

# Belmont Health Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Belmont Health Centre on 8 December 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal incidents were maximised.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients, was that the practice offered an excellent service and staff were caring, treated them with dignity and respect and often went "the extra mile".

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

The areas where the provider should make improvement are:

- Ensure that annual fire drills are recorded and documented.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice actively promoted a range of health checks, immunisations and screening services to support patients live healthier lives.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice in line with local and national average for several aspects of care.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

# Summary of findings

- Feedback from patients, was that the practice offered an excellent service and staff were caring, treated them with dignity and respect and often went “the extra mile”.
- Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people’s needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice were signed up to a local initiative to provide an enhanced nursing service to practice patients. The practice nurse made home visits to patients in need of extra support.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led.

Good



- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

# Summary of findings

openness and honesty. The practice had systems in place for knowing about 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.

Good



- 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.
- All patients aged 75 had a named GP, which was identifiable on the practice electronic record system.
- Care plans had been completed for the top two percent of the at risk population. Patients were given a copy of their completed integrated care pathway (ICP) care plan.
- The GP lead for ICP attended multi-disciplinary group meetings (MDG), complex cases were presented, discussed and clinical management reviewed.
- The enhanced nursing service identified patients in need of extra support, the practice nurse made home visits and completed an ICP care plan.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 98.6%, being 11.9% above the CCG average and 9.4% above the national average.
- Longer appointments and home visits were available when needed. All newly diagnosed diabetic patients were allocated a 30 minute appointment.
- 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.

### Families, children and young people

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

Good



# Summary of findings

- 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 95%, which was higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice had a dedicated clinical lead with a specialist interest in children and young people.

## **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 those with a learning disability. The practice offered longer appointments for patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- There was a dedicated GP partner who worked in collaboration with a local drug and alcohol project, supporting patients with substance misuse.

**Good**



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 80% of patients diagnosed with dementia who had there are reviewed in face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was above the national average; 98% of patients had received an annual review compared with national average of 87%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- 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.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Three hundred and fifty four survey forms were distributed and 106 were returned. This represented a return rate of 28.5%.

- 66.5% found it easy to get through to this surgery by phone compared to a CCG average of 65.5% and a national average of 73.3%.
- 80.2% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80.3%, national average 85.2%).
- 73.3% described the overall experience of their GP surgery as fairly good or very good (CCG average 78.1%, national average 84.8%).

- 66.3% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 70.8%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were caring, treated them with dignity and respect and often went “the extra mile”. Patients said receptionists were helpful and always smiling.

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

## Areas for improvement

### Action the service **SHOULD** take to improve

Ensure that annual fire drills are recorded and documented.

# Belmont Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Belmont Health Centre

The Belmont Health Centre, also known as Dr J Wijeratne & Partners operates from 516 Kenton Lane, Harrow HA3 7LT, the premises are in a purpose built building, and the main surgery. The practice has a branch surgery at 252 Long Elmes, Harrow, Middlesex, HA3 6LF the premises are in a converted detached house within a residential area. The practice provides NHS services through a General Medical Services (GMS) contract 11445 patients. It is part of the NHS Harrow Clinical Commissioning group (CCG).

The practice's clinical staff comprises seven GPs (three female GPs and four male), all seven GPs are partners in the practice (who provided 5.5 whole time equivalents). There is a nurse practitioner, practice nurse and a treatment room nurse who works (17 hours), there were two health care assistants. The practice's administrative team is made up of a practice manager, a business manager, two reception managers, three receptionists and four administration staff.

The practices opening times are at the main surgery are 8.00am to 6.30pm on Monday, Wednesday, Thursday and Friday, 8.00am to 8.00pm on Tuesday and 9.00am to 12.00pm on Saturday. At the branch surgery opening times are 8.30am to 1.30pm on Monday, Wednesday and Friday, 3.00pm to 7.00pm on Tuesday and 2.00 to 6.00pm on Thursday.

Appointment times for GPs (at the main surgery) are –

Monday 8.00am to 12.30pm and 2.30pm to 6pm, Tuesday 8.00am to 1.00pm and 3.30pm to 7pm, Wednesday 8.00am to 12.00pm and 3.00pm to 6.30pm, Thursday 8.00am to 1.00pm and 2.30pm to 6.30pm and on Friday 8.00am to 1.00pm and 3.00am to 6.30pm.

