

North Kensington Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to North Kensington Medical Centre	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at 23 July 2015. Overall the practice is rated as good.

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.

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

- Systems were in place for the recording and investigation of significant events and incidents. Staff were aware of their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well-managed, including managing medicines and infection control. The practice had safeguarding vulnerable adults and child protection policies and staff were up to date with child protection training.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and clinical staff had annual appraisals to identify any further training needs.
- Patients said they found staff to be pleasant, helpful, kind, courteous, friendly and that they treated them with dignity and respect. They were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients were satisfied with the appointment system and said they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day of request.
- There was a clear leadership structure and staff felt supported by the GP partners. The practice proactively sought feedback from patients through surveys, Patient Participation Group (PPG) and suggestions and they acted on feedback to improve care and services.

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

Importantly the provider should;

Summary of findings

- Ensure that up to date safeguarding contact details are easily available to regular and locum staff.
- Ensure all staff receive up to date safeguarding vulnerable adult training.
- Ensure clinical staff receive Mental Capacity Act (2005) awareness training.
- Ensure information displayed in the waiting room is up to date and easy to read. This should include signs to notify patients of chaperone and translation services available.
- Conduct independent clinical audits in addition to CCG audit requirements.
- Ensure integrated care plans are formally agreed with patients and regularly reviewed.

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. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There were systems and processes in place to keep people safe, including safeguarding, infection control procedures and safe storage and management of medicines and vaccinations. Appropriate pre-employment recruitment checks had been undertaken for staff employed at the practice. There were systems in place to manage medical emergencies including up to date staff training in basic life support, emergency medicines and equipment. There were issues noted on the day of inspection with some of the emergency equipment and storage of emergency medicines, however the practice took immediate action to address these issues.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely to plan patients care. Staff had received training appropriate to their roles and any further training needs had been identified through annual appraisal. The practice held monthly multi-disciplinary team meetings with a range of allied health professionals, including district nurses, palliative care team and social services, to discuss patients with complex medical needs. The practice had systems in place to promote good health including GP led new patient review and weekly access to smoking cessation services. Uptake rates for cervical smears, childhood immunisations and flu vaccinations were at or above the CCG average.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. For example, satisfaction scores on consultations with doctors and nurses from the National GP Survey were above the CCG average. Patients said they found staff to be pleasant, helpful, kind, courteous, friendly and that they treated them with dignity and respect. Patients also felt involved with decisions about their care and felt satisfied with the explanations and information provided to help them make informed decisions.

Good



Summary of findings

Information for patients about the services available was easy to understand, although it was noted the layout of posters and information in the waiting area was cluttered. Staff treated patients with kindness and respect and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients we spoke with were generally satisfied with the appointment system and results from the National GP Patient Survey showed satisfaction scores about appointments, were above the CCG and national averages. Appointments were available with a named GP and there was continuity of care. Urgent appointments were available on the same day as well as bookable appointments in advance. The practice had good facilities and was well equipped to treat patients and meet their needs. There was access to translation services and sign language facilitators if required, although this was not advertised in the waiting area. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised and learning from these complaints were shared with staff.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision that was displayed on the practice website. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by the GP partners. The practice had a number of policies and procedures to govern activity and these had been reviewed annually and were up to date. The practice proactively sought feedback from patients through the patient participation group (PPG), the Friends and Family Tests (FFT), surveys and complaints received. The PPG was active and met twice yearly. There was evidence that practice had listened to feedback from the PPG and made improvements to service. Staff had received annual appraisals to review personal development plans and identify areas for training and improvement.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example dementia screening for at risk patients with referral to local memory services if required. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice had access to a primary care navigator to assist elderly patients with social care needs and help them gain access to local support.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice had access to a primary care navigator to assist patients with complex needs over the age of 55 years to gain access to local social support.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice had a named clinical lead for safeguarding and staff had received role specific training in child protection. Alerts were placed on the patient electronic record system to make staff aware of vulnerable children and flag if there were any child protection plans in place. The practice offered a full programme of childhood immunisations in line with national guidance and uptake rates were above the CCG average. Urgent appointments were available on the day for children who were unwell and for those with serious medical conditions. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered GP led antenatal and postnatal care. Practice nurses had received family planning training and offered contraception services.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice nurses offered early appointments for cervical smear tests between 8.00 am and 9.00 am to improve access for patients who could not attend appointments during the working day.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice maintained a register of patients with learning disabilities and all of these patients had received an annual health checks within the last year. They offered longer appointments for people with a learning disability and maintained close links with the local learning disability team for support and advice as required. Homeless people and travellers were seen by the practice if they presented.

