

Fordbridge Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fordbridge Medical Centre on 4 February 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 the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a number of services to meet the needs of their patients. This included clinics for patients with a diagnosis of diabetes, asthma and coronary heart disease.
- 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:

- Review the complaints process to ensure patients are given the information on how they can escalate the complaint if they remain dissatisfied.
- Review the opening times in line with patient feedback in respect of access to the service.

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.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice had policies and procedures in place to help with continued running of the service in the event of an emergency.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

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.
- The practice had three staff that took lead roles within the practice for carers, they actively encouraged all carers to register with them.
- We observed a strong patient-centred culture.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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. The practice used a text messaging service for patients with hearing difficulties.
- The practice operated a triage service. Patients told us this enabled them to have good access to appointments.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had recently organised a patient participation group.
- 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.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services. These included services such as; dementia identification and reducing unplanned hospital admissions. Those patients at risk had personalised care plans to meet their complex care needs.
- The practice was actively involved in referring patients to the Spelthorne Healthy home project –this included a free home assessment for vulnerable patients, who were at risk of a cold home.
- The practice provided an information pack for ambulance staff attending older patients to assist in reducing unplanned admissions and providing them with care pathway information.

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.
- Data showed that the percentage of patients on the diabetes register, who had received an influenza immunisation for 2014/15, was 92%. This was comparable to the national average of 94%.
- 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. Multidisciplinary care team meetings were held every six weeks.

Summary of findings

- The practice used the computer system to actively search for patients who were at risk of chronic diseases. For example, screening patients with family history, lifestyle and obesity risk factors for diabetes and smokers at risk of chronic obstructive pulmonary disease (COPD).
- The practice offered a range of enhanced services to people with long term conditions. This included clinics for patients with asthma, diabetes, coronary heart disease and chronic obstructive pulmonary disease.

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 relatively high for all standard childhood immunisations.
- Data showed that 72% of patients on the asthma register who had received an asthma review within the previous 12 months for 2014/15 compared to the national average of 75%.
- 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.
- Data for 2014/15 showed that 80% of eligible women aged between 25 and 64 years of age had a cervical screening test performed in the preceding five years compared 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. The practice had initiated regular meetings with the local children's centre and the health visiting team to discuss any children that may be at risk.
- The practice held children's flu clinics on a Saturday morning to allow parents to attend without having to take time off work or school.
- The practice held weekly community midwife led clinics to allow continuity of ante natal care.

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.
- The practice offered telephone consultations where appropriate so as to allow patients to receive consultations whilst still working.
- The practice offered extended hours appointments between 6pm and 8pm every Tuesday and Thursday evening. There were also appointments available on one Saturday morning per month between 9am and 12pm.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice.

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 multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Any patient that was listed as vulnerable was offered a same day appointments regardless of the nature of their illness.
- Vulnerable patients that did not attend for three appointments had a welfare visit performed by the local community police support officers to ensure that they were safe.

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).

Good



Summary of findings

- 89% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was better than the national average of 84%.
- Data showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had received a comprehensive, agreed care plan, in the preceding 12 months for 2014/15 was 80%. This was lower than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had an identified lead GP with extensive experience and training in caring for patients with poor mental health.
- The practice operated a duty GP system. Any patient presenting with self-harm thoughts or suicidal ideation were provided immediate contact with the duty GP.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing generally in line with local and national averages. 315 survey forms were distributed and 105 were returned. This represented 2% of the practice's patient list.

- 57% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 64% and a national average of 73%. The surgery had installed a new telephone system to assist in improving this area.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 86% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 75% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Some of the comments received stated that all GPs and nurses were excellent, patients were always treated with dignity and respect, and that the whole surgery was dedicated to give total care.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Review the complaints process to ensure patients are given the information on how they can escalate the complaint if they remain dissatisfied.

- Review the opening times in line with patient feedback in respect of access to the service.

Fordbridge Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Fordbridge Medical Centre

Fordbridge Medical Centre is located in a residential area of Ashford and provides primary medical services to approximately 6,734 patients.

