Dr Soe Yin

Quality Report

253 Acton Lane
Chiswick
W4 5DG
Tel: 020 8995 5706
Website: www.actonlanemedicalcentre.nhs.uk

Date of inspection visit: 16 June 2016
Date of publication: 15/11/2016

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Soe Yin's practice on 16 June 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. The practice was aware of and complied with the requirements of the duty of candour.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 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 areas where the provider should make improvement are:

- The practice should provide staff monitoring the vaccines fridge with accessible information on the acceptable range of temperatures.
- The practice should have a system to ensure that as new patient group directions are required, these are reviewed and signed by both the nurse and a senior prescriber at the time of issue.

Summary of findings

- The practice should ensure that the principal GP has sufficient familiarity with the electronic patient record system to provide effective oversight.
- The practice should continue its efforts to identify patients who are carers to ensure they receive appropriate support.
- The practice should improve its documentation of staff induction.
- The practice should review its website periodically to ensure patient information including links to other websites are current and useful for patients.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- 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. The practice was prepared for medical emergencies.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes tended to be in line with 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. The practice provided staff with an induction although this was not systematically documented.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients tended to rate the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients was easy to understand and accessible. Interpreting services were available.
- Staff protected patient confidentiality.
- The practice provided emotional support for patients for example following bereavement.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with other agencies and service commissioners to secure improvements to services where these were identified. For example, the practice provided a range of diagnostic tests to reduce the need for patients to travel to hospital outpatient clinics.
- 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.

Are services well-led?

Good

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.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- We noted that the principal GP relied heavily on the part-time practice manager to run searches and reports on the electronic patient record system.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The principal GP encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a strong focus on continuous learning and improvement.

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

Good

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients aged over 64 were offered the seasonal flu vaccination. Eligible older patients were also offered the shingles and pneumococcal vaccinations.
- The practice maintained a palliative care register. There were no patients on this list at the time of the inspection.

People with long term conditions

Good

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

- The practice kept registers of patients with long term conditions. These patients had a named GP and a structured annual review to check their health and medicines needs were being met. The practice operated a call-recall system, for example following patients up by telephone to encourage them to attend for their review.
- The principal GP had completed further training on the management of diabetes. The practice GP and practice nurse were involved in diabetic reviews and had access to advice from a specialist diabetic consultant.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 70% of diabetic patients had blood sugar levels that were adequately controlled compared to the CCG average of 72% and the English average of 78%.
- The practice participated in a local scheme to avoid unplanned admissions which included patients with multiple long term conditions. Patients identified as at risk were reviewed and had a personalised care plan. Cases were discussed at monthly multidisciplinary meetings with other participating practices and community and specialist health and social services professionals.
- Longer appointments and home visits were available when needed.

Summary of findings

- The practice offered 'near patient' blood testing for patients taking higher risk medicines.

Families, children and young people

Good

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 standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 70% of patients with asthma had a review within the previous year compared to the national average of 75%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of timely communication with community health services about the care of younger patients for example the local health visitors.

Working age people (including those recently retired and students)

Good

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 offered online services as well as a full range of health promotion and screening that reflects the needs for this age group. Very few patients had registered to use the online appointment booking system. Patients we spoke with said this was because it was very easy to book an appointment by telephone.
- The practice's uptake for the cervical screening programme was 80% in 2015/16, which was in line with the national average of 82%.
- The practice offered NHS health checks to patients of working age and participated in the 'catch up' programme for students for MMR and meningitis C vaccinations.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

- The practice held registers of patients living in vulnerable circumstances including those with a learning disability. The practice encouraged patients to register regardless of their circumstances, for example patients living at a nearby homeless shelter.
- The practice offered longer appointments for patients with a learning disability and had carried out health checks with all of these patients within the last year.
- The practice coordinated with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice staff had recently attended carers awareness training and were actively trying to identify patients who were also carers who might need additional support.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice offered dementia screening and referral to a specialist memory clinic. All patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- Twelve of 13 patients diagnosed with a psychosis had a documented care plan in their records (92%) compared to the CCG average of 91% and the English average of 88%.
- The practice regularly communicated with specialist mental health teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health 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 or who missed appointments where they may have been experiencing poor mental health.

Summary of findings

- The GPs had a caring approach and a good understanding of how to support patients with mental health needs in general practice. Patient records included an alert for the receptionists if the patient might need flexible or short notice appointments.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice tended to perform in line with or above local and national averages. The survey was sent to 370 registered patients by post and 72 were returned. This represented 6% of the practice's patient list (and a response rate of 20%).

- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 83% of patients said they were able to book an appointment to see or speak to a GP or nurse compared to the CCG average of 70% and the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.

