

Greenwich Peninsula Practice

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Greenwich Peninsula Practice on 3 February 2016. Overall the practice is rated as good.

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

- There was a transparent and proactive approach to safety and a system was in place for reporting and recording significant events. However not all incidents and complaints were recorded and learning shared.
- Patients' needs were assessed and care delivered in line with current best practice guidance.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well managed.
- Staff received ongoing training and development to ensure they had the skills, knowledge and experience to deliver effective care and treatment.

- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision to deliver a high quality service which was responsive to patients needs and promoted the best possible outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- Patient surveys indicated that some patients did not find it easy to make an appointment with a named GP and were dissatisfied with the level of continuity of care provided. Patients also said they did not feel involved in their care or decisions about their treatment. However, the practice was aware of these issues and had as a result recently recruited several new permanent members of clinical staff.
- The practice proactively sought feedback from staff and patients, which it acted on.

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

Summary of findings

- The provider should continue to review the impact on care to patients resulting from the lack of consistency of GP staff and make efforts to stabilise the turnover of clinical staff within the practice.
- The provider should ensure that the practice website is updated on a regular basis to keep patients informed of the frequent changes in clinical staff within the practice.
- The provider should formally record, investigate and share learning on all incidents and complaints for quality assurance purposes.
- The provider should consider ways to proactively identify patients with carer responsibilities.

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 a system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice. However, not all incidents and complaints were recorded and learning shared.
- When there were unintended or unexpected safety incidents patients received support, truthful information, a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

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.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of regular appraisals and support and encouragement for personal development for all staff.
- Staff worked with multidisciplinary teams to ensure the requirements of patients with complex needs were identified and met.
- Clinical Audits demonstrated quality improvement.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Aggregated data from the 2015 National GP Patient Survey showed that patients rated the practice equal to or lower than others for most aspects of care.

Summary of findings

- Comments from patients we spoke to about the care and support received from their GP were mostly positive. Patients said they were treated with compassion, dignity and respect but did not always feel involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We observed that staff treated patients with kindness and respect, and maintained patient 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 relevant organisations including the Clinical Commissioning Group and local GP Federations to secure improvements to services where these were identified.
- Urgent appointments were available on the same day. However patients said that they found it difficult to make an appointment with a named GP and there was limited continuity of care.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice was located in purpose-built accommodation with good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.
- 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 values of the practice and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had appropriate policies and procedures in place to govern activity and held regular team meetings to update staff.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and promote 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 practice encouraged a culture of openness and honesty. The practice had systems in place for reporting incidents and 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. There was an active patient participation group (PPG).
- There was a strong focus on continuous learning and improvement at all levels. New staff had received induction and all staff received regular appraisals.

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.
- All patients over 75 years have been allocated a named GP and were invited to attend an annual health check.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those who required them.

Nationally reported data showed that outcomes for patients with conditions commonly found in older people were above the CCG and national average

Good



People with long term conditions

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

- Patients at risk of frequent hospital admission were identified and followed up as a priority.
- Nationally reported data showed that outcomes for patients with long term conditions such as diabetes and chronic obstructive pulmonary disease (COPD) were above the CCG and national average.
- All patients with long term conditions were invited for an annual review to ensure 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.
- The practice was participating in the Year of Care programme aimed at improving the diagnosis and management of long term conditions.

Good



Families, children and young people

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

- There were safeguarding systems in place to identify and follow up children who were at risk.
- Childhood immunisation rates were comparable with the CCG average for all standard childhood immunisations.

Good



Summary of findings

- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the the last 12 months was comparable to the CCG and national average.
- Patients told us that children and young people were treated in an age-appropriate way.
- Cervical screening rates were comparable with CCG and national average.
- Appointments were available outside of school hours.
- The premises were suitable for children and babies and baby feeding and changing facilities were available if required.
- There were joint working arrangements with midwives and health visitors.