Good



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). Patients experiencing poor mental health were invited for six monthly review and health checks. 90% of people experiencing poor mental health had received a six month health review. The practice had access to an in-house counselling service twice a week which provided individual and couple counselling. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice had a clinical lead to support patients with a diagnosis of dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above the local and national averages for many of the satisfaction scores. There were 109 responses which represents 2.2% of the practice population with a completion rate of 26% (412 surveys sent out).

- 99% find it easy to get through to this surgery by phone compared with a CCG average of 85% and a national average of 73%.
- 93% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 81% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 65% and a national average of 60%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.

- 91% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 90% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 81% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 74% feel they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Comments received described the staff as pleasant, helpful, courteous, kind and professional and felt the surgery was clean, safe and run efficiently.

North Kensington 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 another CQC inspector, a GP specialist adviser and an Expert by Experience.

Background to North Kensington Medical Centre

North Kensington Medical Centre is a well-established GP practice located in North Kensington within the London Royal Borough of Kensington and Chelsea and is part of the NHS West London Clinical Commissioning Group (CCG) which is made up of 37 GP practices. The practice provides primary medical services to approximately 4,800 patients. The practice holds a core General Medical Services contract (GMS). (GMS is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). This is a training practice.

The practice team comprises of one male and one female GP partners, one male salaried GP, one part time female nurse practitioner, two part time female practice nurses, one part time phlebotomist, one trainee health care assistant and phlebotomist who also took on the role of receptionist, an assistant practice manager, a practice support manager and four administration staff. The practice currently hosts a part time foundation year two trainee doctor.

The practice reception opening hours are 8.00 am to 6.00 pm Mondays, Tuesdays, Thursdays and Fridays and 8.00 am to 1.00 pm on Wednesdays. The practice is closed from 12.30 pm to 1.30 pm for lunch and during this time a pre-recorded message directs callers to a telephone number that can be used to access assistance in a medical emergency. Appointments are available from 7.30 am to 12.30 pm Mondays, Tuesdays and Fridays and from 8.00 am to 12.30 pm Wednesdays and Thursdays. Afternoon appointments are from 1.30 pm to 6.00 pm each day with the exception of Wednesday when the practice is closed from 1.00 pm. 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 checks for diabetes, blood pressure, asthma review, minor surgery, contraception services and child health care. The practice also provides health promotion services including a flu vaccination programme, smoking cessation advice and cervical screening.

The age range of patients is predominately 25-59 years and the number of 25-50 year olds is greater than the England average.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

Detailed findings

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. This 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

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 July 2015. During our visit we spoke with a range of staff including GPs, practice nurses, assistant practice manager and administration staff and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the assistant practice manager of any incidents and they would make a computerised record of the incident. There was no form available for staff to complete themselves. All significant events raised were discussed at the next practice meeting. The practice carried out an annual analysis of the significant events that included a summary of the event and documentation of the action points.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Two significant events had been reported within the last year. For example, a significant event had been reported following a medical emergency at the practice and the action point included replacing the oxygen cylinder that had been used during the event. Learning identified from this event included ensuring emergency equipment was in date and regularly checked. Staff we spoke with felt supported to raise concerns at practice meetings, for example we were told one of the clinical staff had raised a concern that there were no weighing scales for babies and this was raised at a practice meeting with the equipment then purchased.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Safety alerts were reviewed by the GP partners and shared with clinical staff as required. We saw there was information displayed in the waiting area about recent health and safety news, for example information on the Ebola virus.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. Relevant safeguarding contact information was kept in a separate box for staff to access if they had concerns about a patient's welfare. However, it was

observed that information stored in the box was untidy meaning it was not readily accessible and some of the material was also out of date. One of the GP partners was the lead for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary to other agencies. Staff demonstrated they understood their safeguarding responsibilities and all had received child protection training relevant to their role. However, it was noted that two of the clinical staff had not received up to date vulnerable adult training. There was a system in place to identify vulnerable children on the electronic records system. We saw that safeguarding issues were discussed at the practice meeting when required.

