

Claremont Clinic

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Claremont Clinic on 7 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Install a hearing loop to meet the needs of patients with hearing impairment.
- Review policy of closing telephone lines from 1pm to 3pm daily to ensure patients, working patients in particular, are supported to access the practice at convenient times.
- Improve processes to identify, record and support patients who are carers.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were 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 (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 all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

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 provided non-obstetric ultrasound and phlebotomy services and hosted an onsite community physiotherapist. These services were open to patients from other practices in the local area, as well as the practice's own patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.
- 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.
- Health checks for patients aged over 75 years were offered.
- Monthly multi disciplinary team meetings were held where vulnerable older patients were discussed and care planning was coordinated.
- The practice maintained a register of patients at risk of unplanned admissions to hospital. These patients had written personalised care plans which were shared with the wider healthcare team, with the patient's consent.
- The practice used extended services such as Rapid Response which was a service that focused on preventing avoidable admissions to hospital and would reach eligible patients within two hours.

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.
- Quality and Outcomes Framework (QOF) performance in 2015/16 for diabetes related indicators was 92% which was in line with the CCG average of 85% and the national average of 90%.
- 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.
- Patients who had been identified as being at risk of developing diabetes were referred to a local exercise programme run by local groups to encourage people to be more active.

Summary of findings

- The practice was involved in local incentive and pilot schemes for the treatment and management of diabetes. They also offered insulin initiation.
- The practice nurse was respiratory trained and managed chronic obstructive pulmonary disease (COPD) and Asthma in co-ordination with the GPs. Diagnostic Spirometry testing was provided at the practice.
- An electrocardiogram (ECG) service was offered in house as well as phlebotomy for type 2 diabetic patients.

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 A&E attendances. Immunisation rates were in line with local averages for all standard childhood immunisations. The practice had dedicated members of staff who contacted patients to attend for immunisations. Where there was no response, information was shared with health visitors to follow them up.
- The practice offered regular clinics for six to eight week baby checks.
- Children and babies were prioritised for on the day appointments.
- 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 80%, which was comparable to the CCG average of 81% and the national average of 82% (data from 01/04/2014 to 31/03/2015).
- A range of contraceptive services were offered including implants and Intrauterine Contraceptive Devices (IUCD).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A separate breast feeding room was offered.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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



Summary of findings

- 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.
- Appointments were available at 8.30am on Wednesdays which could suit working patients. Appointments were also available at other local practices through the extended opening hours scheme. This operated from 6.30pm to 9pm Monday to Friday and Saturday from 9am to 1pm.
- Telephone consultations were available and could be booked in advance or on the day.
- Prescriptions could be sent electronically to a patient's nominated pharmacist.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- 96% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 81% and the national average of 84%.

Good



Summary of findings

- Quality and Outcomes Framework (QOF) performance in 2015/16 for mental health related indicators was 100% which was in line with the CCG average of 87% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Cognitive behavioural therapy (CBT) sessions were run twice a week at the practice. The Talking Therapies services were also promoted by the practice.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 359 survey forms were distributed and 104 were returned. This represented 1% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 66% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards most of which were positive about the standard of care received. Patients commented about the efficiency and friendliness of staff, the cleanliness of the environment and high standard of care and treatment they received. A few patients commented about difficulties getting through to the practice by telephone at busy times and lack of air conditioning in the waiting area on the first floor.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results of the latest friends and family test showed that 59% of patients would recommend this practice.

Claremont Clinic

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist adviser.

Background to Claremont Clinic

Claremont clinic is a GP practice in Forest Gate, a town in the London Borough of Newham, to the east of London. The practice is situated within a converted, three storey, period building which is located on a main road. Consulting rooms are located on the ground and first floors of the building. The location is well served by local public transport services. Parking on the surrounding streets is generally for permit holders only, however there are public car parks within walking distance of the practice.