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 had been considered and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, appointments were available until 8.30 pm one evening per week and between 9.00 and 11.30 am on Saturday. Urgent appointments were available every day.
- There was a good uptake for NHS Health Checks. The practice had achieved 100% of their annual target of 229 NHS Health Checks completed for 2015/16.
- 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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- There was up to date information available in the waiting area informing patients about various support groups and voluntary organisations.

Good



Summary of findings

- 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.

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).

- The percentage of patients with diagnosed poor mental health who had a comprehensive agreed care plan in the last 12 months was 96.0%. This was higher than the national average of 88.5%.
- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 84.6%. This was comparable to the national average of 84.0%.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- There was up to date information available in the waiting area informing patients about 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.

Good



Summary of findings

What people who use the service say

The results of the national GP patient survey published in January 2016 showed the practice were performing below or equal to local and national averages. The response rate for the survey was 27.5% (363 survey forms were distributed and 100 forms were returned).

- 78.5% of patients found it easy to get through to this surgery by phone compared to the national average of 73.3%.
- 77.1% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 80.9% and a national average of 85.2%.
- 76.6% of patients described the overall experience of their GP surgery as good compared to the national average of 85.1%.
- 76.6% of patients said they would recommend their GP surgery to someone new to the local area compared to the national average of 79.3%.

Prior to our inspection we also asked for CQC comment cards to be completed by patients. We received 45 comment cards of which 40 were positive about the standard of care received by the GPs and nurses. Patients described the service as being very good or excellent. They described reception staff and some GPs as being caring and helpful. Negative comments related to delays in obtaining appointments and the lack of consistency in clinical staff resulting in the frequent use of locum doctors and nurses.

We spoke with twelve patients during the inspection. Patients told us they were generally happy with the care they received and thought staff were approachable, committed and caring. However, most patients told us that getting appointments when convenient for them could be difficult.

Results from the Friends and Family survey were reviewed by the practice to monitor patient satisfaction. The result of the December 2015 Friends and Family survey showed that 91% of respondents would recommend the surgery.

Areas for improvement

Action the service SHOULD take to improve

- The provider should continue to review the impact on care to patients resulting from the lack of consistency of GP staff and make efforts to stabilise the turnover of clinical staff within the practice.
- The provider should ensure that the practice website is updated on a regular basis to keep patients informed of the frequent changes in clinical staff within the practice.
- The provider should formally record, investigate and share learning on all incidents and complaints for quality assurance purposes.
- The provider should consider ways to proactively identify patients with carer responsibilities.

Greenwich Peninsula Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP Specialist Adviser and an Expert by Experience.

Background to Greenwich Peninsula Practice

Greenwich Peninsula Practice is based in purpose-built accommodation within a health centre shared with other community services. It is situated in a residential area of Greenwich, London, in the Royal Borough of Greenwich. Greenwich Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality. Malling Health (UK) Ltd (now part of IMH Group) has been the provider of the service since 2013.

The practice has 7663 registered patients. The practice has a larger than national average patient population under 60 years.

Greenwich Peninsula Practice is one of a number of GP practices provided by Malling Health (UK) Ltd which is registered as an organisation with the CQC. Greenwich Peninsula Practice provide services from one location at Millenium Village Heath Centre, School Bank Road, Greenwich SE10 0QN. Services are delivered under an Alternative Provider Medical Services (APMS) contract. The practice is registered with the CQC to provide maternity and midwifery services; diagnostic and screening procedures; family planning; surgical procedures; and treatment of disease, disorder and injury.

All services at the practice are provided by salaried or locum staff. GP staff include three salaried GPs, one male

GP (1.0 wte); and two female GPs (1.6 wte). Nursing staff include one Advanced Nurse Practitioner (1.0 wte); one Practice Nurse (1.0 wte); and one Health Care Assistant (1.0 wte) all female. There is a Practice Manager (1.0 wte) and eight part-time reception staff.

The practice provides mentored placements for students undertaking Physician Associate training at St George's, University of London.

The surgery is open between 08.00 and 18.30 hours Monday to Friday. Extended hours are provided on Tuesday until 20.30 hours and Saturday 9.00 to 11.30 hours.

