

Keston Medical Practice

Quality Report

856 Brighton Road
Purley
Croydon
CR8 2YL

Tel: 020 8645 2646

Website: www.kestonmedical.nhs.uk

Date of inspection visit: 18 May 2016

Date of publication: 08/11/2016

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	11
Background to Keston Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Keston Medical Practice on 18 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were generally assessed and well managed, although some items that could cause harm to patients (emergency medicines and nitrogen) were stored unlocked in an area accessible to patients. Arrangements to prevent and control infections were in place, but appropriate staff training had not taken place.
The last infection control audit took place in June 2015, and there were no immediate plans for the next audit, as there was no-one trained to undertake the audit.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were generally involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they generally found it easy to get same day appointments, but that getting an appointment with a named GP was more difficult and could mean waiting several weeks.
- 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.

Summary of findings

We saw one area of outstanding practice:

- The practice initiated a system to improve engagement with staff at nursing homes where they looked after patients, as part of a local improvement scheme. The practice did an audit to assess the impact of the protocol, and found that GP time was being used more effectively, treatment was being provided in a more timely way and attendances at hospital accident and emergency (A&E) had reduced. In 2014 there were 25 A&E attendances from one nursing home. In 2015 this reduced to nine attendances. The protocol that the practice designed has now been adopted by the local Clinical Commissioning Group (CCG).

The areas where the provider must make improvements are:

- Ensure that all staff receive regular infection control training appropriate to their role, and that annual audits are undertaken.

- Ensure that items that could cause harm to patients, such as nitrogen and emergency medicines, are stored securely, and ensure that Disclosure and Barring Service (DBS) checks are carried out in line with guidance.

Areas where the practice should make improvements are:

- Ensure that all staff members complete an induction programme and have an annual appraisal.
- Continue to review end processes to monitor patients with diabetes and dementia.
- Review the support and supervision arrangements for nurses in the practice.

Professor Steve Field

CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had processes in place to keep patients safe and safeguarded from abuse, although these were not always followed consistently.
- Risks to patients were generally well-assessed and well managed. Improvements were needed to the system for preventing and controlling infections and for ensuring that all risks to patients were identified and mitigated. For example, staff had not had appropriate infection control training and we found that liquid nitrogen was not stored securely.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 most staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Summary of findings

- 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.

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 had signed up to take electro-cardiogram (ECG) readings in the practice, which were sent remotely to an external laboratory staff for analysis. This meant that patients did not have to wait for a hospital appointment or travel to hospital to have the test performed, and received a timely result from the practice.
- Patients said they were able to make appointments and urgent appointments were available the same day, but that it was more difficult to get appointments with named GPs.
- The practice had invested in extra staff and systems to improve telephone access. Practice staff told us that these changes seemed to have improved things for patients, but at the time of the inspection there was only anecdotal evidence to confirm that patient satisfaction had increased.
- The practice promoted online services effectively. Patients were more aware than those at other practices that they could access their GP services online, and evidence showed that awareness was increasing.
- 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 it.

Summary of findings

- 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 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 and involved with improvement work.
- 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.
- There was also a schedule of routine home visits by GPs, to provide health and medicine reviews for housebound patients, many of whom were older people.
- The practice initiated a system to improve engagement with staff at nursing homes where they looked after patients, as part of a local improvement scheme. The practice did an audit to assess the impact of the protocol, and found that GP time was being used more effectively, treatment was being provided in a more timely way attendances at hospital accident and emergency (A&E) had reduced. It is generally recognised that A&E attendance should be avoided where possible, and particularly for vulnerable older people, who suffer particularly when moved urgently this stressful and unfamiliar environment. The protocol that the practice designed has now been adopted by the CCG.

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 most diabetes related indicators was below the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- For patients with diabetes the practice provided drop-in clinics, to allow patients to get timely advice regarding controlling their blood sugars, especially when they have had a medication change or been started on insulin.
- With the patient participation group, the practice organised evening seminars about diabetes and pre-diabetes. Longer appointments were available for patients with complex diabetes.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 88%, which was comparable to 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, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Annual 'flu clinics' were run on a Saturday, to make it easier for working people to attend.
- 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.
- Patients at the practice were more aware than others locally and nationally of the online services their practice provided.

Good



Summary of findings

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



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and home visits for annual health checks.
- In 2015/16, 97% of patients with a learning disability had a health check (2015/16 data from the practice, 126 patients on the practice register).
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

Good



- Performance data for most indicators of care for people experiencing poor mental health was in line with national and local averages. However, only 75% of patients diagnosed with dementia had a face-to-face review of their care (compared to the national average of 84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 January 2016. Three hundred and three survey forms were distributed and 117 were returned. This represented less than 1% of the practice's patient list. The results showed the practice was performing below the local and national averages on some measures of satisfaction.