The practice is part of Newham Clinical Commissioning Group (CCG) and provides services under a Personal Medical Services contract (PMS) to around 8698 patients. Results from the 2011 census for the London Borough of Newham show a majority white British population as (49%) followed by those of black African ethnicity in (15%). Newham residents have lower life expectancy and higher rates of premature mortality than other Boroughs in London and the average for England as a whole. The main causes of death in Newham are cardiovascular disease, cancer and respiratory disease and the levels of diabetes are among the highest in the country. Newham is the third most deprived local authority area in England.

Clinical services are provided by four GP partners (three male, one female, 28 sessions in total per week), two salaried GPs (both female, six sessions each per week) and

two practice nurses (both female). There is also one healthcare assistant (HCA) (male), a practice manager and an assistant practice manager and twelve reception/administrative staff. The practice is a teaching practice and had two GP registrars (female) at the time of our inspection.

The practice is open from 9am to 6pm Monday to Friday, except Wednesday when it opens at 8.30am and Thursday when it closes at 4.30pm. Phone lines are closed from 1pm to 3pm daily during which time calls were diverted to the GP co-operative. Consulting times are from 9am to 12pm and 4pm to 6pm Monday to Friday, except Wednesday when they start at 8.30am and Thursday when the afternoon session is from 2pm to 4.30pm. Outside of these times services are provided by the extended hours service. Appointments for this service can be booked directly and patients are seen at other local practices.

The practice is registered to provide the regulated activities services of diagnostic and screening procedures; surgical procedures; treatment of disease, disorder or injury; family planning; maternity and midwifery services from 459/463 Romford Road, Forest Gate, Newham, E7 8AB.

Claremont Clinic was not inspected under the previous inspection regime.

Why we carried out this inspection

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

Detailed findings

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 7 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nurse and practice manager and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a 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 saw evidence that annual reviews of significant events took place.

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. One example related to an incident where a patient's hospital letter was mistakenly scanned into their child's medical records. Once the error was identified it was reported to the practice manager and we saw that practice's significant event process had been followed. The incident was investigated and the error corrected. Learning identified and shared included emphasising to staff that they should ensure the correct patient was always identified using their date of birth as well as their name.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3. Non clinical staff were trained to child protection level 1.

- The practice maintained a child protection register which was reviewed regularly. Patient's records were flagged to identify children and vulnerable adults who were at risk. Staff could also raise any concerns at multi disciplinary meetings whose attendees included health visitors, district nurses and social workers.
- Notices in the waiting and consulting 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 (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). Patients records included a record of whether or not a chaperone had been offered and whether declined or accepted by the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. General cleaning was conducted by a professional contractor and was carried out daily. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit had been carried out in August 2015. We saw records of an application for a grant to replace the older sinks which had been deemed unsuitable. The practice had a contract with a waste disposal company for the weekly disposal and replacement of waste containers.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

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 medicines. Uncollected prescriptions were reviewed by the prescribing lead GP and patients contacted where necessary.

- 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. Blank pads were stored securely. A log was kept of the serial numbers of pads received at the practice and pads given to each GP. Outside of surgery times printer trays containing prescription pads were locked in cupboards in each GPs consulting room. The keys were also locked away at the end of each day.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (A PSD is the traditional written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed three 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. An internal risk assessment had been carried out in April 2016 and no actions had been

identified. The practice had up to date fire risk assessments and carried out regular fire drills. We saw evidence of a fire risk assessment carried out in June 2016. The fire alarm and system were checked weekly and the system was serviced regularly by a professional company.

- 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 most recent test was carried out in July 2016. We saw required actions had been identified and plans were in place for the works to be carried out. 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 evidence of legionella testing carried out in August 2016 which resulted in the hot water system being replaced. An asbestos survey had been carried out in April 2016. No asbestos had been discovered.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Cover for absences or leave was generally arranged between existing staff. Locums were not regularly used.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had two defibrillators available on the premises as well as oxygen with adults and child masks. Records showed these were regularly checked. 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. Each of the two floors had its own emergency

Are services safe?

drugs kit. There were also two emergency home visit bags which were kept in a locked cabinet in the reception area. All the medicines we checked were in date and stored securely.