Pre-booked and urgent appointments are available with a GP or Nurse on Monday to Friday from 08.00 to 12.00 and 14.00 to 18.15 hours (Tuesday to 20.15) and from 9.00 to 11.15 on Saturday.

When the surgery is closed the out of hours GP services are available via NHS 111.

The practice website (www.mhgreenwich.co.uk) includes health information and details of services provided by the surgery and within the local area but details of clinical staff were not up to date.

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.

How we carried out this inspection

We carried out an announced comprehensive inspection on 3 February 2016. Before carrying out the inspection we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

During our visit we spoke with two salaried GPs. One GP had been employed at the practice for five months and the other had started at the practice on the day of the inspection. We also spoke to the visiting Clinical Director for Malling Health who was providing support to the practice in an advisory capacity during the current absence of the lead GP.

We spoke to a range of other staff including the Practice Manager, the Advanced Nurse Practitioner (ANP), the Health Care Assistant (HCA), reception and administrative staff and the area manager for Malling Health.

We observed the facilities and interactions with patients in the waiting area. We spoke to patients who used the service, and their carers and family members, and we spoke to a representative from the Patient Participation Group (PPG).

We also 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 we looked at 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 (QOF) 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 a system in place for reporting and recording significant events and complaints which the practice considered could affect how they provided safe and effective care. The Practice Manager carried out an analysis of the significant events and recorded action taken and learning to be shared with staff. There was a reporting form available and staff told us they would inform the practice manager of incidents and complaints and that learning was shared with staff.

We reviewed incident reports and complaints recorded by the practice and minutes of meetings where these were discussed. Learning from incidents and complaints was shared to ensure action was taken to improve safety in the practice. However, the practice had less significant events and complaints than would normally be expected in a practice of this size and reviews placed on NHS Choices had not been recorded or analysed to identify possible learning and improvements to services.

When unintended or unexpected safety incidents were reviewed, 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. We saw that the practice adhered to the recommended timescales for responding to patient complaints.

Overview of safety systems and processes

The practice had clearly defined and embedded safeguarding systems, processes and practices to keep patients safe from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. 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. One of the GPs was the safeguarding lead for the surgery.
- The practice always provided reports when requested for other agencies.

- Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All clinical staff were trained to Safeguarding level 3.
- A notice in the waiting room and in the practice leaflet advised patients that chaperones were available if required. A chaperone policy and procedure was available for staff to follow and all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and well maintained. The Practice Nurse and Health Care Assistant shared the role of infection control lead for the practice. They liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address improvements identified.
- The arrangements for managing medicines, including emergency drugs and vaccinations, 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 Advanced Nurse Practitioner was an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines and vaccinations in line with legislation. The practice also had a system for production of Patient Specific Directions 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

Are services safe?

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.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. The practice had a comprehensive Recruitment Policy which was followed. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were carried out.

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 area which identified the health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly and annual calibration was carried out as appropriate. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health (COSHH) and infection control and legionella assessments. (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 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 electronic clinical records system to alert staff if assistance was required in an emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Appropriate emergency drugs were available and in date. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and the details of the temporary relocation site.

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. New guidelines were discussed at clinical team meetings.
- The practice monitored that guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) showed that the practice achieved 98.2% of the total number of points available which is comparable with both the CCG and national average. The practice exception reporting rate of 10.0% was above the CCG average of 6.8% and national average of 9.2%. (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. QOF data from 2014/15 showed:

- Performance for diabetes related indicators was 91.9% which was higher than the CCG average of 81.2% and the national average of 89.2%.
- The percentage of patients with hypertension having a blood pressure reading within recommended limits in the preceding 12 months was 83.1%. This was similar to the CCG average of 81.3% and national average of 83.6%.

- Performance for mental health related indicators was 100% which was above the CCG average of 90.2% and national average of 92.8%.

Clinical audits demonstrated quality improvement

Five clinical audits had been completed in the last two years where the improvements made were implemented and monitored and findings were used by the practice to improve services.

