

Preston Medical Centre

Quality Report

23 Preston Road
Wembley
Middlesex HA9 8JZ

Tel: 020 8904 3263

Website: <http://www.prestonmedicalcentre.co.uk/>

Date of inspection visit: 16 November 2016

Date of publication: 20/03/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Preston Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Preston Medical Centre on 16 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed and well managed especially in relation to confidentiality, infection control, staff recruitment and blind cords in clinical rooms. Some of the staff had not undertaken training appropriate to their roles.
- 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; however the patient and staff toilets were not clean and the patient toilet was not accessible to people with mobility issues.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

- Ensure that all staff receive infection control, information governance, fire safety and safeguarding adults training relevant to their role.

Summary of findings

- Ensure that a comprehensive infection control audit is undertaken and that all the recommendations following the audit are actioned, the cleaning of medical equipment and the patient and staff toilets meet infection control standards and a control of substances hazardous to health risk assessment is undertaken and all the recommendations following the risk assessment are actioned.
- Ensure that all staff sign confidentiality agreements.
- Ensure that chaperone processes are in line with guidelines and undertake a risk assessment to ascertain if Disclosure and Barring Service (DBS) checks are required for all staff who undertake this role and DBS checks are undertaken before employing clinical staff or undertake a risk assessment before employing non-clinical staff.
- Ensure that the patient toilet is accessible for disabled patients and consider how patients would call for help from the patient toilet.

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

- Ensure risk assessments are completed for all areas within the practice.
- Ensure that all patient identifiable information is securely stored.
- Ensure that a hearing loop is available for patients with hearing impairments.
- Review staffing arrangements to ensure that there is sufficient nursing cover to meet patients' needs.
- Review the arrangements for the monitoring of diabetes for patients.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Risks to patients were not always assessed and well managed especially in relation to confidentiality, infection control of the premises and staff recruitment. Some of the staff had not undertaken training appropriate to their roles.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse; however, some of the clinical staff had not undertaken adult safeguarding training.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

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; however multidisciplinary meetings were not undertaken on a regular basis.

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 at or above average for many aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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. However there was no practice nurse.
- The practice had good facilities and was well equipped to treat patients and meet their needs except for accessible toilet.
- 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.
- 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 GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this

Good



Summary of findings

information was shared with staff to ensure appropriate action was taken; however the practice had not adequately managed risks in relation to confidentiality, infection control of the premises and staff recruitment.

- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Longer appointments and priority access were available for elderly patients.
- The practice had a named GP for all patients over the age of 75 years.
- The practice provided one stop appointments consisting of GP consultation, long-term condition review, phlebotomy and medication review performed at a single attendance which reduced inconvenience for patients and their carers.
- The practice took part in the 'Whole Systems Integrated Care Programme' where the most vulnerable 3% of the patient population had personalised care plans written in partnership with their named GP.
- The practice cared for 10 patients in a local nursing home.

People with long term conditions

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

Good



- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The national Quality and Outcomes Framework (QOF) data showed that 69% of patients had well-controlled diabetes, indicated by specific blood test results, which was below the Clinical Commissioning Group (CCG) average of 76% and the national average of 78%. The number of patients with diabetes who had received a foot examination in the preceding 12 months was 94% which was in line with the CCG average of 90% and above the national average of 89%. The practice offered an insulin initiation and titration service.
- The national QOF data showed that 80% of patients with asthma in the register had an annual review, compared to the CCG average of 81% and the national average of 76%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.

Summary of findings

- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered phlebotomy, spirometry, electrocardiography, ambulatory blood pressure monitoring and performed minor surgical procedures which reduced the need for referrals to hospitals.
- The practice was the highest in the local CCG for the screening of patients with tuberculosis; they had a 40% positive rate for the patients screened.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 74%, which was in line with the Clinical Commissioning Group (CCG) average of 77% and below the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice prioritised appointments for children.
- The patients had access to antenatal and postnatal care provided by GPs.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- 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 extended hours appointments with GPs which suited working age people.
- The practice patients had access to a local hub service which offered evening and weekend appointments.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for vulnerable patients and 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.
- The practice had set up alerts for vulnerable patients on their electronic patient management system.

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



- 94% of patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was in line with the Clinical Commissioning Group (CCG) average of 91% and national average of 89%.
- 85% of patients with dementia had received an annual review which was in line with the CCG average of 86% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice referred patients experiencing poor mental health to the local mental health service and had told patients about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice offered a depot injection service (antipsychotic medicine) for patients.

Summary of findings

What people who use the service say

The National GP patient survey results were published on 7 July 2016. The results showed that the practice was performing in line with local and national averages. Three hundred and forty one survey forms were distributed and 102 were returned. This represented approximately 2.7% of the practice's patient list.

- 94% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average 68%, national average 73%).
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%, national average 85%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 80%, national average 85%).

- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 70%, national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients. We received 41 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

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

Preston Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission lead inspector. The team included a GP specialist advisor.

