

Glen Road Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Glen Road Medical Centre on 14 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice proactively sought feedback from patients had an active patient participation group, it implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback.
- Urgent appointments were available on the day they were requested.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.

Summary of findings

The areas where the provider should make improvement are:

- Ensure two recruitment reference checks are carried out for all staff prior to appointment in line with the practice policy.
- Ensure nursing staff receive Spirometry training in providing care for patients with long term conditions, as appropriate to their role.
- Ensure all GPs are aware of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS).
- Consider displaying its mission statement in the reception area.
- Ensure a system is in place to ensure Patient Group Directives (PGDs) and Patient Specific Directives (PSDs) are appropriately signed and authorised.
- Ensure the clinical waste bin is routinely locked and secured to minimise risks to the public.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

There was a strong focus on continuous learning and improvement at all levels.

Good



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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It held a list of its older patients who were more at risk and had identified one hundred and eighty nine patients who were offered regular reviews.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management, identified patients at risk of hospital admission as a priority and were generally well trained.
- The practice aimed to review care for people with long term conditions at least twice per year. A spot check showed that 99% of patients with long term conditions had an up to date care plan following a review by either the GP or Nurse Practitioner.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Eighty per cent of patients diagnosed with asthma, on the register had an asthma review in the last 12 months compared to 75% nationally.
- 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.
- Eighty-one per cent of women aged 25-64 had a cervical screening test within the last five years compared to 82% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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.
- 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.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- Ninety-three per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- Overall performance for mental health related indicators was similar to CCG and the national averages at 89% (CCG average 87%, national average 93%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and sixty one survey forms were distributed and ninety two were returned. This represented 0.01% of the practice's patient list.

- 71% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 77%, national average 85%).

- 75% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 67%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received forty eight comment cards which were almost all positive about the standard of care received. Patients said they felt they were involved in their care, that staff were helpful and friendly and that they were treated with dignity and respect.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure two recruitment reference checks are carried out for all staff prior to appointment in line with the practice policy.
- Ensure nursing staff receive Spirometry training in providing care for patients with long term conditions, as appropriate to their role.
- Ensure all GPs are aware of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS).

- Consider displaying its mission statement in the reception area.
- Ensure a system is in place to ensure Patient Group Directives (PGDs) and Patient Specific Directives (PSDs) are appropriately signed and authorised.
- Ensure the clinical waste bin is routinely locked and secured to minimise risks to the public.

Glen Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Glen Road Medical Centre

The Glen Road Medical Centre is situated within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 6,200 patients under a Personal Medical Services (PMS) contract.

The practice provides a full range of enhanced services including Diabetes Management, NHS health checks and minor surgery. It is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, Surgical procedures, and Diagnostic and screening procedures.

The staff team at the practice included two GP partners (one part time female working six to eight sessions per week and one full time male working nine sessions per week), two salaried GPs (both female working part-time, six sessions per week) and one regular male locum GP working six sessions per week. There is a female diabetes specialist nurse practitioner working thirty four hours per week, a female part time health care assistant working twelve hours per week, a part time female member of staff

working flexibly as either a health care assistant or receptionist working a total of thirty three hours per week, a practice manager, and a team of reception and administrative staff.

The practice premises are purpose built. It is open 8am to 6.30pm every weekday except Mondays and Tuesdays when it closes for lunch between 1 to 2pm. There are extended hours every weekday evening until 7pm and on Saturdays from 9am to 1pm. Appointments are available all day except Mondays and Tuesdays when it closes for lunch, including home visits and telephone consultations. Appointments can be booked online, some being available the next day. Urgent appointments are also available for patients who need them. The practice has opted out of providing an out-of-hours service. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

The practice had a lower percentage of patients aged over 65 years than the national average of (6% compared to 17%), a higher percentage of unemployed patients (13% compared to 6%) and a lower percentage of patients with a long standing health conditions (32% compared to 54%).

Why we carried out this inspection

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

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider had not been inspected before and that was why we included them.

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 14 January 2016.

