

# Knoll Medical Practice

## Quality Report

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Date of inspection visit: 14 April 2016  
Date of publication: 31/05/2016

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	9

### Detailed findings from this inspection

Our inspection team	10
Background to Knoll Medical Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Knoll Medical Practice on 14 April 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 a 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients 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.

There were areas of practice where the provider should make improvements:

- Review the practice policies and procedures.
- Consider documenting discussion from formal staff meetings and clinical meetings.

**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 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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for many 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.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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. However learning from complaints was not always shared with staff and other stakeholders.
- The practice provided minor surgical procedures including joint injections, coil and implant fitting which reduced the need for referrals to hospital.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 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; however these were not always widely discussed.
- 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.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

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.
- The GPs visited a local care home twice each week, supporting the needs of the elderly residents.
- The practice maintained an up-to date end of life care register and proactively identified these patients and worked closely with the palliative care team to support these patients.

### 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.
- The national Quality and Outcomes Framework (QOF) data showed that 77% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 91% which was above the CCG average of 78% and above the national average of 88%.
- The national Quality and Outcomes Framework (QOF) data showed that 73% of patients with asthma in the register had an annual review, compared to the CCG average of 74% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions 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.
- The practice provided minor surgical procedures including joint injections, coil and implant fitting which reduced the need for referrals to hospital.

# Summary of findings

## Families, children and young people

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

Good



- 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 urgent care and Accident and Emergency (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 86%, which was in line with the Clinical Commissioning Group (CCG) average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered weekly midwife clinics and provided well women and well man checks.
- The practice offered sexual health clinics and offered coil and implants fitting.
- The practice sent congratulations letter to new parents after the birth of a baby which also had information about immunisations, six weeks check for babies and post-natal check for mothers.

## 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).

Good



- 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.
- The practice offered late evenings and Saturday morning appointments to accommodate working people.

## People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. These patients were flagged in their clinical system.
- The practice offered appointments for all newly registered looked after children with a named GP and had an alert set up on the computer system.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability; 92% of patients with learning disability had received a health check in the last year.
- 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.
- 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).

- The number of patients with dementia who had received annual reviews was 86% which was above the Clinical Commissioning Group (CCG) average of 84% and national average of 84%.
- 91% of patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average of 84% and in line with the national average of 88%.
- 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.

Good



# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.



# Summary of findings

## What people who use the service say

Three national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and seventy one survey forms were distributed and 126 were returned. This represented 2% of the practice's patient list.

- 82% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 70%, national average of 73%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 78% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were mostly positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 10 patients during the inspection. Most of these patients said they were happy with the care they received and thought staff were approachable, committed and caring.

# Knoll Medical Practice

## 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 advisor and a Practice Manager specialist advisor.

## Background to Knoll Medical Practice

The Knoll Medical Practice provides primary medical services in Orpington to approximately 8200 patients and is one of 48 practices in Bromley Clinical Commissioning Group (CCG). The practice population is in the third least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children and working age people is lower than local and national averages and the population of older people is above the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded, 48% are other white background, 38% are British or mixed British and 12% are Asian or mixed Asian.

The practice operates in converted premises over two floors. Not all patient facilities are wheelchair accessible and there is no lift access to the first floor. For patients with restricted mobility appointments are offered in the ground floor. The practice has access to two doctors' consultation rooms and one nurse's consultation room on the ground floor, and one doctors' consultation room and one nurse's consultation room on the first floor.

The practice team at the surgery is made up of two full-time GPs (a male and a female) who are partners, one part-time female GP who is a partner, three part-time female salaried GPs and four part-time female practice nurses. The non-clinical practice team consists of a practice manager, a finance manager, a reception manager, two practice secretaries, nine reception staff and seven administration staff members. The practice provides a total of 40 GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8:00am till 7:00pm Monday to Friday and Saturday from 8:00am till 11:00am. Appointments are available from 8:00am to 12:00pm and 2:00pm to 5:50pm Monday till Friday. Extended hours surgeries are offered on Monday and Thursday 6:30pm to 7:00pm and on Saturdays from 8:00am to 11:00am. The practice nurses also offered early morning and late evening appointments Monday to Friday.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the OOH provider for Bromley CCG. The practice has recently signed up to be part of local GP Alliance and provides at least three appointments seven days a week through Primary Care hubs; weekend appointments could be booked in advance. (Primary Care hubs allows patients access to a GP seven days per week, where the clinician has, with patients' consent, full access to their GP records which allows a full general experience.)

# Detailed findings

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

## 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 14 April 2016.

During our visit we:

- Spoke with a range of staff including four reception and administrative staff, the practice manager, four GPs, two practice nurses, and we spoke with 10 patients who used the service including two members of the practice's Patient Participation Group (PPG).

