

# Brentford Group Practice

## 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 Brentford Group Practice on 21 October 2015. The practice was rated as requires improvement for providing safe and well-led services and the overall rating for the practice was requires improvement. The full comprehensive report on the October 2015 inspection can be found by selecting the 'all reports' link for Brentford Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive follow up inspection on 21 August 2017 to check for improvements since our previous inspection. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to testing electrical equipment, checking medical supplies and tracking blank prescription forms.
- Staff were aware of current evidence based guidance. Most staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, not all had received training in the Mental Capacity Act 2005.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Implement a system to ensure risks to patients are assessed and well managed. For example, the safe use of equipment and medical supplies, tracking blank prescriptions, and updating the business continuity plan.
- Implement a system to ensure clinical audits are recorded in a consistent format to demonstrate effectiveness.
- Provide staff with access to appropriate training and review the protected learning time for nursing staff.
- Implement a system to ensure results are received for samples sent for the cervical screening programme.
- Continue to identify and support patients who are carers.
- Review ways to improve patient satisfaction with the convenience and punctuality of appointments.

**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



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, received reasonable support, truthful information, and a written or verbal apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Most risks to patients were assessed and well managed, with the exception of those relating to the testing of electrical equipment, checking medical supplies, and tracking blank prescriptions. Following our inspection the practice made arrangements for electrical equipment to be tested to ensure they were safe to use.
- The practice had adequate arrangements to respond to emergencies and major incidents. However, the business continuity plan did not describe action to take in the event of loss of access to the premises.

### 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 compared to the national average.
- Staff were aware of current evidence based guidance.
- There was evidence of quality improvement and completed audits were carried out. However, the records we reviewed did not clearly set out the objectives of the audit or the criteria / standards used to measure compliance to confirm that improvements had been effective.
- Staff had the skills and knowledge to deliver effective care and treatment. However, some staff had not received training in the Mental Capacity Act 2005.
- There was evidence of appraisals and personal development plans for all staff.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. However, the practice did not have a system to ensure results were received for samples sent for the cervical screening programme.
- End of life care was coordinated with other services involved.

## Are services caring?

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- The practice held a register for patients identified as carers, although the current number of patients identified was low.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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. However, data from the national GP patient survey showed that patients rated the practice lower than average on the convenience and punctuality of appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

Good



# Summary of findings

- 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 policies and procedures to govern activity.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. However, some nursing staff told us they had limited time to carry out administrative duties and training.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, with the district nurses, social workers, palliative care nurse and patient co-ordinator.

### People with long term conditions

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

Good



- GPs and nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice had performed well on the Quality and Outcomes Framework (QOF) for managing long-term conditions.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for 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.
- New patients on regular medicines were required to be reviewed by a GP on registration.

# Summary of findings

- The practice offered a monthly diabetic clinic with a diabetes specialist nurse, consultant and dietician.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were comparable to CCG and national averages for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children.

Good



## Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended hours appointments on Monday from 7.10am to 7.50am and 6.30pm to 7.10pm, and pre-booked appointments in the evening and at weekends at the local primary care 'hub'.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and homeless people.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability, and these patients had a named GP.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, patients could be referred to the care navigator who worked with the GP to support vulnerable patients in accessing the services they need, self-manage their conditions and proactively ask for help, and ensure their carers are supported.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- Patients at risk of dementia were identified and offered an assessment. The practice carried out advance care planning for patients living with dementia.
- In 2015/16, 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 86% and national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, there were joint consultations with consultants to improve communication and patient care.
- In 2015/16, 97% of patients with a diagnosed psychosis had a comprehensive care plan in their records, which was comparable to the CCG and national averages of 89%.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. Although, not all staff had received training in the Mental Capacity Act 2005.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing in line with local and national averages. Three hundred and forty seven survey forms were distributed and 136 were returned. This represented 1.7% of the practice's patient list.

- 86% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with CCG average of 74% and the national average of 77%.

However, data from the national GP patient survey showed that patients rated the practice lower than average on the convenience and punctuality of appointments.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards, 23 of which were positive and one which was partially positive about the standard of care received. The partially positive comment referred to the punctuality of appointments.

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

## Areas for improvement

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

- Implement a system to ensure risks to patients are assessed and well managed. For example, the safe use of equipment and medical supplies, tracking blank prescriptions, and updating the business continuity plan.
- Implement a system to ensure clinical audits are recorded in a consistent format to demonstrate effectiveness

- Provide staff with access to appropriate training and review the protected learning time for nursing staff.
- Implement a system to ensure results are received for samples sent for the cervical screening programme.
- Continue to identify and support patients who are carers.
- Review ways to improve patient satisfaction with the convenience and punctuality of appointments.