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 74% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were mostly positive about the standard of care received. Five comment cards had comments from patients about difficulties getting routine appointments.

We spoke with nine patients during the inspection. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Most patients said that it was sometimes difficult to get appointments with particular GPs.

Keston Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Keston Medical Practice

Keston Medical Practice is based in a former small hospital in Purley, south west London. The building is fully accessible and houses a GP walk-in centre, and a number of other health services, including phlebotomy, x-ray and community midwives, health visitors and district nurses.

The area is well-served by public transport and there is parking available.

The practice was formed in 2009 following the merger of Purley Medical Practice and Keston House Medical Practice. The practice moved into its newly-redeveloped premises in February 2014 and now operates only from this one single site.

Nine doctors work at the practice: four male and five female. Four of the doctors (two male, two female) are partners and there are five salaried GPs (two male, three female). Some of the GPs work part-time. The working hours added together equate to 7.5 full time roles (whole time equivalents or WTE).

The (all female) nursing team is made up of a three practice nurses and a health care assistant. Some work part-time, with all of the nursing hours adding up to 2.7 WTE.

The practice trains junior doctors as GPs.

The practice is open between 7am and 7pm Monday to Friday, for appointments with GPs and nurses. When the practice is closed cover is provided by a local out-of-hours care service.

There are approximately 13728 patients at the practice. The practice population is generally in line with that of other practices in England. Compared to other practices locally, the practice has slightly fewer children and more older patients, particularly those over 75 years old.

Life expectancy of the patients at the practice is in line with CCG and national averages. The practice population scores eight on the deprivation decile, with 10 being the least deprived. Compared to the English average, more patients have a long-standing health condition.

The practice has a higher proportion of patients with learning disabilities and residential home residents than other practices in Croydon.

The practice holds a Personal Medical Services contract and is registered with the CQC to provide the following regulated activities: diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury, and surgical procedures. The practice is in the Croydon Clinical Commissioning Group (CCG) area.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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 18/05/2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after an out-of-date vaccine was discovered, the practice changed their procedures to order smaller quantities of vaccine stock more frequently, and a member of staff was given additional training.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, but these were not always followed consistently:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3, and reception staff to level 1. Most clinical staff had received training in safeguarding vulnerable adults. One nurse had not completed recent training, but we were told this would be arranged. Non-clinical staff had had no formal training in adult safeguarding, but were able to explain their responsibilities to us and we heard an example where reception staff noticed and mentioned to GPs an adult patient who was found to require additional support.

- Notices in the waiting room and consultation and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. These staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had carried out a risk assessment in making this decision, which took into account that a chaperoning staff member would never be left alone with a patient and would be accompanied by a clinical staff member (who had been DBS checked).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead practice nurse was the infection control clinical lead. She took over the role in September 2015 but had not (at the time of the inspection) had any specific training, or had the opportunity to liaise with the local infection prevention teams to keep up to date with best practice. Practice staff told us that there were plans to arrange specialist infection control training for the nurse. There was an infection control protocol in place. Staff members had not received recent infection control training, but staff told us that they were aware of the policies in place. The last infection control audit took place in June 2015, and there were no immediate plans for the next audit, as there was no-one trained to undertake the audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files and found that the appropriate recruitment checks had been undertaken prior to employment. For example, files contained proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service (DBS). However, the practice had accepted a 'non-portable' DBS check from another employer for a clinical member of staff.

Monitoring risks to patients

- There were procedures in place for monitoring and managing most risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out by the building management team.
- The practice had carried out a risk assessment to decide how to ensure the safety of electrical equipment. Kitchen equipment was checked professionally and other appliances were checked visually by staff to ensure that they were safe to use. Clinical equipment was checked professionally 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). We saw that liquid nitrogen, which can cause harm if not used correctly, was stored in an

unlocked storage cupboard, in area accessible to patients. We were told that the practice had already identified this as a risk, and that an appropriate lock had been ordered.

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. The practice did not have any atropine, a medicine used to treat a slow heartbeat after minor surgery or coil fitting, and had not formally considered the risks of not holding this medicine. We received evidence that the practice had ordered atropine a few days after the inspection.
- Systems were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- 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.
- Some emergency medicines were stored (unlocked) in area of the practice to which patients had access. We were told that the practice had already identified this as a risk, and that an appropriate lock had been ordered.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) were 95% of the total number of points available, compared to the local average of 94% and the national average of 95%.