- 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).
- The practice carried out a thorough analysis of the significant events and maintained a log in the computer system. The practice had no policy for incident reporting. Some of the incidents could have been classed as significant events for example, a patient collapsed in a waiting room, the practice had not considered this as a significant event for analysis; however appropriate and timely action was undertaken to deal with the situation.

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. For example, a patient had an appointment with the practice nurse for a specific test. During the appointment the nurse found out that the patient had taken their usual medicine and so if the test was performed it would have been inaccurate. The nurse explained this to the patient, apologised and re-booked the appointment with the necessary instructions. This issue was discussed with all the clinical staff in the practice and a new procedure was introduced to make sure that the patients who required this particular test were provided appropriate information by the practice nurse when booking for an appointment.

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 Children level 3, nurses were trained to Safeguarding Children level 2 and non-clinical staff were trained to Safeguarding Children level 1.
- Notice in the clinical rooms 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 had a policy that ensured only nursing staff acted as chaperones.
- 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. Infection control audits were undertaken every six months and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription

## Are services safe?

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.)

- The practice had a robust repeat prescribing protocol. They had two dedicated prescribing clerks who met with the duty doctor every day to go through queries.
- We reviewed five 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. The practice occasionally used locum GPs and checked that the locum agency had completed the required pre-employment checks. There was a locum pack available for use.

### 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. The practice had up to date fire risk assessments and carried out regular fire drills. All staff had been trained as fire marshals. 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, 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.

### 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. In addition to this, there were panic buttons in all treatment rooms and at the reception desk which were tested regularly to ensure they were in good working order.
- 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 was available.
- 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.

# 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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

### 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 96.8% of the total number of points available, with 6.4% clinical 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 2014/15 showed;

- Performance for diabetes related indicators were in line or above the Clinical Commissioning Group (CCG) and national average. For example, 77% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 91% which was above the CCG of 78% and in line with the national average of 88%. Some of the practice nurses and GPs had completed specific training for managing diabetic patients.
- The percentage of patients aged over 75 years with a fragility fracture who were on an appropriate bone sparing agent was 100%, which was above the CCG average of 95% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 97%, which was in line with the CCG average of 97% and national average of 98%.

- Performance for mental health related indicators was above the CCG average and in line with the national average; 91% of patients had received an annual review compared with the CCG average of 84% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 86% which was in line with the CCG average of 84% and national average of 84%. The practice had identified that their incidence of dementia was low in relation to their elderly population and temporarily employed a dementia nurse for early detection of dementia; this improved the diagnosis of dementia in the practice and their reported prevalence.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 90% compared with the CCG average of 91% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- For example, an audit of management of a heart condition was undertaken to ascertain if best practice guidelines in the management of this condition had been followed. In the first cycle the practice identified many patients who could have benefited from a new medicine that inhibits the clotting of blood. These patients were invited for a medicines review and three patients with this condition were found to be suitable for this medicine and were prescribed this medicine and monitored. In the second cycle, after changes had been implemented a larger proportion of patients were identified who could have benefited from this medicine, one patient was found to be suitable for this medicine and was prescribed this medicine and monitored.
- Another clinical audit was undertaken to ascertain if patients with diabetes had good control of their blood sugar indicated by a specific blood test and to identify areas for improvement. The audit identified 37 patients and they were followed up for a four month period to ascertain any improvement. Sixteen patients showed improvement by the end of the four month period. Six patients showed a worsening and seven patients stayed the same. The remaining eight patients did not attend the repeat blood test in the time period. The audit identified that many of these patients were



# Are services effective?

## (for example, treatment is effective)

non-compliant with taking medicine. The practice identified many of these patients had long standing mental health problems and were planning to liaise with the mental health teams in order to reach these patients. The audit also identified the benefit of involving their diabetic nurse specialist who attended the clinics with patients to help guide treatment.

- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory prescribing audits such as those for antibiotic prescribing.

### 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. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, and basic life support.
- 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 vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online 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. The practice manager performed the appraisals for practice nurses with minimal clinical input from GPs; however the practice nurses were supported by GPs for their revalidation. All staff had received an appraisal within the last 12 months.

- Staff received mandatory update 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.
- The practice had a robust system for two week wait referrals and follow ups.
- The practice nurses worked well with the community teams, for example diabetes and Chronic Obstructive Pulmonary Disease (COPD) etc.

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. The practice had informal clinical meetings every day at the end of morning surgery which were not documented. They had formal clinical meetings every three months where they discussed ongoing cases and reviewed care plans. Minutes for these meetings were hand written by each clinician and kept for their appraisals. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. These meeting minutes were extensive with good action plans. The practice had a health visitor liaison book where the clinicians recorded their concerns for health visitors to review. The practice nurses had clinical meetings every month but these were not documented.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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 to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

## 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, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 86%, which was above the Clinical Commissioning Group (CCG) average of 84% 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice offered sexual health clinics.

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 76% to 95% and five year olds from 88% to 100%. Flu vaccination rates for diabetes patients were 97% which was above the CCG and national averages.