# Brentford Group Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Brentford Group Practice

Brentford Group Practice provides NHS primary medical services to approximately 8,000 patients living in the surrounding area of Brentford. The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hounslow Clinical Commissioning Group (CCG).

The practice team consists of three GP partners (one male and two female) and four salaried GPs (one male and three female). The number of sessions offered by the GPs equates to 4.75 whole time equivalent (WTE) staff. The GPs are supported by two practice nurses (1.2 WTE); a health care assistant (0.45 WTE); a practice manager; and seven administrators / receptionists.

The practice is located on the ground floor of a health centre, and shares the premises with other health care providers. The premises are accessible by wheelchair.

The practice is open from 6.45am to 7.45pm on Monday, and 8.30am to 6.30pm Tuesday to Friday. Pre-booked appointments are from 8.30am-10.30am on Monday, 8.30am to 11am Tuesday to Friday, and 3pm to 5pm every weekday afternoon. Extended hours appointments are available on Monday from 7.10am to 7.50am and 6.30pm to 7.10pm. Same day appointments are available for patients

with complex or more urgent needs. An out of hours provider handles telephone calls from 8am to 8.30am and 6pm to 6.30pm, with urgent calls being transferred to the on-call doctor at the practice. When the practice is closed, patients are advised to use the local out-of-hours provider or attend the local 'hub' primary care service.

The practice population is characterised by average levels of income deprivation, employment rates and life expectancy. The practice has a higher percentage of patients aged 25 to 39 compared to the English average. The population is ethnically diverse.

The practice service is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; family planning services; surgical procedures; and maternity and midwifery services.

## Why we carried out this inspection

We undertook a comprehensive inspection of Brentford Group Practice on 21 October 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services, and was therefore rated as requires improvement overall.

We issued requirement notices to the provider in respect of good governance, staffing, and fit and proper persons employed. The provider sent us an action plan which stated they would be compliant by 30 June 2016. The full comprehensive report on the October 2015 inspection can be found by selecting the 'all reports' link for Brentford Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook an announced comprehensive follow-up inspection of Brentford Group Practice on 21 August 2017. This inspection was carried out to check for improvements since our previous inspection.

## 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 21 August 2017. During our visit we:

- Spoke with a range of staff including two GP partners, a salaried GP, two practice nurses, the practice manager and two non-clinical staff.
- Spoke with four patients who used the service.
- Observed how patients were being cared for in the reception area 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.
- Visited the practice location.

- Looked at information the practice used to deliver care and treatment plans.

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

**At our previous inspection on 21 October 2015, we rated the practice as requires improvement for providing safe services as the systems and processes to address risks relating to infection prevention and control, medicines management, recruitment, staff training, and dealing with emergencies were not adequate.**

**These arrangements had significantly improved when we undertook a comprehensive follow up inspection on 21 August 2017. The practice is now rated as good for providing safe services.**

### Safe track record and learning

There was a system 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when making a referral a staff member identified that details of the child protection team in the child protection folder were out of date. The practice took action by contacting the clinical commissioning group child protection team and updating the child protection folder. The incident was discussed at a practice meeting and learning shared with staff.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. GPs did not attend safeguarding meetings, however they provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs, a nurse and the health care assistant were trained to child protection or child safeguarding level three. The other nurse and an administrator were trained to level two, and other non-clinical staff level one.
- Notices on each consulting room door advised patients that chaperones were available if required. Clinical staff acted as chaperones 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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules for the practice environment and monitoring systems in place. We were told nursing staff were responsible for cleaning medical equipment such as the nebuliser, however there were no schedules to confirm what equipment should be cleaned and the frequency.
- A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For

## Are services safe?

example, the most recent audit identified the lack of non-sterile nitrile gloves available for staff or patients with latex allergy. The practice had taken action to ensure nitrile gloves were available in clinical rooms.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored, however there was no process to monitor them once they were distributed through the practice.
- We saw evidence that the medicine fridge temperature was checked daily by the nursing team, and a rota was in place to ensure the fridge was checked during staff absences. We were told medical supplies such as syringes and needles were also checked. However, we found some out of date medical supplies in the emergency box and a treatment room. We brought this to the attention of the practice and the items were removed.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The health centre had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice.
- Clinical equipment had been calibrated to ensure it was in good working order. However, electrical equipment had not been tested to ensure it was safe to use. We were told this was carried out by the health centre. Labels on equipment indicated the last test date was May 2015 and expired in May 2016. Following our inspection the practice contacted the health centre and it was noted that the practice had been overlooked during the last schedule of testing carried out by the health centre. The practice decided to make their own arrangements for electrical equipment to be tested to ensure they were safe to use.
- The practice had a variety of other risk assessments to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 at reception.
- 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 stored securely.
- The practice had a business continuity plan for major incidents such as power failure or loss of

## Are services safe?

telecommunications. However, the plan did not include action to take in the event of loss of access to the premises. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 21 October 2015, we rated the practice as good for providing effective services.**

**When we undertook a comprehensive follow up inspection on 21 August 2017 we found the practice was providing effective services and therefore remains good for providing effective services.**

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through 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 compared with the clinical commissioning group (CCG) average and national average of 95%. Clinical exception reporting was 7% which was below the CCG average of 8% and national average of 10% (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 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80

mmHg or less was 69% compared to the CCG average of 74% and the national average of 78%. Exception reporting was 7% compared to the CCG average of 8% and the national average of 9%.