The practice also invited patients to participate in the 'Friends and family' short feedback survey. The most recent results showed that 100% of participating patients would recommend the practice.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. We additionally spoke with four patients during the inspection. All of these patients said they were highly satisfied with the care they received and the comment cards echoed these views.

Patients commented that the service was personalised with good continuity of care. Patients told us that the GPs remembered their details and family circumstances and built up a relationship of trust over time. Patients gave us individual examples of good practice in relation to their care and told us the clinicians were always happy to advise and explain. The practice as a whole was described as welcoming, accommodating and friendly.

Patients also told us that routine appointments were usually available within two to three days. This was longer if patients particularly wanted to see the female GP who attended the practice once a week.

Areas for improvement

Action the service SHOULD take to improve

- The practice should provide staff monitoring the vaccines fridge with accessible information on theacceptable range of temperatures.
- The practice should have a system to ensure that as new patient group directions are required, these are reviewed and signed by both the nurse and a senior prescriber at the time of issue.
- The practice should ensure that the principal GP has sufficient familiarity with the electronic patient record system to provide effective oversight.
- The practice should continue its efforts to identify patients who are carers to ensure they receive appropriate support.
- The practice should improve its documentation of staff induction.
- The practice should review its website periodically to ensure patient information including links to other websites are current and useful for patients.

Dr Soe Yin

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser.

Background to Dr Soe Yin

Dr Soe Yin provides NHS primary medical services to around 1300 patients in the South Acton and Chiswick areas of London through a 'general medical services' contract. The service is run from one surgery.

The current practice clinical team comprises a principal GP (male), a sessional GP (female), a part-time practice nurse, and a health care assistant/phlebotomist. The practice also employs a part time practice manager and receptionists. The GPs provide nine clinical sessions a week in total, one of which is provided by the female sessional GP.

The practice is open from 8.00am until 6.30pm on Monday, Tuesday and Friday. The practice is open from 8.00am until 7.00pm on Thursday and is closed on Wednesday afternoon from 1.00pm. Appointments can be made between 9.00am and 11.00am daily and afternoon appointments run from 5.00pm until 6.00pm on Monday Tuesday and Friday. Appointments can be booked between 5.30pm and 7.00pm on Thursday.

The practice offers telephone consultations online appointment booking and an electronic prescription service. The GPs make home visits to see patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients are advised to use a contracted out-of-hours primary care service if they need urgent primary medical care. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, the website and on a recorded telephone message.

The practice has a high proportion of adults under 45 and relatively few children and patients aged over 65. Practice staff can speak a range of languages.

The practice is a teaching practice and offers placements to undergraduate medical students.

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

CQC previously inspected this practice in February 2014. We found the practice was meeting all inspected standards at that time.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 June 2016. During our visit we:

- Spoke with the principal GP the practice manager, the health care assistant, the practice nurse and a receptionist.
- Observed how patients were being cared for and talked with three patients and a member of the patient participation group.
- Reviewed an anonymised sample of the personal care plans and 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice logged and analysed significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had taken action following a breach of confidentiality to ensure that staff were fully aware of their responsibilities and practice protocols relating to data protection and information governance.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP was the practice lead for safeguarding and provided reports promptly for other agencies when required. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. The GPs and practice nurse were trained to child 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The principal GP was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. The local NHS infection control team had carried out an infection control audit at the practice in 2015 and the practice had acted on the recommendations. The practice had subsequently carried out its own infection control audit to monitor whether infection control standards were being fully maintained and had identified some further actions which had all been addressed.
- There were effective arrangements for managing medicines in the practice, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The practice had procedures in place to monitor the temperature of vaccines requiring refrigeration. The practice checks showed that temperatures were monitored in line with guidelines. However, there was no information readily displayed for staff carrying out temperature monitoring checks on the acceptable temperature range. This increased the risk that staff might miss or delay reporting abnormally high or low temperatures.
- Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines. These had not been signed by the principal GP as required, but this was done as soon the issue was raised with the practice. (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). The health care assistants administered vaccines in line with patient specific directions (PSDs) made by the principal GP. (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 personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 policies governing procedures to manage various aspects of health and safety policy. The practice had up to date fire risk assessments and carried out regular fire safety checks. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and 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 staff rota to ensure 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. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage and a 'buddy' arrangement with a nearby practice to share facilities if required. The plan included emergency contact numbers for staff and was accessible offsite.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant 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 patients' needs. For example the practice was aware of current cancer guidelines and the criteria for referral for 'two week' referrals.
- The practice monitored that these guidelines were followed through risk assessments, audits and 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 84% of the total number of points available compared to the English national average of 95%. The practice had below-average rates of exception reporting. For example its exception reporting for the clinical domain was 8.1% compared to the clinical commissioning group average of 10.1%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 70% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG average of 72% and the English average of 78%. Also, the most recent blood pressure reading of 82% of practice diabetic patients was in the normal range compared to the CCG average of 75% and the English average of 78%.
- Performance for mental health related indicators tended to be close to the national average. For example 12 of 13 patients diagnosed with a psychosis had a documented care plan in their records (92%) compared to the CCG average of 91% and the English average of 88%.
- The practice had fewer than 30 patients aged over 75 and very few patients diagnosed with dementia. All patients with dementia had attended a face to face review in the previous year.
- The practice was providing minor surgery but had few cases (around five) in 2015/16. We were told the caseload was likely to increase the following year as patients from other practices in the area could be referred. It is important there is sufficient demand for the practice to maintain staff skills and competencies.

