm and from 15:30 in the afternoon. The practice is not open at weekends. When the practice sites are closed, the telephone answering service directs patients to contact the out of hours provider.

Why we carried out this inspection

We undertook a comprehensive inspection of Slade Green Medical Centre on 24 September 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing Safe, Effective and Well- Led services. We set the provider three requirement notices as follows:

Regulation 12 HSCA (Regulated Activities) Regulations 2014 (Safe care and treatment) because the practice had not undertaken a formal risk assessment to mitigate the lack of an automated external defibrillator (AED).

Regulation 18 HSCA (Regulated Activities) Regulations 2014 (Staffing) because staff had not received refresher training for child protection level 3 and infection control.

Regulation 19 HSCA (Regulated Activities) Regulations 2014 (Fit and proper persons employed) because appropriate recruitment checks were not carried out before staff started work at the practice.

We undertook this announced comprehensive inspection on 19 June 2017 to check that action had been taken to comply with legal requirements.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 19 June 2017. During our visit we:

- Spoke with a range of staff (GP Partners, practice manager, practice nurse, healthcare assistant, and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 24 September 2015, we rated the practice as requires improvement for providing safe services as the practice had not fully followed its recruitment policy when employing a new member of staff, and some staff had not received training relevant to their roles.

These arrangements had significantly improved when we undertook this inspection on 19 June 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system 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).
- From the sample of six documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a vaccine delivery was accepted but not placed in fridge by staff, the vaccines were disposed of and staff reminded of their responsibilities in relation to accepting deliveries.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding people from abuse 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. The GP partners were lead members of staff for safeguarding children and vulnerable adults.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. We saw weekly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines.

Are services safe?

Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- The practice's health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions (PSDs) from a prescriber were produced appropriately. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had up to date fire risk assessments and carried out annual fire drills at their main and branch sites. There were designated fire marshals within the practice. There was a fire evacuation plan

- We saw records indicating clinical equipment was checked and calibrated across the practice sites to ensure it was safe to use and was in good working order. However we saw no evidence of recent Portable Appliance Testing (PAT) Testing of electrical equipment in the practice. This was immediately addressed by the practice manager and we saw evidence that a PAT testing visit was arranged for 27 June 2017.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 basic life support training appropriate to their roles and there were emergency medicines available in the treatment rooms.
- The practice had a defibrillator available on the main and branch site premises and oxygen with adult masks.
- 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 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

At our previous inspection on 24 September 2015, we rated the practice as requires improvement for providing effective services as the practice did not have formal systems in place to record and monitor staff training, and non-clinical staff including the practice manager, had not received annual appraisals.

These arrangements had significantly improved when we undertook this inspection on 19 June 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice's exception reporting rate was the same as CCG and national averages of 6%. 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.

Current published QOF data showed the practice was performing in line with local and national averages:

- Performance for mental health related indicators was higher or similar to the CCG and national averages. For

example, the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (practice 88%; CCG 82%; national 84%)

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months
- Performance for hypertension related indicators was similar to the CCG and national averages. For example, the percentage of hypertensive patients with well controlled blood pressure (practice 77%; CCG 85%; national 83%)
- Patients with atrial fibrillation who had had a review of their condition and were being treated with recommended therapies (practice 88%; CCG 85%; national 87%)

However the practice was an outlier for the following areas:

- Performance for diabetes related indicators was lower than the CCG and national averages. For example, the percentage of diabetic patients with well controlled blood pressure (practice 69%; CCG 82%; national 78%)
- Performance for COPD related indicators was lower than the CCG and national averages. For example, the percentage of patients with COPD who had a review of their condition in the preceding 12 months (practice 63%; CCG 91%; national 90%)

The practice was aware of this and had recognised that their highly transient patient population was a contributing factor. However they were working with patients to improve uptake of health checks.

There was evidence of quality improvement including clinical audit:

- There had been one clinical audit completed in the last two years, where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the audit considered the use of a certain treatment for patients with poorly controlled diabetes. Weight reduction and improved control of the condition was noted among the patients who took part in the audit.

Information about patients' outcomes was used to make improvements, such as triggering clinical audits.

Are services effective?