- Performance for mental health related indicators was similar to the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding 12 months was 90% compared to the CCG average of 86% and the national average 84%. Exception reporting was 5% compared to the CCG average of 12% and the national average of 7%.

Unpublished and unverified data from the QOF 2016/17 showed results were 98% of the total number of points available, and clinical exception reporting was 7%.

There was evidence of quality improvement:

- Diabetes management had improved. The QOF data for 2015/16 showed overall performance for diabetes was 86%. The practice had focussed on diabetes management by monitoring monthly performance and offering monthly joint clinics with a diabetes specialist nurse, consultant and dietician. Unpublished data for 2016/17 showed an improvement to 93%.
- There had been three clinical audits commenced in the last two years. Two of these were completed audits where the improvements made were implemented and monitored. For example, an audit on monitoring patients taking high risk medicines showed all 18 patients had their blood tested in the last three months. The re-audit showed performance was maintained. The practice's action plan included contacting the patients who were due for a hospital review or blood test, reminding staff to complete the correct form when patients attended the practice, and ensuring patients were booked for their next blood test prior to leaving the practice. However, the records we reviewed did not clearly set out the objectives of the audit or the criteria and standards used to measure compliance, therefore it was unclear if the improvements implemented met the objectives of the audit. The results from audits were shared with relevant staff.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered mandatory training including health and safety, confidentiality, and infection prevention and control.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, a practice nurse had undertaken a course in spirometry to assist with asthma health checks.
- 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 online resources and attending annual update courses.
- 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 and nurses. New members of staff had received probationary period reviews, and other staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding children and adults; fire safety awareness; basic life support; infection prevention and control; information governance; and Prevent awareness (prevent people from being drawn into terrorism). 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.
- From the sample of documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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, however not all staff had received training in 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 and signposted them to relevant services. For example:

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

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data from 2015/16 showed uptake rates were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds averaged 86% compared to the national standard of 90%. Uptake for five year olds ranged

# Are services effective?

(for example, treatment is effective)

from 71% to 88% (CCG 62% to 87%; national 88% to 94%). Unpublished and unverified data for 2016/17 showed improvements, with uptake rates meeting the national standard of 90%.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 78% and the national average of 81%. The practice offered telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice followed up women who were referred as a result of abnormal results. However, there were no failsafe systems to ensure results were received for all samples sent for the cervical screening programme.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Uptake rates for breast cancer and bowel cancer screening for 2015/16 were comparable to CCG and national averages. For example:

- Females, 50-70, screened for breast cancer in the last 36 months was 69% compared to the CCG average of 68% and the national average of 73%.
- Persons, 60-69, screened for bowel cancer within six months of invitation was 49% compared to the CCG average of 44% and the national average of 56%.

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

**At our previous inspection on 21 October 2015, we rated the practice as good for providing caring services.**

**When we undertook a comprehensive follow up inspection on 21 August 2017 we found the practice was providing caring services and therefore remains good for providing caring services.**

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Twenty three of the 24 patient Care Quality Commission (CQC) comment cards we received were positive and one was partially 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. The partially positive comment referred to the punctuality of appointments.

We spoke with four patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 2017 showed patients felt they were treated with compassion, dignity and respect. Results were in line with local and national averages. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 85% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 84% of patients said the nurse was good at listening to them compared with the CCG average of 86% and the national average of 91%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 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 86% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% 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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey 2017 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:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.

## Are services caring?

- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 90%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. This service was advertised at reception. Patients were also told about multi-lingual staff who might be able to support them.

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice held a register for patients identified as carers, although the current number of patients identified was low (0.4% of the practice list). They used this register to improve care for carers. For example, carers were offered annual health checks and the flu vaccination. Posters in the waiting area and written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 21 October 2015, we rated the practice as good for providing responsive services.**

**When we undertook a comprehensive follow up inspection on 21 August 2017 we found the practice was providing responsive services and therefore remains good for providing responsive services.**

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice had taken on approximately 800 new patients in the last six months following the closure of a neighbouring GP practice. The practice had recruited an additional GP and were in the process of recruiting an administrator to meet the needs of its increased patient list size.
- The practice offered extended hours appointments on Monday from 7.10am to 7.50am and 6.30pm to 7.10pm, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, carers, patients whose first language was not English and those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations were available and online services including appointment booking and repeat prescription requests.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for acutely ill children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities and interpretation services available.