- The practice nurses and trainee health care assistant acted as chaperone if required and they had received appropriate training for this role. Notices to make patients aware of this service were displayed in consultations rooms however, there were no notices displayed in the waiting room. All staff who acted as chaperones had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available for staff. The premises were managed by NHS Property Services (NHSPS) who carried out the necessary safety assessments and building maintenance, including fire risk assessment and regular fire drills. We were provided with copies of the building maintenance records from NHSPS and saw Legionella and Asbestos surveys had been undertaken in 2013 and were planned for 2015. We saw evidence that any concerns raised about the premises during routine infection control audits were promptly raised with NHSPS to address these. For example, the practice informed NHS Property Service that carpets in two consulting rooms needed to be replaced with laminate flooring to comply with health and safety regulations and this was reviewed by the service. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises appeared to be

Are services safe?

clean. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice). There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits, for example antibiotic prescribing, were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. There was a policy for the monitoring of fridge temperatures used to store medicines. However, from the temperature record logs we reviewed, there was an occasional gap in the week day records.
- Recruitment checks were carried out and the five files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal record checks through the Disclosure and Barring Service (DBS).
- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. These included medicines for the management of anaphylaxis, cardiac arrest, infection, hypoglycaemia, asthma, seizures and chest pain. The practice had an automated external defibrillator (AED) and a portable oxygen cylinder. However, it was noted the AED had not been calibrated in the last year and the oxygen reservoir mask required for emergency situations was missing. This was brought to the attention of the management team who took immediate action and informed us after the inspection that the defibrillator had been calibrated.

Emergency medicines including those for the treatment of cardiac arrest, anaphylaxis, hypoglycaemia, infection, chest pain and seizures were available. All the medicines we checked were in date and fit for use. However, it was observed that emergency medicines were kept in a locked cabinet which may not be easily accessible to staff in the event of a medical emergency.

After our inspection we received confirmation that this had been addressed and that emergency medicines were now stored with the emergency equipment and easily accessible.

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 carried out assessments and treatment 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 access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs. The practice monitored that these guidelines were followed through risk assessments and audits. Two of the clinical staff we spoke with felt the practice meeting was not an appropriate forum for discussing clinical issues and updates. They felt that additional clinical meeting times would be beneficial to discuss guidelines and disseminate learning from courses attended.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98.3% of the total number of points available, with 4.9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was better than the CCG average and similar to expected compared to the national average. The practice had achieved 99.9% of the number of points available for diabetes which was 13.5% above the CCG average.
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 85.7%, which was above the CCG (80.8%) and national average (83.1%).
- Performance for mental health related indicators was better compared to the CCG and national average. The practice had achieved 100% of the total points achievable in mental health which was 14.8% above the CCG average.

- The percentage of patients with a diagnosis of dementia whose care had been reviewed in the last 12 months was 95.8%, which was above the CCG average of 82.9% and the national average of 83.8%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Clinical audits performed were linked to CCG and prescribing guidelines. For example, the practice had reviewed prescribing of an antibiotic in patients with chronic kidney disease, to identify those who had received the antibiotic inappropriately. Subsequent re-audit of the data showed improvement in results with the antibiotic no longer inappropriately prescribed. There were no examples of independent practice led audit performed in the last two years.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice was engaged in enhanced services to use risk stratification tools and identify patients at high risk of admission. These patients were contacted and invited to attend to review to create personalised care plans to reduce the risk of hospital admission. We reviewed five of these care plans and for four it was unclear if the plans had been reviewed within the last year. It was also noted that although the care plans had been sent out to the patients, there was no written confirmation of their agreement with the plan. The practice also took part in CCG led review of unplanned accident and emergency attendances and outpatient referrals to ensure they were performing in line with the local and national averages.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff, which included review of practice policies and processes. There was no locum induction pack available for new locum doctors working at the practice. However, we were told that the assistant practice manager provided an introduction to the practice for new locum doctors.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. We looked at five staff files and saw that regular appraisals took place, which included a personal development plan.