- One of these was a completed audit to review the management of Vitamin D insufficiency/deficiency within the practice. A management algorithm was followed to identify patients and to review medication to ensure treatment was in line with recommended guidelines.
- A second completed audit was carried out to review the management of patients who had been prescribed Melatonin. Medication reviews were carried out for all patients to ensure that prescribed medication was appropriate and in line with recommended guidelines. The audit had confirmed appropriate prescribing in line with current guidelines.

Effective staffing

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

- The practice had an induction programme for newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for staff. A training matrix was maintained which included mandatory and other training. The system alerted the practice manager to mandatory training that was due.
- 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 with colleagues.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff 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.
- A range of information such as NHS patient information leaflets and information on support services were available in the waiting area and on the practice website.
- 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, when they were referred and after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular 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.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or Nurse would assess the patient's capacity and record 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 recently bereaved patients. Advice and signposting to relevant services was available.

The practice's uptake for the cervical screening programme was 83.6%, which was comparable to the CCG average of 82.0% and the national average of 81.8%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by following up non-attenders with reminders. They also ensured a female sample taker was available. 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 comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 64.2% to 71.7% and five year olds from 67.9% to 83.5%.

The flu vaccination rate for patients with diabetes was 99.3% which was comparable to the national average of 94.4%.

Patients had access to appropriate health assessments and checks. These included NHS Health Checks for people aged 40 – 74 years. The practice had carried out 230 NHS Health Checks for the current year which was 100% of the annual target cohort for the year 2015/16. Appropriate follow-up action for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

The practice was also participating in the Year of Care (YoC) initiative for patients with long-term conditions. Staff had

Are services effective?

(for example, treatment is effective)

undertaken training to provide this service. (The YoC is aimed at improving care for people with long-term conditions and supporting them to self-manage their condition).

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- We were told that if reception staff observed that a patient appeared distressed or wished to discuss confidential matters they would offer them a private room. A notice was displayed at reception to inform patients of this.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards of which 40 were positive about the standard of care received by the GPs and nurses. Patients described the service as being very good or excellent. They described reception staff and GPs as being caring and helpful. Negative comments we received related to difficulty in obtaining appointments and the lack of continuity of care resulting from the frequent use of locum doctors and nurses. This lack of continuity was well recognised by the provider and attempts had been made to address the issue.

We spoke with a representative from the patient participation group (PPG) who told us that the PPG felt the service was improving but they felt there were insufficient GPs and the turnover of GPs was too high. The PPG also felt that the practice was not always responsive to feedback from them.

Results from the national GP patient survey published in January 2016 indicated that patients felt they were treated with compassion, dignity and respect. However, the practice satisfaction scores on consultations with GPs and nurses was lower than the CCG and national average. For example:

- 80.1% said the GP was good at listening to them compared to the CCG average of 84.9% and national average of 88.6%.

- 74.8% said the GP gave them enough time compared to the CCG average of 80.6% and national average of 86.6%.
- 90.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 92.6% and national average of 95.2%.
- 74.9% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 90.6%.
- 81.8% said the last nurse they spoke to was good at listening to them compared to the CCG average of 85.9% and national average of 91.0%.
- 89.2% said they had confidence and trust in the last nurse they saw compared to the CCG average of 94.6% and national average of 97.1%.
- 86.9% said they found the receptionists at the practice helpful compared to the CCG average of 87.5% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

We spoke to patients who told us that 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.

Results from the national GP patient survey suggested that patients did not generally feel involved in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 79.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.3% and national average of 86.0%.
- 72.0% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81.6%.
- 67.8% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85.1%.

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

Are services caring?

Patient and carer support to cope emotionally with care and treatment

There were posters and leaflets in the waiting room and reception area which provided information for patients on how to access a number of support groups, organisations and services such as mental health services, young peoples sexual health services and bereavement support.

The practice's computer system alerted GPs if a patient was also a carer. Seventeen patients were on the practice carers

register. The small number of patients recorded as carers would suggest that not all carers were being identified. Information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement they would be contacted to offer support and signposted to support services if required.

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 population and engaged with the Clinical Commissioning Group (CCG) and local GP Provider Network (GPPN) to improve services for patients in the area.