- The practice had signed up to provide 'out of hospital' services to their patients. These included phlebotomy, spirometry, wound care, and ambulatory blood pressure monitoring.
- The practice also had access to a local primary care 'hub' where patients could be seen in the evening or at the weekend. These appointments were prioritised for working patients who could not attend the practice during normal opening hours. The appointments could be remotely booked by the practice.

### Access to the service

The practice was open from 6.45am to 7.45pm on Monday, and 8.30am to 6.30pm Tuesday to Friday. Pre-booked appointments were from 8.30am-10.30am on Monday, 8.30am to 11am Tuesday to Friday, and 3pm to 5pm every weekday afternoon. Extended hours appointments were offered on Monday from 7.10am to 7.50am and 6.30pm to 7.10pm. In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for patients that needed them. An out of hours provider handled telephone calls from 8am to 8.30am and 6pm to 6.30pm, with urgent calls being transferred to the on-call doctor at the practice.

Results from the national GP patient survey 2017 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared with the CCG average of 69% and the national average of 71%.
- 79% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 70% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.



# Are services responsive to people's needs?

## (for example, to feedback?)

- 39% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 49% and the national average of 58%.

The practice carried out a monthly audit to record the number of patients who did not attend their appointment. They displayed this information at reception so that patients were reminded to cancel their appointment if they were unable to attend.

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

### **Listening and learning from concerns and complaints**

The practice had a system for handling complaints and concerns.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available in the practice leaflet and on the website to help patients understand the complaints system.
- An annual review of complaints was carried out to analyse trends occurring in specific areas. For example, complaints related to clinical care, prescribing, administration, waiting times and appointments.

We reviewed three complaints out of ten received in the 2017 and found they were satisfactorily handled and dealt with in a timely way, and with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint was received from a patient regarding the inability to request a repeat prescription over the telephone. A response was sent to the patient highlighting the practice's policy of not accepting repeat prescription requests over the telephone, and a reminder of this was recorded on the practice's telephone system when patients called the practice. Learning was shared amongst staff.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 21 October 2015, we rated the practice as requires improvement for providing well-led services as there was no formalised vision or strategy, the recruitment policy was not being adhered to, the results from clinical audits were not shared with clinical staff, not all staff had received role specific training, there was inconsistent evidence of staff and multidisciplinary team meetings, and the practice could not demonstrate how they acted on patient feedback to evaluate and improve the service.**

**These arrangements had significantly improved when we undertook a comprehensive follow up inspection on 21 August 2017. The practice is now rated as good for providing well-led services.**

### Vision and strategy

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

- The practice had a formalised mission statement. The practice values were displayed at reception and staff knew and understood the values.
- The practice had a clear strategy which reflected the vision and values, however there was no supporting business plans to deliver it.

### 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in areas such as infection prevention and control and safeguarding.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Weekly practice meetings, attended by the GPs, practice manager and lead receptionist, provided an opportunity for staff to learn

about the performance of the practice. Nursing staff attended these meetings every two months, and information from these meetings was with non-clinical staff via the lead receptionist or practice manager.

- Clinical and internal audit was used to monitor quality and to make improvements. Although the audits we reviewed did not clearly set out the objectives and learning outcomes for the audit.
- There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions. For example, annual infection control audits and fire risk assessments were carried out. However, the testing for electrical equipment to ensure it was safe to use expired in May 2016. Following our inspection the practice made arrangements for electrical equipment to be tested to ensure it was safe to use.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### 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 and practice manager were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems 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). The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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



# Are services well-led?

Good 

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected and valued by the partners and practice manager. Non-clinical staff told us their workload had increased since the recent influx of new patient registrations, however the practice were in the process of recruiting a new administrator to ease the workload. Some nursing staff told us they had limited protected time for attending meetings, training, and administrative duties such as checking medical supplies.

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

The practice encouraged and valued feedback from patients and staff. It sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a new virtual group created in June 2017. The plan

was for the group to carry out patient surveys and submit proposals for improvements to the practice management team. The practice carried out a survey on repeat prescribing efficiency in April 2017. The results showed 75% of respondents (85 patients) received their prescription within two working days, as set out in the practice's repeat prescribing policy. The results were discussed at a practice meeting, areas for improvement were noted and an action plan was created. For example, actions included GPs completing prescription tasks on a daily basis, reviewing the repeat prescribing policy, and to re-audit in six months.

- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

The practice was part of a clinical commissioning group (CCG) scheme to improve outcomes for patients in the area. A primary care coordinator provided administrative support to staff to enhance and improve pro-active care, prevention and self-care for patients including at risk groups, over 65s, patients with long-term conditions and those receiving health and social care support from multiple providers.