Appointment times for GPs (at the branch surgery) are –

Monday 9.30am to 12.30pm, Tuesday 4.00pm to 7.00pm, Wednesday 9.30am to 12.30pm, Thursday 3.00pm to 6.00pm and Friday 9.00am to 12.00 noon.

Appointments can be pre booked up to two months in advance. There are same day and emergency appointments available if patients phoned the practice at 08.00am. The practice offered an automated telephone booking system or an online option were patients could manage their appointments. The practice offer telephone consultations and home visits are available and need to be requested by phone before 10.00am. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are informed about the NHS 111 service and details of the local out-of-hours service provider. Information is provided on the practice website regarding the NHS 111 service.

The patient profile for the practice indicates a population of working age people comparable to the national average, with a slightly higher proportion of younger adults in the 25 to 44 age range. There are a higher proportion of children and young people but fewer older people in the area compared to the national average.

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 8 December 2015. During our visit we:

- Spoke with a range of staff GPs, practice manager, practice nurses, health care assistant, administrative/reception 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We saw an analysis sheet of four significant events over the past 12 months, with learning outcomes and action points recorded. For example, the practice had refreshed the protocols for both needle stick injury and sharps disposal. All clinicians had been reminded to take portable sharps bins when conducting home visits for any vaccinations.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Safeguarding level 3. Practice nurses were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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. Curtains in consultation rooms were disposable and all medical instruments were single-use. There was an adequate supply of personal protective equipment, such as gloves, masks and aprons.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. He/she received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and four designated fire marshals. Previously the practice had undertaken a simulated fire drill, which had been carried out two years ago; no recent drills had been completed. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was a buddy system in place to cover annual leave.

### 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 fit for use. The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and made provision for the service to transfer temporarily to the branch surgery should the practice be unable to operate from its usual premises.

# 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. From all medical records we reviewed, the practice was found to be following best practice guidance and patients' needs were effectively assessed. Care plans were completed proactively for patients' identified as being high risk through practice intelligence.
- The GPs had identified roles for leading in long term conditions such as cardiology, diabetes, dementia and Chronic Obstructive Pulmonary Disease (COPD). The practice nursing team supported the work of the GPs by providing nurse- led clinics including those for diabetes and respiratory disorders.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.5% of the total number of points available, with 6.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 98.6%, being 11.9% above the CCG average and 9.4% above the national average.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, being 4.2% above the CCG and 2.2% above the national average.
- Performance for mental health related indicators was 100%, being 7.1% above the CCG average and 7.2% above the national average.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following an audit of patients from the practice who attended accident and emergency. Recent action taken as a result included the practice nurse telephoning each patient within 24 hours of their A and E attendance, to provide support or advice to manage their condition or to attend to see the GP.

Information about patients' outcomes was used to make improvements such as; the practice identified that the diagnosis rate of dementia was low. The practice decided to improve the service to patients, by diagnosing and monitoring patients within the practice via the lead GP. Previously the dementia register had 41 patients, currently there were 73 patients; of these 63 (86%) of patients had had care plans completed.

### Effective staffing

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

- The practice had an induction programme and checklist for all newly appointed staff. It 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered



# Are services effective?

## (for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, 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 investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a three monthly basis; meetings with the district nursing service were monthly and that care plans were routinely reviewed and updated. The GP lead for Integrated Care Pathways (ICP) attends the Multidisciplinary Group (MDG) meeting where complex cases were presented and discussed.

### 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 records audits. All patients having a minor surgery procedure had consent forms that were signed and scanned onto their records prior to the procedure progressing.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, or smoking cessation and the practice could refer patients to Improving Access to Psychological Therapies (IAPT). Patients were then signposted to the relevant service.
- A dietician was available on the premises and a smoking cessation clinic was available in the practice for patients to attend.

The practice's uptake for the cervical screening programme was 95%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 95% and five year olds from 72% to 96%.

## Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people 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

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous, polite and very helpful to patients and treated people 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 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 area to discuss their needs.

All of the 33 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 caring, treated them with dignity and respect and often went "the extra mile". Patients said receptionists were helpful and always smiling.

We also spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and that they felt listened to and their input valued. Comment cards highlighted that staff were kind and helpful and provided support when required.