During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the management team of any incidents and these were recorded and available in the practice's accident and incident book, and on its computer system.
- The practice had a significant event management log and had carried out a thorough analysis of significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, six- weekly meetings of all staff were held, with significant events being a standing agenda item. We saw minutes of recent meetings confirming two significant events had been discussed.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead partner GP for safeguarding both adults and children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nursing staff were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene, but some interior areas would benefit from redecoration. We observed the premises to be clean and tidy. We noted that the clinical waste bin which was located in a publicly accessible area was unlocked and had not been secured to prevent it being moved by unauthorised persons. The Nurse Practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Staff told us an infection control audit had been undertaken, but not within the last year and there was no documentary evidence available, although an audit of clinical waste disposal had been completed on 17 August 2015. After inspection the practice provided documentary evidence of comprehensive infection control audits carried out 25 April 2014 and 15 January 2016 showing actions taken to address identified concerns, for example, confirmation that the clinical waste bin had been appropriately secured.
- There was no documentary evidence of medical equipment daily cleaning but monthly cleaning records were kept. Staff told us medical equipment such as the ear irrigator and spirometer were cleaned daily or after use. The spirometer mouthpiece and other medical equipment were sterile, single use and disposable. After inspection the practice sent us documentary evidence of medical equipment daily cleaning.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The

Are services safe?

Nurse Practitioner was not an independent prescriber but had undertaken advanced diabetes management training, and was therefore qualified to initiate insulin for patients with diabetes. She received support through close co-working from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation and a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.) However, not all PGDs and PSDs had been signed as required by the nurse and / or prescribing GP. After the inspection the practice sent us evidence to show PGDs and PSDs had been signed appropriately.

- We reviewed four personnel files and found that in most cases appropriate recruitment checks had been undertaken prior to employment. These included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we noted that no references had been received for one of the salaried GPs appointed earlier in the month January 2016, and there was only one reference for a non-clinical member of staff appointed December 2015. This was not in line with practices' recruitment policy. The practice sent us evidence to show they had received references for both staff later in January 2016, after the inspection.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked January 2016 to ensure the equipment was safe to use and clinical equipment was checked February 2015 to ensure it was working properly. Although there was no overall risk register, the practice had a variety of other risk assessments in place to monitor safety of the premises. These included control of substances hazardous to health (CoSHH), infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- 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 adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. At the inspection, we were told the defibrillator was checked monthly, but the practice subsequently sent us evidence confirming checks were now being done on a daily basis. First aid kit and accident books were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 94% of the total number of points available, with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed:

- Performance for diabetes related indicators was below CCG and national averages at 80%, (CCG average 87%, and national average of 90%).
- The percentage of patients with hypertension having regular blood pressure tests was similar to CCG and national averages at 100% (CCG average 97%, national average 98%).
- Performance for mental health related indicators was similar to CCG and the national averages at 89% (CCG average 87%, national average 93%).

Clinical audits demonstrated quality improvement.

- There had been four clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had recently

carried out an audit of gliptin (a medicine for diabetes) prescribing. The practice used findings to improve services by ensuring patients with diabetes were prescribed medicines in line with new best practice guidelines.

- The practice participated in local audits and national benchmarking.

Information about patients' outcomes was used to make improvements for example by referring patients at risk of cancer more rapidly to ensure timely access to medical investigation within two weeks of their doctors appointment.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice generally provided role-specific training and updating for relevant staff. For example, one of the GPs was trained in substance misuse and was accredited to perform minor surgery and other staff were appropriately trained. However, the Nurse Practitioner with responsibility for reviewing patients with COPD (chronic obstructive pulmonary disease) did not have specific training in spirometry. (Spirometry is a test that can help diagnose various lung conditions, most commonly COPD). After inspection the practice sent us evidence that the Nurse Practitioner was enrolled on a comprehensive COPD course in February and a spirometry course in March. In the meantime spirometry tests would be undertaken by other members of staff, who had suitable training.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi monthly basis and that 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.

