

Eversley Medical Centre

Quality Report

501 London Road
Thornton Heath
Croydon
CR7 6AR

Tel: 020 8684 1172

Website: www.eversleymedicalcentre.co.uk

Date of inspection visit: 23 November 2016

Date of publication: 22/03/2017

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?	Requires improvement	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Eversley Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eversley Medical Centre on 23 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that policies, including the complaints policy, are consistently followed.

The areas where the provider should make improvement are:

- Implement a system to keep risks under review, to ensure that they remain well-managed. Continue to monitor and take action to improve care and outcomes for patients with diabetes and the uptake of cancer screening.
- Continue to monitor and take action monitor and act on patient feedback on telephone access.

Summary of findings

- Implement a system of regular review of policies to ensure that they are complete and in line with latest best practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were generally assessed and well managed, but some risks had not been mitigated fully. Only the highest risk electrical appliances had been safety tested in the last round of testing, and no methods of checking had been put in place for the other appliances. The practice updated their policy after the inspection.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for most indicators were comparable to local and national averages. Performance for some diabetes related indicators was below average. In response, the practice took part in a pilot scheme for group consultations, employed a diabetes specialist nurse and was signed up to local incentive schemes to improve outcomes for patients with pre-diabetes and diabetes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had established a programme of support for carers, including a practice lead and a monthly carers group. Carers were encouraged to have their annual health check, and 50% of carers had had health checks at the time of the inspection.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Information about how to complain was available and easy to understand and the practice responded to complaints, but did not always follow the practice policy and national guidance in responding. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had introduced clinics to take electrocardiograms (tests of heart rhythm) for specialist review and blood tests, to avoid patients having to travel to hospital for these.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Requires improvement



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. Practice specific policies were implemented and were available to all staff, but these were not all complete or implemented effectively. For example, the chaperone policy

Good



Summary of findings

did not make clear that only clinical staff should chaperone and the repeat prescribing policy did not include procedures for all high risk medicines. We were sent updated policies shortly after the inspection.

- Clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but these had not identified and managed all risks effectively. For example, the implications of not having all appliances externally safety-checked or having patient safety alerts only going to one staff member.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients had a named GP to support their care.
- Older people were given priority appointments.
- The practice had arranged for a community pharmacist to do home visits for medicines reviews.
- There was a recall system for all older patients who had no surgery contact for 6 months. The practice audited the number of reviews for older patients, and increased uptake from 79% to 89% in April 2016.

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.
- The practice had a range of services in place to support patients with long term conditions, including chronic obstructive pulmonary disease monitoring with spirometry, an electrocardiogram service, phlebotomy, and specialised wound care clinics with Doppler studies (to check the blood flow in patients with ulcers).
- Performance for some diabetes related indicators was below average. In response, the practice took part in a pilot scheme for group consultations, employed a diabetes specialist nurse and was signed up to local incentive schemes to improve outcomes for patients with pre-diabetes and diabetes.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 74%, which was below the CCG average of 81% and the national average of 82%. The practice was aware that their screening rates were below average, and had an action plan to increase uptake.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had chosen to focus some of its quality improvement activity in this area, and had increased the number of carers and the number of vulnerable people identified.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had established a programme of support for carers, including a practice lead and a monthly carers group. Carers were encouraged to have their annual health check, and 50% of carers had had health checks at the time of the inspection.

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).

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice had developed a joint care template to share information and plan care effectively with members of the community care team.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients with dementia were given 20 minutes appointments as standard, and their carers encouraged to have an assessment by the practice carers' lead.
- The practice provided injections of anti-psychotic medication to people stabilised on this medicine.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Three hundred and eighty eight survey forms were distributed and 124 were returned. This represented 1% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 48% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 74% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 73% 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 25 comment cards. Twenty-two cards had just positive comments about the standard of care received, and reported personalised support and care from GPs and helpful reception staff. Two cards said that it could be difficult to get through on the phone and one said that it was sometimes difficult to make a convenient appointment.

We spoke with 11 patients during the inspection. All eleven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Eversley Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector with a GP specialist adviser.

Background to Eversley Medical Centre

Eversley Medical Centre has approximately 10633 patients and is in Croydon, south London, very close to Croydon University Hospital. The surgery is based in converted premises. There is no parking for patients, but the area is well served by public transport. The building has level access and a lift.

Compared to the England average, the practice has more children as patients (aged up to 19) and aged 20 – 44 and fewer patients aged 50+ than at an average GP practice in England.

The surgery is based in an area with a deprivation score of three out of 10 (one being the most deprived), and has a higher level of income deprivation affecting older people and children. Compared to the England average, more patients are unemployed.

Eight doctors work at the practice: four male and four female. Four of the doctors are partners and there are four salaried GPs). Some of the GPs work part-time. The practice has 40 GP sessions per week.

There are three practice nurses and a health care assistant, and a non-clinical team including a practice manager, reception and administrative staff.

Eversley Medical Centre is a training practice for doctors training to become GPs.