- Staff received training that included: child protection, basic life support and information governance awareness. 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example information about patient receiving palliative care was shared with the out of hour's service provider via the 'Coordinate My Care' scheme.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. These meetings were attended by district nurses, community matron, community pharmacist, primary care mental health liaison, palliative care team members, social services and the primary care nurse specialist.

Consent to care and treatment

Patients' consent to care and treatment was sought 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, assessments of capacity to consent were carried out in line with relevant guidance. Clinical staff told

us where a patient's mental capacity to consent to care or treatment was unclear, they would assess the patient's capacity and if remained unclear seek second opinion via clinical discussion with their GP colleagues. It was noted that clinical staff had yet to undertake Mental Capacity Act 2005 (MCA) awareness training offered by the CCG.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included those at risk of developing a long-term condition, patients experiencing poor mental health and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. There was a weekly smoking cessation clinic on site which patients could access.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.7%, which was comparable to the CCG average of 77.4% and the national average of 81.9%. There was a policy to offer telephone and text reminders for patients who did not attend for their cervical screening test. The practice nurses also offered early appointments for cervical smear tests between 8.00 am and 9.00 am to improve access for patients who could not attend appointments during the working day. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84.6% to 94.9% and five year olds from 70.2% to 100%. Flu vaccination rates for the over 65s were 75.7%, and at risk groups 50.6%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. This included Health Care Assistant (HCA) led NHS health checks for people aged 40–74. All new patients registering at the practice were required to have an appointment with a GP to review their medical history and identify any health needs or concerns. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the seven patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were pleasant, helpful, kind, courteous, friendly and treated them with dignity and respect. We spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied and impressed with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 100% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 97% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 93% of said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 and explanations 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.

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

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients that this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. However, it was noted the leaflets and posters displaying this information were cluttered and disorganised which made it difficult for people identify those of interest.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients known to be carers and they were offered support as required. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement they would be contacted to be offer advice and support. Patients were referred to counselling services if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, they undertook CCG led review of unplanned accident and emergency attendances and outpatient referral rates to ensure they were in line with local targets.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice had access to a Primary Care Navigator (PCN) employed by an external organisation who was available to patients over the age of 55 years with social care needs, to help them gain access to local support. This service was advertised on the practice website, practice newsletter and waiting room to ensure eligible patients were made aware.
- The practice was engaged in local enhanced services to identify vulnerable patients at high risk of hospital admission using risk stratification tools and invited them for review to create personalised care plans aimed to reduce the risk of hospital admission.
- Home visits were available for older patients or patients who would benefit from these.
- District nurses were given a list of elderly housebound patients who required home visits for annual flu immunisation.
- The practice offered nurse led annual review of patients with chronic conditions, such as asthma, diabetes and high blood pressure. This service was advertised in the practice newsletter to encourage patients with long term conditions to make an appointment for review.
- The practice had access to a nurse practitioner who offered regular review and management of patients with Chronic Obstructive Pulmonary Disease (COPD).
- Urgent access appointments were available for sick children and those with serious medical conditions.
- The practice offered GP led antenatal and postnatal care. The practice nurse had received family planning training to offer contraception services to patients if required.
- The practice was accessible for people who used wheelchairs and there were disabled toilet facilities.

There was no hearing loop, however the practice had access to a sign language interpreter if required. Translation services were also available although these were not advertised in the waiting room.