- Performance for most diabetes related indicators was below the national average, although the practice had lower than average exception reporting for diabetes (5%, compared to the CCG average of 9% and the national average of 11%).
- 71% of patients with diabetes had well-controlled blood sugar (with a HbA1c blood test of 64 mmol/mol or less (compared to the national average of 78%).
- 65% of patients with diabetes had well controlled blood pressure (compared to the national average of 78%).
- 76% of patients with diabetes had an influenza immunisation (compared to the national average of 94%).
- 77% of patients with diabetes had well controlled total cholesterol (compared to the national average of 81%).
- 75% of patients with diabetes had a foot examination and risk classification (compared to the national average of 88%).

- Performance for mental health related indicators was mixed but most results were above the national average.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan (compared to the national average of 88%).
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded (compared to the national average of 90%).
- 75% of patients diagnosed with dementia had a face-to-face review of their care (compared to the national average of 84%).
- 93% of patients with physical and/or mental health conditions had their smoking status recorded (compared to the national average of 94%).

We spoke to practice staff about the QOF results, and saw how they were working to improve the results. Unpublished results for 2015/16 showed that performance for most indicators had improved but was still below the expected level.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve outcomes for patients. For example, in 2010 the practice conducted an audit of patients at greater risk of stroke because of the heart rhythm abnormality atrial fibrillation. The practice identified a number of patients that guidelines suggested should have been on medicines to reduce the risk of stroke, and for whom treatment was started. The audit was repeated in 2014. This found that the practice performance in treating this group of patients had improved, but identified some patients that were reviewed to check they were on the right treatment, in the light of new guidance and newer medicines.
- The practice participated in local audits, peer review and research. Practice staff were involved in five research studies with Guy's and St Thomas' NHS

Are services effective?

(for example, treatment is effective)

Foundation Trust, to investigate areas such as lifestyle change compared to medicine to reduce high blood pressure and the side effects of medicines used to reduce cholesterol.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Three of the four files we checked did not have evidence of a completed induction, but none of these had begun work recently at the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Practice staff told us that appraisals took place every year. Of the four files we checked, one member of staff was overdue for an appraisal. There was a lead GP for nursing care, but they did not have any regular meetings with the senior nurse or participate in the nurses' appraisals.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

The practice had invested in an electronic messaging system to make it easier for staff members to manage internal communication.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 88%, which was comparable to 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 and for those with a learning disability and they ensured a female sample taker was available. 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. 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 generally comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 97% and five year olds from 57% to 92%. Local childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 93% and five year olds from 69% to 92%. The practice was aware that their performance in providing vaccinations to five year olds was below average and was working to improve their results.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the eleven 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.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses were mostly rated in line with average. For example:

- 93% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 94% and the national average of 95%.
- 83% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 70% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

Care planning and involvement in decisions about care and treatment

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

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 141 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had signed up to take electro-cardiogram (ECG) readings in the practice, which were sent remotely to an external laboratory staff for analysis. This meant that patients did not have to wait for a hospital appointment or travel to hospital to have the test performed, and received a timely result from the practice.

- The practice offered early morning and evening appointments (from 7am and until 7pm) with GPs and nurses, for working patients and school-age children who cannot attend during normal opening hours.
- Clinics for influenza vaccination were run on Saturdays.
- The practice actively promoted its online services and had much higher rates of awareness of online booking, online prescriptions and medical records than the CCG and national averages. For example, in 2015, 60% of patients at the practice were aware that they could book appointments online, compared to the local average of 26% and the national average of 29%.
- A text (SMS) appointment reminder system was in place.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- In addition to home visits for acute medical conditions, the practice provided annual home visits for people with learning difficulties and with long-term severe mental health conditions. Practice staff told us that this

provided the best environment for routine health checks for these patients. In 2015/16, 97% of patients with a learning disability had a health check (2015/16 data from the practice, 126 patients on the practice register).

- There was also a schedule of routine home visits by GPs, to provide health and medicine reviews for housebound patients.
- For patients with diabetes the practice provided drop-in clinics, to allow patients to get timely advice regarding controlling their blood sugars, especially when they have had a medication change or been started on insulin. With the patient participation group, the practice organised evening seminars about diabetes and pre-diabetes. Longer appointments were available for patients with complex diabetes.
- The practice initiated a system to improve engagement with staff at nursing homes where they looked after patients, as part of a local improvement scheme. The practice did an audit to assess the impact of the protocol, and found that GP time was being used more effectively, treatment was being provided in a more timely way attendances at hospital accident and emergency (A&E) had reduced. It is generally recognised that A&E attendance should be avoided where possible, and particularly for vulnerable older people, who suffer particularly when moved urgently this stressful and unfamiliar environment. The protocol that the practice designed has now been adopted by the CCG.