(for example, treatment is effective)

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for clinical staff reviewing patients with long-term conditions had received update training and the healthcare assistant had attended child weight management training.
- 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 on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. 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.
- Since our last inspection the practice had started using a training provider for its staff training and had systems in place to support staff to complete all necessary 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.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation

Are services effective?

(for example, treatment is effective)

- The practice had recently started monitoring children who are aged 7 years at risk of obesity for weight management.

Childhood immunisation rates for the vaccinations given were comparable to national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in two out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.9 (compared to the national average of 9.1).

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The

practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice's uptake for the cervical screening programme was 87%, which was higher than the CCG average of 83% and the national average of 81%.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Only one patient Care Quality Commission comment card was completed, and the comments made were positive about the service experienced.

We spoke with 10 patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 in line with local area and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 83% 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 91% and the national average of 92%

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and to the national average of 85%.
- 85% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 91%.
- 84% of patients said the nurse gave them enough time compared with the CCG average of 89% and the national average of 92%.
- 90% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 88% and to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% 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 card we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.

Are services caring?

- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 77% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 27 patients as carers (0.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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 understood its population profile and had used this understanding to meet the needs of its population:

The practice was in an area of high deprivation, with a highly transient population.

- The practice offered extended hours four evenings until 7pm 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included translation and interpretation services available.

Access to the service

The Slade Green Medical Practice is currently open four days a week from 8am to 7pm; on Thursdays they are open 8am to 6.30pm. Colyers Lane Medical Centre is open from 8am to 6pm, with the exception of Thursdays when they are open 8am to 12noon. Consultation times are from 8am to 12.30pm and from 3.30pm in the afternoon. The practice is not open at weekends. When the practice sites are closed, the telephone answering service directs patients to contact the out of hours provider.

The practice offered a range of appointments including book on the day, book in advance, and telephone consultations. The practice GP partners told us they were

constantly reviewing their appointment system to improve patient access. They had identified the key challenges to availability of appointments as their high rates of patients who did not attend (DNAs) their booked appointments, and there had also been a new housing development in the area, leading to an increased patient list size. They were actively planning to begin offering some walk-in appointments from August 2017, as well as continuing a recruitment drive for two new salaried GPs.

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.

- 67% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 60% of patients said they could get through easily to the practice by phone compared with the CCG average of 63% and the national average of 73%.
- 61% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 70% and the national average of 76%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 64% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.
- 55% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

Only half of the patients we spoke with on the day of the inspection told us on that they were able to get appointments when they needed them. Six of the patients we spoke with also told us that appointments do not usually run on time, and there was usually up to 20 minutes' wait.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was done, for example, by telephoning the patient or carer in advance to gather information to allow for an

Are services responsive to people's needs?

(for example, to feedback?)

informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included posters displayed and a summary leaflet that was available.

We looked at 13 complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends, and action were taken to improve the quality of care.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 24 September 2015, we rated the practice as requires improvement for providing well-led services as improvements were needed in their governance arrangements to ensure policies and procedures were consistently followed, and staff and patient feedback was comprehensively sought.

These arrangements had significantly improved when we undertook this inspection on 19 June 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

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

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas for example the GP partners were the leads for safeguarding children and vulnerable adults, the practice nurse was the lead for infection prevention and control, and the practice manager was the lead for information governance.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous 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. For example there were checks completed to ensure the safety of premises and equipment, and there was planning and monitoring of staffing levels.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

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 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. From the sample of documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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 meeting minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met monthly and submitted proposals for improvements to the practice management team. For example, they had suggested changes be made to the arrangement of the seating area in the reception area so patients could see the TV screens better and this had been implemented. The PPG had also suggested that patients be provided with the opportunity to attend the practice to be shown how to use the online appointments booking system, and this event had had a good uptake.

- The NHS Friends and Family test, complaints and compliments received
- 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. For example the practice management had listened to and responded to staff requests for additional training in specific topics. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

To address challenges in patient access (availability of enough appointments within a reasonable time frame), the practice planned to begin a trial offering some walk-in appointments from August 2017.

The practice was continuing a recruitment drive for two new salaried GPs, but was also exploring recruiting a physician associate to support the current GPs in clinical practice.