- There was the facility to request repeat prescriptions and book appointment online which was useful for patients who could not attend the practice during the working day.
- The practice provided an in-house phlebotomy service from 7.30 on Fridays.
- Longer appointments were available if required for patients with complex needs, however this was not made clear in the practice leaflet or on the practice website.
- The practice maintained a register of 17 patients with learning disabilities. All of these patients had received annual health checks in the last year. The practice worked closely with the local learning disability team to seek advice or support if required.
- The practice maintained a register of patients experiencing poor mental health. One of the GP partners conducted regular review of these patients' electronic records and if they had not been reviewed within the last six months they would be recalled for review and health check. At the time of our inspection 90% of patients with mental health issues had received a six monthly health review.
- The practice had access to an in-house counselling service twice a week for couples and individuals. This service was clearly advertised on the practice website and in the practice leaflet.
- The salaried GP was the lead for dementia at the practice. The practice provided an enhanced service to screen at risk patients for dementia and refer as appropriate to the local memory services.

Access to the service

The practice reception was open between 8.00 am to 6.00 pm Mondays, Tuesdays, Thursdays and Fridays and 8.00 am to 1.00 pm on Wednesdays. The practice was closed from 12.30 pm to 1.30 pm for lunch during which time a pre-recorded message directed callers to a telephone number that could be used to access assistance in a medical emergency. Appointments were available from 7.30 am to 12.30 pm Mondays, Tuesdays and Fridays and from 8.00 am to 12.30 pm Wednesdays and Thursdays. Afternoon appointments were from 1.30 pm to 6.00 pm each day with the exception of Wednesday when the

Are services responsive to people's needs?

(for example, to feedback?)

practice was closed from 1.00 pm. Pre-bookable appointments could be booked up to six weeks in advance and urgent appointments were available on the day for people that needed them. Telephone consultations were available for patients requiring medical advice who could not attend the practice during working hours.

Appointments were available with male and female GPs. Patients had a named GP and where possible routine appointments were made with this GP to maintain continuity of care.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. People we spoke with confirmed that they were able to get appointments when they needed them. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 99% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.

- 81% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 75% and national average of 75%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. 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 in the complaints procedure leaflet, in the practice leaflet and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 10 complaints received in the last 12 months and found these were satisfactorily handled with openness and transparency including written apology to the patient if appropriate. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint made about maintaining confidentiality in the waiting room the practice reviewed their confidentiality policy and a sign was displayed in the reception area advising that rooms were available for private discussion if required.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care in a personalised setting and sought to deliver a personal, friendly and professional service for each patient. The practice values were displayed on the practice website, although not at the premises. We spoke with three members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. New staff had received training on the mission statement.

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 with the GP partners as the leads for a number of roles. Staff we spoke with were aware of their own roles and responsibilities and felt well supported.
- Practice specific policies were implemented and were available to all staff. We looked at a sample of nine policies and procedures and saw that staff had completed a cover sheet to confirm that they had read the policy. All nine policies and procedures we looked at had been reviewed annually and were up to date.
- A programme of continuous clinical audit linked to CCG and prescribing guidelines which 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, openness and transparency

The GP partners had the experience and capability to run the practice and ensure high quality care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. The GP partners encouraged staff to identify opportunities to improve the service delivered by the practice.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at

team meetings and were confident in doing so and felt supported if they did. They told us that team meetings were held weekly and that they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients feedback and engaging patients in the delivery of the service. They had gathered feedback from patients through the patient participation group (PPG), Friends and Family Test (FFT), surveys and complaints received. There was an active PPG which met twice yearly and maintained regular contact by email. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following a patient survey the PPG recommended that the advertising of the online appointment system should be improved. As a result this information was made available on the practice website and in the practice newsletter. The PPG planned to review the impact of this as part of the action plan for 2015/2016. The minutes of PPG meetings and actions agreed were available on the practice website. We spoke with two members of the PPG and they felt the group could be used more to make improvements to the service. This had been raised with the GP partner at the most recent meeting and as a result the members felt the quality of the meetings had improved, suggesting their feedback had been listened to.

The practice had also gathered feedback from staff through weekly staff meetings and annual appraisal. 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.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. Annual appraisals were performed to review personal development plans and identify areas for future training and improvement. The practice was a teaching practice for Foundation Year Two trainee doctors and the clinical staff had roles in clinical and educational supervision.