There are three GP partners and one salaried GP (one male, three female). 21 sessions are delivered each week by the GPs collectively. The practice is supported by an ex-partner GP who works as a locum as required and one other regular locum GP. The GPs are supported by three female practice nurses, one healthcare assistant, a team of receptionists, administrative staff and a practice manager.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged 15-19 years and between 45-54 years of age when compared to the national average. The number of patients aged 20 to 39 is slightly lower than average. The number of registered patients suffering income deprivation (affecting both adults and children) is below the national average.

The practice is open on Monday, Tuesday, Thursday and Friday between 8am and 6pm and on Wednesday between 8am and 1pm. Extended hours appointments are offered every Tuesday and Thursday evening from 6pm to 8pm, and one Saturday morning per month between 9am and

12pm. Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website.

The practice runs a number of services for its patients including; chronic disease management, new patient checks, smoking cessation, phlebotomy, 24 hour blood pressure monitoring, travel vaccines and advice.

Services are provided from one location. Fordbridge Medical Centre, 4 Fordbridge Road, Ashford, Middlesex, TW15 2SG.

The practice has a Personal Medical Services (PMS) contract with NHS England. (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS North West Surrey Clinical Commissioning Group. Out of hours care is provided by Care UK.

Why we carried out this inspection

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

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

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 4 February 2016.

During our visit we:

- Spoke with a range of staff including three GPs, two nurses, five administrative staff and the practice manager. We also spoke with six patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one significant incident involved aggressive behaviour by a patient during a consultation. Following discussion at a practice meeting panic buttons were placed inside all consulting rooms.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding adults and a separate lead for safeguarding children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 and nurses to level 2. All reception and administrative staff had also been trained in safeguarding.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last infection control audit was undertaken in October 2015.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out weekly medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. 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 appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

Are services safe?

health and safety policy and we saw evidence that the practice had recently completed a fire risk assessment in November 2015. The practice had a fire safety policy, carried out weekly testing of fire alarms, and completed regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted the practice had last been assessed for legionella in November 2015 by an external contractor and no remedial actions were required.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and only regular locum GPs were utilised when required.

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 in addition to a panic button which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies of this was held off site by each of the partners and the practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. All information of this nature was cascaded to all clinical staff by the practice manager using email. All safety and medicine alerts were discussed at the weekly practice meeting of which minutes were seen.
- 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 showed that the practice had received 93% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was worse than the national average. For example, The percentage of patients on the diabetes register, with a record of a foot

examination and risk classification within the preceding 12 months was 79% compared to the national average of 88%.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 79% which was worse than the national average of 84%.

- The percentage of patients diagnosed with dementia whose care has been

reviewed in a face-to-face review in the preceding 12 months was 89% which was better than the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, three 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, recent action taken as a result of an audit included contacting patients by letter inviting them to the practice for a kidney function test along with testing their blood levels of uric acid. An alert was also placed on each patient's computer record to enable this to be discussed with patients requiring these tests. The reason for undertaking these changes was to provide an improved level of care with patient's suffering from gout.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The GPs and nurses we spoke to told us they felt encouraged to take responsibility for their own learning and share knowledge with others in the practice.
- GPs told us they support personal development and on-going learning. For example the practice encouraged staff to attend continuing professional development events organised by the Clinical Commissioning Group (CCG). We were also told that consultants delivered in-house lectures to update and increase the skills and knowledge of GPs for example a cardiologist from St. Peter's hospital in Chertsey delivered a training lecture to staff on the management of atrial fibrillation (an irregular heart rhythm).

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that records were shared with the out of hour's service.

The practice attended multi-disciplinary team meetings regularly; this included a six weekly palliative care meeting

and care plans were reviewed at these meetings accordingly. The practice also attended meetings with the community matron every six weeks to discuss patients at high risk of admission.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. We saw evidence that the practice had implemented a comprehensive consent protocol, which provided guidance on the types and acceptable methods to obtain consent for a range of procedures.