- Most staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. One of the GPs was not aware of the Deprivation of Liberty Safeguards (DoLS); however the practice was not responsible for any care homes at the time of inspection. (The DoLS are part of the Mental Capacity

Act 2005; they aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom).

- 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 Nurse Practitioner 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 and those requiring advice on their diet, smoking and alcohol cessation, and those needing specific support to return to work for example counselling therapies where appropriate. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. We made a spot check of inadequate smear test result rates (inadequate smear results mean the sample on the microscope slide was unsuitable for analysis) and found these to be very low. Four out of the last 317 results were tested as inadequate; this represents a 1% rate and indicates the smear taker is taking patient smears with a high level of competence. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were generally comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 97% and five year olds from 85% to 97%.

Flu vaccination rates for the over 65s was the same as the national average at 73%, and for at risk groups it was 73% which was above the national average of 67%.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Most of the 48 patient Care Quality Commission comment cards we received were positive about the service except for three comment cards from patients that expressed dissatisfaction with reception staff attitude. All other comment cards were positive about staff, they said receptionists were friendly, helpful and kind and doctors were good at listening and very caring. Patients said they felt the practice offered an excellent service and staff treated them with dignity and respect. We also received positive feedback from two patients via the CQC National Customer Service Centre.

We spoke with two members of the patient participation group; one had been a member for a year and the other for six years. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with four patients on the day of inspection. All were consistently and strongly positive about the practice, they told us they were satisfied with the care provided and said their dignity and privacy was respected. They said they felt well supported by staff including being given emotional support.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 78% said the GP gave them enough time (CCG average 80%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%).
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 77%, national average 85%).
- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 81%, national average 90%).
- 87% said they found the receptionists at the practice helpful (CCG average 80%, 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 most 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:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 81%).
- 70% 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. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations, for example a drop-in bereavement centre, alcohol services, and support for people with dementia and their carers.

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

Staff told us that if families had suffered 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

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, practice staff met with local CCG colleagues to ensure effective prescribing of antibiotics and other medicines, and to ensure care for patients with heart failure and diabetes was provided in line with local patients needs.

- Appointments were available each weekday evening until 7pm and on Saturdays from 9am to 1pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS, as well as those only available privately such as Yellow Fever.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 9.00am to 11.30am every morning and 4.00pm to 6.30pm daily. Extended surgery hours were offered until 7.00pm weekdays and every Saturday from 9.00am to 1.00pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent same day appointments were also available for people that needed them.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 74%.
- 77% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).

However, we noted that only 17% patients said they always or almost always see or speak to the GP they prefer (CCG average 27%, national average 36%).

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The head receptionist was the designated responsible person and was the first point of contact for complaints in the practice. Reception staff told us they check with patients to ensure they feel happy and satisfied.
- There was no complaints poster in the reception area, but we saw that information was available to help patients understand the complaints system at the reception desk and the practice put a complaints poster up in the reception area during the inspection.

We looked at the one complaint received in the last 12 months and found that it had been acknowledged and thoroughly investigated in a timely way and with whole team involvement during discussion at a staff meeting. The complaint was dealt with openness and transparency and we saw evidence of it being resolved from the patients perspective. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example to arrange patients appointments more promptly.

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 written mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

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

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

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

• The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly with a practice GP always in attendance.

• The practice carried out patient surveys and submitted proposals for improvements to the management team. For example, to improve patient triage and access by increasing telephone and Nurse Practitioner triage, and providing more appointments within forty eight hours or earlier to all patients when required.

- The practice had gathered feedback from staff through appraisals, staff meetings and generally through day to day working discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, to improve health and safety by changing covers on the

Are services well-led?

Good 

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

radiators behind the counter in the reception area to reduce the risk of a paper fire. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had set up a quality

improvement collaborative group, which included members of staff and the PPG, to monitor and improve its own processes and performance in relation to patient experiences and outcomes. For example, the group had identified timely reviews of blood tests as an area for improvement and trialled a revised process. The practice set a target of 90% of blood tests reviews being completed within two days, which was achieved and evidenced by a two cycle audit.