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. Copies of the plan were emailed to all partners. The practice had a reciprocal agreement with another local practice to share their premises if their own became inaccessible.

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. For example, the prescribing lead GP had updated practice policy about the prescribing of Statins (medicines that can help lower the level cholesterol in the blood) and this was discussed at a clinical meeting.
- 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 were 98% of the total number of points available with an exception reporting rate of 4%. (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 April 2015 to March 2016 showed:

- At 92% performance for diabetes related indicators was similar to the CCG average of 85% and the national average of 90%.
- At 100% performance for mental health related indicators was similar to the CCG average of 87% and the national average of 93%.

There was evidence of quality improvement including clinical audit.

- We saw examples of eight clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had carried out an audit of its antibiotic prescribing rates. The rationale behind the audit included reducing over and inappropriate use of antibiotics in order to reduce the spread of antimicrobial resistance. A search was carried out on the practice's records system for patients fitting the set criteria which included anyone prescribed specified antibiotics in the preceding six months. The first cycle of the audit was carried out from April to October 2015 and showed that 18% of the total number of patients prescribed antibiotics during that period (995) were prescribed those specific antibiotics. Following improved education about prescribing guidelines for various types of infection a second audit cycle was conducted from October 2015 to April 2016. Results showed a reduction of prescribing for the specified antibiotics to 9% of the total number of antibiotics prescribed (1206) during that period.

Information about patients' outcomes was used to make improvements. For example following guidance from the Medicines and Healthcare products Regulatory Agency (MHRA) about the risks posed by a certain drug to patients with severe hypertension, the practice reviewed all of its patients prescribed that drug and put alerts on their records regarding regular blood pressure monitoring.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and those carrying out cytology and immunisations.

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. GPs identified patients likely to benefit from an integrated care approach for the agenda. Allied health care professionals were able to access the practice's computer records database and add in their contributions. Patient

information was also shared with services such as Rapid Response and Community Navigators who were able to assist patients in their own homes in an attempt to prevent admissions to hospital.

The practice received electronic details of consultations held by the out of hours provider. These were entered directly into the patient records where they could be reviewed by GPs the following day.

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 and smoking and alcohol cessation. Patients were signposted to the relevant service.
- The nurse and healthcare assistant were able to give dietary advice. Patients were referred to the local pharmacy for smoking cessation advice.
- Patients who had been identified as being at risk of developing diabetes were referred to a local exercise programme run by local groups to encourage people to be more active.
- Cognitive behavioral therapy (CBT) sessions were run twice a week at the practice.
- Patients were signposted to local services for advice about alcohol misuse.

Are services effective?

(for example, treatment is effective)

- Patients at risk of unplanned admissions to hospital were flagged on the computer system. They had named GPs and were prioritised for appointments.
- The practice used extended services such as Rapid Response which was a service that focused on preventing avoidable admissions to hospital and would reach eligible patients within 2 hours.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 29% to 93% (CCG 24% to 93%) (national 73% to 95%) and five year olds from 79% to 98% (CCG 86% to 95%) (national 81% to 95%) (1 April 2015 – 31 March 2016). The practice had dedicated members of staff who contacted patients to attend for immunisations. Where there was no response, information was shared with health visitors to follow them up.

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.

Most of the comment card we received were positive about the standard of care received. Patients commented about the efficiency and friendliness of staff, the cleanliness of the environment and high standard of care and treatment they received. A few patients commented about difficulties getting through to the practice by telephone at busy times and lack of air conditioning in the waiting area on the first floor.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and their dignity was respected. They told us there had been concerns about a lack of privacy at the reception desk and this had been raised at a previous PPG meeting. The practice had highlighted the availability of a private room and we saw a sign at reception bringing this to patient's attention. 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 was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.