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and diabetes. Patients were then signposted to the relevant service.
- The nursing team supported patients with long term conditions such as diabetes, high blood pressure, asthma and COPD. They also offered cervical smears, blood tests, child immunisations and travel vaccines.

The practice's uptake for the cervical screening programme was 80%, 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 96% and five year olds from 79% to 94%.

Flu vaccination rates for the over 65s were 73%, and at risk groups 46%. These were also comparable to the national averages.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- There were separate examination rooms within the consultation 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 22 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. Comments included, that the doctors and nurses were excellent and the practice was hygienic. Patients said that all staff were extremely helpful and treated them with dignity and respect and added that the reception staff were fantastic.

We spoke with two members of the patient participation group. They informed us that the group had only recently been formed and so were not in a position to give feedback as a group at the time of inspection.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable 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 89% and national average of 89%.
- 81% of patients said the GP gave them enough time (CCG average 86%, national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 81% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 87% of patients said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%)
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

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

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments on a Tuesday and Thursday evening until 8pm for patients who could not attend during normal opening hours. There was also a Saturday morning surgery available per month between 9am and 12pm.
- There were longer appointments available for patients for example, those with a learning disability, dementia or poor mental health.
- Appointments were offered to patients with no fixed address.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations and advice available on the NHS as well as those only available privately.
- The practice ran a number of clinics, including a joint injection clinic to meet the needs of its patients.
- There were disabled facilities, baby changing facilities and translation services available. A digital check in screen was also available.
- The practice was not planning to install a lift to improve access as the consultation and treatment rooms were also on the ground floor.

Access to the service

The practice was open between 8am and 6pm Monday, Tuesday, Thursday and Friday. It was open between 8am and 1pm on Wednesdays. During the times that the practice was closed care could be accessed by calling NHS 111 and the out of hours care provider, Care UK. Extended surgery hours were offered at the following times on 6pm to 8pm on Tuesday and Thursday evenings and one Saturday morning per month between 9am and 12pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people on the same day that needed them.

Results from the national GP patient survey published 2 July 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 57% of patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%). The surgery had recognised that there was a level of dissatisfaction regarding telephone access and had installed a new telephone system in January 2016 to alleviate this. At the time of the inspection it was not possible to measure the impact of this change.
- 46% of patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 60%).

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

Listening and learning from concerns and complaints

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

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, the final response letter from the practice did not always include the information needed should the complainant wish to take the matter further, for example to NHS England or the Health Service Ombudsman.
- 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 in the waiting room and reception area and on the practice website.

We looked at five complaints received in the last 12 months. These were investigated in detail, with transparency, openness and in a timely manner. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, an additional item had been prescribed and dispensed when completing a repeat prescription for a patient which had not been requested. Practice staff were reminded to double check all details of a request before completing the prescription process.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Staff told us it was also available to them electronically along with all other policies and procedures of the practice.
- We found details of the aims and objectives values in their statement of purpose. This included that the practice staff aim to; understand and meet the needs of patients, involve patients in decision making, and ensure all members of the team have the right skills and duties to carry out their role competently.
- 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.
- The practice had a comprehensive and up to date Business Continuity Plan accessible to all staff electronically. We saw this had last been updated November 2015.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings every six weeks. We saw evidence of the minutes of these meetings. The last staff meeting was held in January 2016, which included topics on; changes within the practice, significant events, complaints and an update on patient deaths so all staff were aware. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had started the process to gather feedback from patients through the patient participation group

Are services well-led?

Good 

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

(PPG). There was an active PPG formed in January 2016 and evidence was seen that there were plans for regular meetings to be held. At the time of inspection the group had met once.

- The practice had gathered feedback from patients through the patient national GP patient survey, the friends and family test, NHS choices reviews, a comments box in reception, and complaints received. They had also sought patient feedback in February 2015 using a comprehensive survey. We saw the results of this survey on the practice website and overall scores on a poster in the waiting room.

- The practice gathered feedback from staff through 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 engaged in the practice to improve outcomes for both staff and patients.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked closely with other practices, and healthcare professionals, in the area to share best practice and learning.