The practice is open between 8am – 7.30pm on Tuesdays and Thursdays and 8am – 6.30pm on Mondays, Wednesday and Fridays. Appointments with GPs are available from 8.30am to 11.30am and 3.30pm and 6.30pm every day, and until 7.30pm on Tuesday and Thursday. When the practice is closed cover is provided by a local service that provides out-of-hours care.

The practice offers GP services under a Personal Medical Services contract in the Croydon Clinical Commissioning Group area. The practice is registered with the CQC to provide family planning, surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

This is the first time that the CQC has inspected the practice.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 November 2016.

Detailed findings

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a patient received the wrong medicines because their record was not updated quickly enough after they were discharged from hospital, the practice improved the procedures for updating patient records.

There was a system in place to review and act upon patient safety alerts, for example those related to medicines, and we saw evidence that alerts had been acted upon. There were some weaknesses though, for example alerts were being sent only to the practice manager, so there was a risk that alerts might not be actioned in a timely way in the event that the practice manager was absent. We raised this during the inspection and shortly afterwards we were sent a new policy document which stated that more staff members had been added to the mailing list to receive alerts, and that patient safety alerts were now a standing item on the clinical meeting agenda.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and non-clinical staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. Although this was not stated in the practice policy, all staff told us that only clinical staff acted as chaperones. These staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice prescribing policy included processes for handling repeat prescriptions, but did not include a process for some high risk medicines commonly prescribed by GPs, including lithium or methotrexate. The GPs we spoke to were clear about the processes that were in place, and we checked that these were

Are services safe?

being followed in a sample of clinical records. Shortly after the inspection, the practice sent us an updated prescribing policy, which including documented procedures for some commonly prescribed high risk medicines.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. 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.) Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (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, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There was no fail-safe system in place to ensure that patients referred for urgent hospital tests received an appointment. Practice staff checked that the referral had been received by the hospital, and GPs told patients (verbally only) to contact the practice if the hospital had not sent an appointment in a week. Following the inspection feedback, the practice sent us an updated referral policy, which stated that patients will be told to contact the practice if they had not heard from the hospital within three days and that the practice will track all urgent referrals.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the

reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Clinical equipment was checked to ensure it was working properly. The practice arranged for an external company to check electrical equipment to ensure that it was safe to use. Previously all equipment was checked annually to make sure it was safe, but on the on the last visit (February 2016) the representative from the testing company only tested what the representative said where the highest risk items and told the practice that the other items only needed infrequent testing. The practice did not request this assessment to be given in writing, had no clear rationale for the decision and no risk assessment for the other appliances. Shortly after the inspection, the practice sent us a new policy for portable appliances, which included visual inspection of those appliances not tested by an external contractor.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

- The practice had a business continuity plan in place for major incidents such as power failure or building damage, but this was incomplete as it did not have contact numbers for key contacts such as utility companies, other practices that had agreed to provide

space if required and some staff members. Shortly after the inspection, the practice sent us an updated version of the business continuity plan, which had full contact details.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results (2015/16) were 93% of the total number of points available, compared to the local average of 94% and the national average of 95%.

Performance for some diabetes related indicators was below average.

- 61% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 70% and the national average of 78%.
- 76% of patients with diabetes had well controlled blood pressure, compared to the local average of 77% and the national average of 78%.
- 81% of patients with diabetes had an influenza immunisation, compared to the local average of 90% and the national average of 95%.
- 72% of patients with diabetes had well controlled total cholesterol, compared to the local average of 75% and the national average of 80%.
- 91% of patients with diabetes had a foot examination and risk classification, compared to the local average of 87% and the national average of 89%.

The practice was aware of the below average performance for patients with diabetes, and was engaged with initiatives to improve. The practice took part in a pilot scheme for group consultations, employed a diabetes specialist nurse and was signed up to local incentive schemes to improve outcomes for patients with pre-diabetes and diabetes.

- Performance for mental health related indicators was comparable to the national average.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the local average of 86% and the national average of 89%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the local average of 89% and the national average of 89%.
- 84% of patients diagnosed with dementia had a face-to-face review of their care, compared to the local average of 85% and the national average of 84%.
- 93% of patients with physical and/or mental health conditions had their smoking status recorded, compared to the local average of 95% and the national average of 95%.

Rates of exception reporting were similar to local and national averages. (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).

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits carried out in the last two years. Three of these were completed audits where the improvements made were implemented and monitored.
- In one example the practice assessed the care they provided to vulnerable adults. When the first audit was carried out six patients were identified on their records as being vulnerable. This was in addition to patients with dementia and learning difficulties, who were coded separately. None of the six patients identified as vulnerable had a documented care plan. A check of their medical records indicated, that four of the six were actually no longer vulnerable as were only experiencing a short period of difficulty at the time of initial coding.

Are services effective?

(for example, treatment is effective)

The GPs agreed a set of criteria for identifying a patient as vulnerable, and began coding these patients and creating care plans. Six weeks after the first audit, 27 patients were coded as vulnerable and seven had care plans. The audit also led to the practice to consider the support available for carers and as a result they had set up a practice carers' group.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service for support.

The practice's uptake for the cervical screening programme was 74%, which was below the Clinical Commissioning Group (CCG) average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There was a female sample taker. There were failsafe

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

systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening, but uptake rates were also lower than average.