- 82% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice's website a translation option which could translate the information into several different languages.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 60 patients as carers (less than 1% of the practice list). We were told patients who were carers were opportunistically identified. Written information was available to direct carers to the various avenues of support available to them. For example, there was a display in the patient waiting area providing patients with information about the local carer's network and encouraging patients who were carers to identify themselves. A form was provided for carers to give details about their caring responsibilities and to request a referral to local support services where required.

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 provided non-obstetric ultrasound and phlebotomy services and hosted an onsite community physiotherapist. These services were open to patients from other practices in the local area, as well as the practice's own patients.

- Appointments were available at 8.30am on Wednesdays which could suit working patients. Appointments were also available at other local practices through the extended opening hours scheme. This operated from 6.30pm to 9pm Monday to Friday and Saturday from 9am to 1pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. A hearing loop was not available at the time of our inspection. We were told this would be installed as part of the telephone upgrade.
- Additional support services available at the practice included phlebotomy, physiotherapy, non-obstetric ultrasound, electrocardiogram (ECG), talking therapies and midwife led clinics.

Access to the service

The practice was open from 9am to 6pm Monday to Friday, except Wednesday when it opened at 8.30am and Thursday when it closed at 4.30pm. Phone lines were closed from 1pm to 3pm daily during which time calls were diverted to the GP co-operative. Consulting times were from 9am to 12pm and 4pm to 6pm Monday to Friday,

except Wednesday when they started at 8.30am and Thursday when the afternoon session was from 2pm to 4.30pm. Outside of these times calls to the practice were diverted to the local GP co-operative service.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. Pre-bookable appointments were not available on Mondays when the practice offered on the day, emergency appointments only, on a first come first served basis.

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.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients or carers were contacted in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice 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.

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

- We saw that information was available to help patients understand the complaints system. This was included on the practice website, in the practice leaflet and on display in the practice.
- Information about complaints was shared with all staff at practice meetings and all complaints received were reviewed regularly. Learning points were shared with all staff.

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, 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, the practice had received a complaint about a prescription that had not been prepared on time and the attitude of a receptionist. This was a verbal complaint and we saw it had been recorded by the practice, investigated and responded to in writing. The patient was apologised to and given an explanation and we saw that the complaint was discussed at a team meeting and learning was shared.

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. Although it was not on display staff knew and understood the practice's values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

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. The team met together socially for Christmas, birthday and anniversary celebrations and other such occasions.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice was a teaching practice and had two GP registrars at the time of our inspection.
- The practice was represented and participated in cluster meetings with other local GP practices and was a member of the local GP federation.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback

Are services well-led?

Good 

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

from the PPG the practice website had been revamped. They were also in discussion with the practice about the possibility of installing a canopy outside the practice to shield patients waiting outside in the mornings.

- The practice had carried out a patient satisfaction survey in July 2016 which revealed telephone access was the main area of dissatisfaction for patients. As a result the practice planned to have a new telephone system installed which would include a queueing system. We saw evidence of communications between the practice and clinical commissioning Group (CCG) confirming these plans were underway. It was planned to repeat this survey in 12 months to see if there had been any improvement.
- The practice had gathered feedback from staff through staff away days and generally 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. For example, staff had requested headsets and that the reception desk be lowered. We saw these had been included in the improvement grant the practice had applied for and were told that headsets would be provided with the new telephone system. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had achieved all of the indicators in the Clinical Commissioning Group (CCG) prescribing quality improvement scheme for 2015/16 and had achieved maximum points on the scheme. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was involved in piloting pre-diabetes care. This involved screening patients identified as being at high risk of developing diabetes. They were contacted by a GP and encouraged to attend local health and wellbeing centre to receive diet and lifestyle advice. The practice was also involved in a pilot scheme where the practice was able to access its patient's hospital records such as x-rays and test results. Patients referred to secondary care were provided with a letter which included a barcode. Once this barcode was scanned at hospital it would bring up all of the patient's details including the test or procedure to be carried out. Once test had been carried out the practice could then access the results on the computer system, rather than waiting for them to be received at the practice. It was hoped this would help to speed up the process between referral and result, reduce errors and ensure information was shared expediently.