Background to Preston Medical Centre

Preston Medical Centre provides primary medical services in Wembley to approximately 3600 patients and is one of 66 practices in Brent Clinical Commissioning Group (CCG). The practice population is in the fifth less deprived decile in England.

The practice population has a lower than CCG and comparable to national average representation of income deprived children and lower than CCG and higher than national average representation of income deprived older people. The practice population of children is below the CCG and national averages and the practice population of working age people is higher than the CCG and national average; the practice population of older people is higher than the local average and below the national average.

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

The clinical team at the surgery is made up of two male GPs who are partners and three female salaried GPs. The non-clinical practice team consists of a practice manager and three administrative and reception staff members.

The practice reception and telephone lines are open from 8:00am to 6:30pm Monday to Friday. Appointments are available from 9:00am to 12:00pm Monday to Friday and from 4:00pm to 6:10pm Monday to Friday except Thursday. Extended hours surgeries are offered on Mondays from 6:30pm to 8:00pm. The practice patients have access to a local GP hub which offers appointments from 6:00pm to 9:00pm Mondays to Fridays and from 9:00am to 3:00pm on Saturdays and Sundays.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the OOH provider for Brent CCG.

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This service has not been inspected before.

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 16 November 2016.

During our visit we:

- Spoke with a range of staff including reception and administrative staff, the practice manager, and the GPs, and we spoke with patients who used the service including members of the practice's Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and 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 Care Quality Commission 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 and maintained a log on the computer system.
- We saw that the blinds had loop cords in the clinical rooms and the practice had not performed a risk assessment for these.

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, the practice noticed that their electronic pathology request system was not working. They had many patients booked in for blood tests and had samples that needed to be sent for analysis. The practice immediately reported the issue to the software provider; however the issue was not resolved. As an interim measure, the practice used paper request forms to accompany pathology samples. Following the incident the practice obtained direct contact numbers for the software provider and the pathology lab which would minimise delays and all clinicians were made aware of how to print a paper request form.

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 systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1; however we found that three clinical staff had not undertaken safeguarding adults training relevant to their role.

- Notices in the clinical rooms advised patients that chaperones were available if required. However staff who acted as chaperones were not trained for the role and had not received a Disclosure and Barring Service check (DBS check). (DBS)
- We observed the premises to be clean and tidy in most areas; however one of the patient toilets was not clean. We found unclean nebuliser masks being used and fresh masks were not available; the cleaning system for medical equipment including ear syringing equipment was not appropriate. A practice GP 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; however three out of five clinical staff and one out of four non-clinical staff had not undertaken infection control training. Infection control audits were undertaken on a regular basis; however these were not thorough as many issues were not identified including the lack of hand wash basins in staff and patient toilets and the lack of staff training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed four personnel files and found recruitment checks had been undertaken prior to employment. For example, proof of identification, references,

Are services safe?

qualifications and registration with the appropriate professional body; however the practice had not undertaken Disclosure and Barring Service (DBS) checks before employing new staff.

- We saw that some of the patient notes were kept in unlocked draws.

Monitoring risks to patients

Risks to patients were assessed and well-managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments; however staff had not undertaken fire safety training. The practice undertook regular fire drills and performed a detailed analysis of the drill. 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However the practice had not undertaken a control of substances hazardous to health risk assessment.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The patient toilet had no emergency pull cord so patients had no way to summon help in the event of an emergency.
- All staff received annual basic life support training. 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.7% of the total number of points available (Clinical Commissioning Group (CCG) average 95.5%; national average 95.3%), with 1.9% clinical exception reporting (CCG average 9.0%; national average 9.8%). (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.) Data from 2015/16 showed:

- Performance for diabetes related indicators was in line with the CCG and national average. For example, 69% (1.5% exception reporting; CCG 11.9% and national 12.5%) of patients had well-controlled diabetes, indicated by specific blood test results, which is below the CCG average of 76% and the national average of 78%. The percentage of patients with diabetes who had received a foot examination in the preceding 12 months was 94% (0.4% exception reporting; CCG 4.9% and national 8.0%) which was above the CCG average of 90% and national average of 89%.