- The practice offered extended hours for appointments with the GP or Nurse on Tuesdays and Saturdays.
- Longer appointments were available for patients with a learning disability and for patients who requested additional time to discuss complex issues.
- Home visits were available from the GP for older patients and patients who would benefit from these.
- Patients were able to obtain travel vaccinations available on the NHS as well as those only available privately.
- Access to the premises and practice facilities were suitable for people with a physical disability.
- There were translation services available if required.
- Bereavement support was available through signposting to external support services.
- Same day appointments were available for patients that required one.

Access to the service

The practice was open between 08.00 and 18.30 hours Monday to Friday. With extended hours provided on Tuesday until 20.30 hours and Saturday 09.00 to 11.30 hours

Appointments were available with the GP or Nurse Monday to Friday from 08.00 to 12.00 and 14.00 to 18.15 hours with extended hours on Tuesday to 20.15 hours and from 09.00 to 11.15 hours on Saturday. Urgent appointments were available daily for patients that required them.

Pre-bookable appointments could be booked more than six weeks in advance. These appointments could be booked by telephone, via the website or in person at reception.

Patients could contact the surgery for advice by telephone. Requests for telephone advice were responded to on the day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or lower than the CCG and national average.

- 72.6% of patients were satisfied with the practice opening hours compared to the national average of 78.3%.
- 78.5% patients said they found it easy to get through to the surgery by phone compared to the national average of 73.3%.
- 28.4% of patients said they always or almost always see or speak to the GP they prefer compared to the national average of 36.2%.
- 77.1% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76.1%

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The 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. Complaints and concerns were taken seriously and improvements in care were made as a result. We saw that information was available to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely manner. Openness and transparency was maintained when dealing with the complaints. Lessons were learnt from concerns and complaints and appropriate action was taken to improve the quality of service provision. However, complaints reported via NHS Choices were not included in the practice complaints procedure and were therefore not recorded, evaluated or learning and improvements identified and shared within the practice.

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 provider had a clear vision to deliver a high quality service which promoted the best possible outcomes for patients.

- The staff we spoke to understood and supported this vision.
- There was a robust strategy and business plan in place which reflected the vision and values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Practice specific policies and procedures were implemented and were available to all staff which ensured that there was:

- A clear staffing structure and that staff were aware of their own roles and responsibilities.
- An understanding of the performance of the practice.
- A programme of continuous clinical and internal audits to monitor quality and to make improvements.
- A robust process for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

There was a clear leadership structure in place and staff felt supported by management. The provider had the experience, capacity and capability to run the practice and ensure high quality care was provided. They prioritised safe, high quality and compassionate care.

Staff we spoke to felt there was an open culture within the practice and they had the opportunity to raise concerns. Staff told us they felt confident in doing so and felt supported if they did.

There were area clinical and management leads available to offer support and advice to the practice manager and an organisational infrastructure which provided policies and procedures and directed organisational development.

The provider was aware of and complied with the requirements of the Duty of Candour. They encouraged a culture of openness and honesty.

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.

- Regular team meetings were held and staff told us that they felt they could raise issues of concern and that they were involved in discussions about how to develop the practice.
- 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.

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 development 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 although attendance was limited. Minutes of the meetings were recorded and were available for patients to view. We spoke to a representative of the PPG who told us that the PPG did not always feel listened to or involved in decisions. However, an example was given of improvements made by the practice as a result of PPG feedback. They told us there had been concerns raised regarding the phone lines being frequently engaged. This was due to phone lines being shared with other services in the health centre. The provider had therefore arranged for additional phone lines to be installed to improve telephone access.
- The practice carried out regular patient surveys.

Are services well-led?

Good 

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

- The practice regularly reviewed the monthly report of the Friends and Family survey results to inform improvement plans.
- Staff told us they felt involved and engaged in discussions on the development of services within the practice.

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 part of local pilot schemes to improve outcomes for patients in the area. For example, members of the clinical team were undertaking training in order to provide anticoagulation therapy services for patients in the area and minor surgery to the practice population.