We reviewed the most recent data available for the practice about patient satisfaction. Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average or below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 75% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 83%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 77% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 90%).
- 89% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

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

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed fewer patients than average responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example;

- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%)
- 81% said the last nurse they saw or spoke to was at involving them in decisions about their care (CCG average 76%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. The practice highlighted that a significant proportion of the patient population do not use English as their first language, this was identified as a challenge to the practice. A number of staff were fluent in other languages and were frequently asked to act as interpreters. In addition to this the practice also used other used translation services to improve communication. We saw notices in the reception areas informing patients that a translation service was available.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Several of the doctors have taken time to pay social visits to patients in hospital at the weekends.

The practice's computer system alerted staff if a patient was also a carer so that clinical and administrative staff could support their needs. For example the receptionist would make every attempt to provide an appointment

time suitable for the carer. The practice had identified 149 patients, approximately 1.3% of the practice list, as carers. There was a designated carers corner in the waiting room, written information was available to direct carers to the various avenues of support available to them. There was a carers' notice board, information for was displayed on a messaging board.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice were signed up to a local initiative to provide an enhanced nursing service to practice patients. The practice nurse made home visits to patients in need of extra support. Patients in need were identified from A&E discharge letters, in practice referrals and during home visits. The practice was also involved with an admissions avoidance initiative, all patients presenting to A&E were contacted by the practice nurse. Patients were followed up to reduce inappropriate attendance to A&E and ensure patients were supported.

- Extended hours surgeries were available from 6.30pm to 8.00pm every Tuesday evening. The practice was also open on Saturday morning from 9am to 12 midday, patients could attend with a pre-booked appointment.
- There were longer appointments available for people with a learning disability or with a long term condition.
- Home visits were available for older patients and patients who would benefit from these. The practice used a home visit rota to ensure home visits were shared out between the GPs.
- All patients aged over 75 had a named GP.
- The practice offered travel clinics, patients were able to receive travel vaccinations available on the NHS and privately.
- The practice offered ante-natal and post-natal clinics weekly.
- Same day appointments were available for children and those with serious medical conditions. Patients could either book on-line from 7.30am or ring the practice from 8.00am for a same day appointment.
- There were disabled facilities and translation services available. Patients requiring a translation service were given a 20 minute appointment. There was a dedicated GP partner who worked in collaboration with a local drug and alcohol project, supporting patients with substance misuse.

### Access to the service

The practice was open from 8.00am to 6.30pm Monday to Friday. Appointments at the main surgery were Monday 8.00am to 12.30pm and 2.30pm to 6pm, Tuesday 8.00am to 1.00pm and 3.30pm to 8pm, Wednesday 8.00am to 12.00pm and 3.00pm to 6.30pm, Thursday 8.00am to 1.00pm and 2.30pm to 6.30pm and on Friday 8.00am to 1.00pm and 3.00am to 6.30pm. The practice had extended opening hours on Tuesday from 6.30pm to 8pm, and Saturday morning from 9.00am to 12.00 noon.

At the branch surgery opening times were 8.30am to 1.30pm on Monday, Wednesday and Friday, 3.00pm to 7.00pm on Tuesday and 2.00 to 6.00pm on Thursday. Appointments were Monday 9.30am to 12.30pm, Tuesday 4.00pm to 7.00pm, Wednesday 9.30am to 12.30pm, Thursday 3.00pm to 6.00pm and Friday 9.00am to 12.00 noon. In addition to pre-bookable appointments that could be booked up to two months 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 was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 67% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 70% patients described their experience of making an appointment as good (CCG average 66%, national average 73%).
- 43% patients said they usually waited 15 minutes or less after their appointment time (CCG average 51%, national average 65%).

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

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

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

- 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, on the practice website and in the practice booklet.

We looked at two complaints received in the last 12 months and found the complaints were handled appropriately and

in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, after a complaint regarding a delayed prescription being issued for a newly registered patient. The registration form for new patients now prompts them to provide a repeat prescription from their previous surgery.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit 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 and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG with sixteen members which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had increased the number of telephone lines and at peak times more staff were available to answer calls.
- The practice had gathered feedback from staff through appraisals, discussions and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

## Are services well-led?

Good 

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

There was a strong 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. For example, the practice had been selected by the CCG to participate in two test initiatives regarding the enhanced nursing service and admissions avoidance.