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

### 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.

Most of the 43 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 10 patients including two members of the Patient Participation Group. 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 average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%; national average of 89%).
- 85% said the GP gave them enough time (CCG average 84%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).

- 92% said they found the receptionists at the practice helpful (CCG average 86%, national average 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 on the comment cards we received was also positive and aligned with these views.

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 similar to local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 90%).

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.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 5% (432 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had an administrative staff who supported carers of patients who had been identified as needing extra support through their multidisciplinary team meetings.

## Are services caring?

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. The practice had also set up on screen alerts for family members who had suffered bereavement.

# 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 recently signed up to be part of local GP Alliance and provided three appointments seven days a week through primary care hubs which could be booked in advance; this was for working patients and children who could not attend during normal opening hours. (Primary Care hubs allows patients access to a GP seven days per week, where the clinician has, with patients' consent, full access to their GP records which allows a full general experience)
- The practice had recently implemented a telephone triage system which allowed patients greater access to doctors.
- The reception area had a screen which showed practice procedures and local support information.
- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Patients were often allowed to remain on the practice list when they lived beyond the practice boundary if they were experiencing difficult circumstances or to facilitate on-going care.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Homeless people were able to register at the practice.
- The practice offered a text messaging service which reminded patients about their appointments and care reviews.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice provided minor surgical procedures including joint injections, coil and implant fitting which reduced the need for referrals to hospital. The practice had a minor surgery pack which included a feedback form which has been analysed to improve care for these patients.

- The practice had an administration staff who contacted patients within 48 hours after discharge from Accident and Emergency (A&E) or an unplanned admission to ascertain if they needed any support and their care plans are updated.
- The practice maintained an up-to date end of life care register and proactively identified these patients and worked closely with the palliative care team to support these patients. They had a specific protocol for managing pathology results for these patients.
- The practice has a dedicated medical clinical coder which coded and summarised patient notes; this enabled the practice to identify patients who most needed help.

### Access to the service

The practice was open between 8:00am and 7:00pm Monday to Friday and from 8:00am and 11:00am on Saturday. Appointments were available from 8:00am to 12:00pm and from 2:00pm to 5:50pm Monday to Friday. Extended hours surgeries were offered on Mondays and Thursdays from 6:30pm to 7:00pm and on Saturdays from 8:00am to 11:00am. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them. The practice had recently signed up to be part of local GP Alliance and provided at least three appointments seven days a week through primary care hubs; weekend appointments could be booked in advance.

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.

- 74% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 71%; national average of 75%).
- 82% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 38% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

Most of the 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

# Are services responsive to people's needs?

(for example, to feedback?)

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.
- 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 such as information on the website.
- The practice discussed complaints in the practice meetings as required.

We looked at 25 complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged

and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care; however these were not always widely discussed but were shared with relevant staff. For example, a patient had complained about not being able to collect sample bottles as arranged with a member of staff. The practice investigated this complaint and found that the member of staff had put the bottles in the reception but had not advised the receptionists about this. The reception staff had advised the patient that they would speak to the member of staff and will call them. However the patient chose to wait and spoke to the member of staff in the waiting room and obtained the bottles. The practice staff reflected on how they could better deal with similar situations.

# 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 which reflected the vision and values and these 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. They had a shared folder in their computer system containing all the practice policies; however the policies had not been reviewed and regularly updated.
- There was an understanding of the performance of the practice. There was evidence that benchmarking information was used when monitoring practice performance. However this was not widely discussed with all relevant staff. The practice GPs were actively involved with the local Clinical Commissioning Group (CCG) and attended the GP cluster meeting with the local CCG and local GP federation meetings to understand local issues.
- The practice nurses attended nurse's forum through the local CCG educational meetings regularly.
- Governance meetings took place on a fortnightly basis with the partners and practice manager where management, clinical issues, significant events and strategy were discussed.
- Practice meetings involving all staff took place on a quarterly basis.
- There was 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 prioritised 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. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at 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.
- The practice also had a practice meeting involving all staff on an ad-hoc basis where general staff issues, health and safety and safeguarding are discussed.

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.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The practice had an active and engaging PPG with 16 members which met regularly carried out patient surveys and submitted proposals for improvements to the practice

# Are services well-led?

Good 

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

management team. For example, the practice had improved their practice leaflet and made it more user friendly following suggestions from the PPG. During the last year the members of the PPG spoke to patients in the waiting area listening to their feedback. The practice had introduced a telephone triage system following suggestions from a recent survey. The practice had also introduced an electronic information display and had removed many leaflets following suggestions from the PPG.

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

## Continuous improvement

There was a 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. The practice was planning to develop its sexual health service and to provide peer support sessions for the reception team. They were in the process of moving to a purpose built premises in the next few years which would provide them more clinical space and easier access for patients. They were also planning to utilize and expand their existing skills in musculoskeletal medicine, acupuncture, dermatology and ENT in the new premises. They also had plans to become a training practice.