The practice were aware that their screening rates were below average, and had an action plan in place to try to increase uptake.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 94% (local rates ranged from 85% to 93%) and five year olds from 64% to 90% (local rates ranged from 69% to 92%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with six members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the Clinical Commissioning Group (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 94% and the national average of 95%.
- 80% 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 the national average of 85%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 250 patients as carers (2.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

The practice had established a programme of support for carers, including a practice lead and a monthly carers group. Carers were encouraged to have their annual health check, and 50% of carers had had health checks at the time of the inspection.

Staff told us that if families had suffered 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 reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had introduced clinics to take electrocardiograms (tests of heart rhythm) for specialist review and blood tests, to avoid patients having to travel to hospital for these.

- The practice offered appointments until 7.30pm on Tuesday and Thursday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had an arrangement with two local pharmacies to deliver seasonal vaccinations at home when needed.
- There was a recall system for older patients who had not had contact with the practice for six months or longer. In April 2016, the practice audited the take up of reviews by patients age over 75, and increased the percentage from 79% to 89% (124 patients were sent invitations).
- The practice had identified a need for better wound care support for their patients, so had provided their staff with extra training to run specialist clinics including Doppler ultrasound to check blood flow in patients with persistent ulcers.
- The practice ran diabetes clinics including insulin initiation and titration with Specialist GPs.
- In response to evidence that patients' outcomes for diabetes were below average, the practice took part in a pilot scheme for where patients with diabetes worked

together with a GP to manage their illness. The practice also employed a diabetes specialist nurse and had signed up to be part of a local improvement scheme for pre-diabetes and diabetes.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice had developed a joint care template to share information and plan care effectively with members of the community care team.
- Patients with dementia were given 20 minutes appointments as standard, and their carers encouraged to have an assessment by the practice carers' lead.
- The practice provided injections of anti-psychotic medication to people stabilised on this medicine.

Access to the service

The practice was open between 8am – 7.30pm on Tuesdays and Thursdays and 8am – 6.30pm on Mondays, Wednesday and Fridays. Appointments with GPs were available from 8.30am to 11.30am and 3.30pm and 6.30pm every day, and until 7.30pm on Tuesday and Thursday.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mixed, with some aspects below local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the local average of 78% and the national average of 78%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 74% and the national average of 76%.
- 48% of patients said they could get through easily to the practice by phone compared to the local average of 73% and the national average of 73%.

The practice told us that in response to patient feedback about difficulties getting through by phone, the number of receptionists answering calls at peak times was increased from two to four, with other staff also taking calls at very busy times.

Are services responsive to people's needs?

(for example, to feedback?)

Most patients we spoke to said that they were able to get through to the practice and make appointments when they needed to. Two of the eleven people we spoke to and two of the 25 comments cards said that it was sometimes difficult.

The practice participation group members we spoke to said that the practice discussed phone access with them at every meeting, and that the situation appeared to have improved.

GPs called patients requesting a home visit to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. 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 complaints policy and procedures was not in line with recognised guidance and contractual obligations on timelines for action 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, with a poster in reception and information on the practice website.

We looked at four complaints received in the last 12 months and found that although they were dealt with openness and transparency the practice was not always including in their responses details of the NHS Ombudsman, although this did feature in the practice policy.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, in response to complaints about delays in the production of repeat prescriptions, the practice employed a prescriptions clerk to improve the speed and safety of repeat prescribing. Shortly after the inspection the practice sent us an updated complaints policy, with timelines in line with recognised guidance.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Staff knew and understood the practice's values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, but these were not all complete. For example, the chaperone policy did not make clear that the practice had decided only clinical staff should chaperone and the repeat prescribing policy did not include procedures for all high risk medicines. We were sent updated policies shortly after the inspection.
- The practice complaints policy, which stated patients would be sent the details of the NHS ombudsman was not always being followed. The practice had a tracking sheet for complaints, that recorded what action had been taken, but this was not being completed for all complaints, so there was no effective system for checking that the policy was being followed.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but these had not identified and managed all risks effectively. For example, the implications of not having all appliances externally safety-checked or having patient safety alerts only going to one staff member.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

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

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

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

- Staff told us the practice held regular team meetings. Minutes were taken of these meetings, and of the clinical meetings, but the minutes that we saw did not have agreed actions recorded, so there was no system to check actions were completed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice was a training practice for doctors training to be GPs and had received good feedback through the national survey of doctors in training.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and worked with the management team on proposals for improvements to the practice. For example, improving the appointment system.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. In response to evidence that patients' outcomes for diabetes were below average, the practice took part in a pilot scheme where patients with diabetes worked together with a GP to manage their illness. The practice also employed a diabetes specialist nurse and had signed up to be part of a local improvement scheme for pre-diabetes and diabetes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <p>The practice complaints policy, on sending patients the details of the NHS ombudsman, was not always being followed. The practice had a tracking sheet for complaints, that recorded what action had been taken, but this was not being completed for all complaints, so there was no effective system for checking that the policy was being followed.</p> <p>This was in breach of regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>