Access to the service

The practice was open between 7am and 7pm Monday to Friday. The telephone switchboard was open from 8am – 6.30pm.

The practice was providing more extended hours appointments (between 7am – 8am and 6.30pm – 7pm) than required by their contract (more than 15 hours per week, compared to the contractually required seven hours per week).

The practice opened in addition to these times for special events, such as a Saturday 'flu jab clinic' and information evenings.

In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent

Are services responsive to people's needs?

(for example, to feedback?)

appointments were also available for people that needed them. There was a duty doctor who telephoned all patients asking for a same day appointment, to provide telephone advice or an appropriate appointment.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages on some measures.

- 62% of patients describe their experience of making an appointment as good compared to the national average of 73%.
- 63% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The dissatisfaction appeared to be mainly due to difficulties with telephone access as other results were generally in line with local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

However, the practice increased the number of 'on the day' appointments on a Monday, with the expectation that this would reduce demand in the rest of the week.

People told us on the day of the inspection that they were able to get appointments when they needed them, but that it could be difficult to get an appointment with their 'own' GP.

The patient survey was carried out from January – September 2015. The Practice had already identified the

need for additional capacity for telephone answering and recruited (in June 2015) an additional member of staff to increase capacity for telephone answering during busy periods.

In November 2015, the practice upgraded their telephone system, to provide more telephone lines for dialling out and additional lines for patients to call into the surgery. The new system included software to alert the practice manager when queues were building up on the phone system, when staff from the administration team were moved from their role to answer the telephone.

Practice staff told us that these changes seemed to have improved things for patients, but at the time of the inspection there was only anecdotal evidence to confirm that patient satisfaction had increased.

The practice continued to promote on-line services as an alternative to calling on the telephone, and evidence showed that awareness was increasing.

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.
- 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.

We looked at five complaints received in the last 12 months and that these were satisfactorily handled, with openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, after incorrect information was given to a patient during a consultation, the patient was given an apology and the correct information was shared with the clinical team.

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 on the practice website. Staff knew and understood the practice values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was working with the Clinical Commissioning Group (CCG) to influence the services to be created locally. One of the partners at the practice is the CCG Medical Director.

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 staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although there were some areas for improvement, particularly with systems to control and prevent infection.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that the practice organised regular social events for the staff.
- 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 patient participation group (PPG) was established in 2011. There was a committee, which met regularly, and a 'virtual group', which made suggestions and received updates from the committee. Approximately 85 patients were involved in the PPG, with eight people on the committee. The group developed a leaflet to encourage new people to join the group, which was included in the pack for new patients and was available in reception. We were told of plans to promote the PPG in the upcoming 'PPG week'.
- The PPG committee was developing closer working with other local PPGs. Practice staff told us that the practice PPG constitution has been shared and was to be used by other PPGs in the network.

Are services well-led?

Good 

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

- The practice management team worked effectively with the PPG on areas of common interest. For example, the PPG ran an 'online access day' to promote online services and assisted at the annual Saturday 'flu clinic'. We were told that this the whole practice team participate in this, and that one year 1000 patients were vaccinated in one weekend. The PPG worked with the practice to organise a programme of external speakers.
- The PPG were involved with plans to design the new premises, with the wording of communications to patients and carried out two patient surveys to check patient satisfaction with the premises after the re-location.
- The PPG also submitted proposals for improvements to the practice management team. We heard of several changes made as a result. For example, the PPG suggested that a 'photo board' in the waiting room would be helpful for patients (given the merger of the two practices and the students and GP registrars who are not permanent staff). This was being created.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had a strong reputation as training practice for GPs. GP trainers had taken (and successfully supported) trainees in difficulty, based on a recommendation from local training directors.

Two doctors at the practice were recommended for a university award by medical students who were placed at the practice.

The practice looked for and tried new ways to improve their work. For example, a system of 'paperwork doctor' had recently been introduced to ensure that ensuring bloods and correspondence reviewed and acted upon in a timely manner.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to identify and manage the risks associated with weak infection control and prevention arrangements and with items that could cause harm to patients, such as nitrogen and emergency medicines, not being stored securely. A 'non portable' Disclosure and Barring Service (DBS) check had been used, which is were not in line with guidance.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>