- The percentage of patients aged over 75 with a fragility fracture who were on the appropriate bone sparing agent was 67% (0% exception reporting; CCG 13.6% and national 17.0%), which was below the CCG average of 92% and national average of 84%.
- The percentage of patients with atrial fibrillation treated with anticoagulation therapy was 78% (with higher than average exception reporting of 40.0%; CCG 16.5% and national 11.2%), which was below the CCG average of 82% and national average of 87%.
- Performance for mental health related indicators was in line with the CCG average and above the national average; 94% (0% exception reporting; CCG 6.7% and national 12.7%) of patients a comprehensive agreed care plan in the last 12 months compared with the CCG average of 91% and national average of 89%.
- The percentage of patients with dementia who had received annual reviews was 100% (5.6% exception reporting; CCG and national 6.8%) which was above the CCG average of 86% and national average of 84%.
- The national QOF data showed that 80% (0% exception reporting; CCG 3.0% and national 7.9%) of patients with asthma in the register had an annual review, compared to the CCG average of 81% and the national average of 76%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had received annual reviews was 92% (0% exception reporting; CCG 9.0% and national 11.5%) compared with the CCG average of 92% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits carried out in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was undertaken to improve the identification of patients with chronic obstructive pulmonary disease (COPD). In the first cycle the practice identified eight patients with a diagnosis of COPD which was a 0.22% prevalence rate. In the second cycle after changes had been implemented, including a review of asthmatic patients and patients aged 35 and above with a history of smoking, the practice identified six new patients which was a 0.37% prevalence rate, which was a significant improvement when compared to the first cycle.

Are services effective?

(for example, treatment is effective)

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

Effective staffing

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

- The practice had an induction programme and induction checklist for all newly appointed clinical and non-clinical staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering 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 discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All clinical staff had received an appraisal within the last 12 months.
- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness; however not all staff had completed infection control, information governance, fire safety and safeguarding adults training. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw that multi-disciplinary team meetings were not undertaken on a regular basis; care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 74%, which was in line with the Clinical Commissioning Group (CCG) average of 77% and below the national average of 82%. There was a policy to offer telephone

Are services effective?

(for example, treatment is effective)

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.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood

immunisation rates for the vaccines given to under two year olds ranged from 16% to 93% and five year olds from 2% to 98%. The flu immunisation rate for patients with diabetes were 94% which was above the CCG average and comparable to the national average.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with patients and members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed the practice was above the local and national averages. For example:

- 91% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average 85%; national average 89%).
- 91% said the GP gave them enough time (CCG average 82%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 91%).
- 90% 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 with GPs. The practice was in line with or above average for consultations with GPs and nurses. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 78%, 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 3.1% (112 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The facilities were accessible and translation services available; however the practice did not have a hearing loop to aid patients with hearing impairments.
- The practice GPs used a joint consultation approach where two GPs provided consultations together and shared expertise; the practice informed us that this reduced the number of trauma and orthopaedic referrals in the last year.
- The practice offered phlebotomy, spirometry, electrocardiography, ambulatory blood pressure monitoring and performed minor surgical procedures which reduced the need for referrals to hospitals. The practice performed a patient satisfaction survey of patients using the minor surgery service and found high patient satisfaction among patients.
- The practice had no practice nurse in post during the inspection; the practice informed us that the practice nurse retired and they were currently looking for a practice nurse.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 9:00am to 12:00pm Monday to Friday and from 4:00pm to 6:10pm Monday to Friday except Thursday. Extended hours surgeries were offered on Mondays from 6:30pm to 8:00pm. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed

them. The practice patients had access to a local GP hub which offered appointments from 6:00pm to 9:00pm Mondays to Fridays and from 9:00am to 3:00pm on Saturdays and Sundays.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with or above local and national averages.

- 79% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 72%; national average of 76%).
- 94% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 60% patients said they always or almost always see or speak to the GP they prefer (CCG average 52%, national average 59%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at three complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint; complaints were discussed in a practice meeting. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained that they had been asked to call back at a particular time to order a repeat prescription. The practice investigated this incident, apologised to the patient and appropriately dealt with the complaint; this incident was discussed in a practice meeting.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- One GP partner was the clinical director for the local Clinical Commissioning Group (CCG) and the other GP partner was the clinical lead for the local CCG.
- The practice held regular practice meetings with GP partners, practice manager and administrative and reception staff members where they discussed general staff issues, policies, safeguarding, complaints, significant events and incidents.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however there were issues with confidentiality, infection control and blind cords in clinical rooms. Some of the staff had not undertaken training appropriate to their roles.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice. They prioritised compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- We found that learning was embedded in the culture of the practice.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.

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

When there were unexpected or unintended safety incidents:

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

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

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

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

Are services well-led?

Good 

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

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

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that all staff had undertaken infection control, information governance, fire safety and safeguarding adults training relevant to their role.</p> <p>The provider had not ensured that a comprehensive infection control audit was undertaken, or that the cleaning of medical equipment and the premises was appropriate.</p> <p>The provider had not ensured that a control of substances hazardous to health risk assessment was undertaken or that recommendations following the risk assessment were actioned.</p> <p>The provider had not ensured that confidentiality agreements were signed by all staff.</p> <p>The provider had not ensured that chaperone processes were in line with guidelines or undertaken a risk assessment to ascertain if Disclosure and Barring Service (DBS) checks were required for all staff who undertook this role.</p> <p>The provider had not ensured that DBS checks are undertaken before employing clinical staff and that risk assessments are undertaken before employing non-clinical staff.</p> <p>The provider had not considered how patients would call for help from the patient toilet.</p> <p>This was in breach of regulation 12(1) and 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>