There was evidence of quality improvement including clinical audit.

- There had been clinical audits completed in the last two years. This included an audit of diabetes care in the practice which was a completed audit where the audit was repeated to ensure that improvements to practice were sustained. The practice had also carried out a number of prescribing audits, for example its prescribing of medicines of limited clinical value.
- The practice participated in local audits, national benchmarking, and shared information with other practices at locality meetings.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice manager recorded staff attendance and completion of training courses but did not have a written induction checklist to ensure that new staff members had covered all topics satisfactorily and achieved the required competencies.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.

Good

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on going support, one-to-one meetings and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The principal GP was an accredited GP appraiser.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and external training opportunities as appropriate.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and a shared computer drive.

- Electronic records included care plans, risk assessments, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 practice nurse 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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the nurse.

The practice's uptake for the cervical screening programme was 80% in 2015/16, which was in line with 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 ensured a female sample taker was available. 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.

The practice was achieving childhood immunisation targets. For example, in 2015 all eligible children had received the 'five in one' vaccination by the age of two years. For the preschool cohort, 93% had received the pertussis (whooping cough) vaccination and 87% the MMR vaccination.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, health checks for patients with learning disability and NHS health checks for patients aged 40–74. The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

Results from the national GP patient survey also reflected these views. The practice tended to score at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.

The practice facilitated patient involvement in decisions about their care:

- Information for patients was easy to understand and accessible. The practice had developed its own website with useful information. However the practice should periodically review the website to ensure that information is current and links are appropriate. For example, one link from the practice website supposedly directed patients to local services for older people but actually linked to pages with generic information about financial loans.
- The staff team spoke a range of languages principally Burmese, Hindi, Telugu, Urdu, Punjabi and Filipino. Translation services were also available for patients who did not have English as a first language.
- The receptionists added a note to the electronic record system to alert them if a patient usually required an interpreter so this could be booked when patients rang to make an appointment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Several patients participating in the inspection told us the principal GP had been a source of comfort at difficult times and described their experience as outstanding.

Good

Are services caring?

We were told that the practice was participating in a local initiative to support people who were carers and the principal GP was the practice's appointed 'carers champion'. All of the staff had recently undergone a carers awareness course. The practice was starting to compile a register of patients who were carers although so far the number of identified carers was small. The practice's computer system alerted GPs if a patient was also a carer. The practice was able to direct carers to the various avenues of support available to them, offer free flu vaccinations and flexibility over appointments.

The principal GP contacted patients and families following a bereavement. The GP followed up this contact with consultations and advice on support services as appropriate.

Good

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 clinical commissioning group (CCG) and other practices in the locality to secure improvements to services where these were identified. For example, the practice provided a range of diagnostic tests (such as ECG testing) to reduce the need for patients to travel to hospital outpatient clinics.

- The practice offered evening opening hours on Thursday for patients who found it difficult to attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or other complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with more urgent medical problems.
- Patients were able to receive travel vaccinations. The practice informed patients in advance which vaccinations were available free on the NHS and about any which were available only on a private prescription basis and the associated fees.
- The service was accessible to patients with disabilities and a translation service was available. The practice did not have a hearing loop but planned to install one.
- The practice aimed to be as flexible as possible with its registration procedure and was accessible to patients for example who had arrived in the UK as refugees.

Access to the service

The practice was open Monday to Friday. The practice was open from 8.00am until 6.30pm on Monday, Tuesday and Friday and from 8.00am until 7.00pm on Thursday. The practice closed on Wednesday afternoon from 1.00pm. Appointments could be booked between 9.00am and 11.00am daily and afternoon appointments between 5.00pm until 6.00pm on Monday Tuesday and Friday. Appointments were available from 5.30pm to 7.00pm on Thursday.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 83% of patients said they were able to book an appointment to see or speak to a GP or nurse compared to the CCG average of 70% and the national average of 76%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

The practice had received one complaint in the last 12 months. This was responded to and investigated in line with the practice's complaints policy. The practice learnt from individual concerns and complaints and discussed patient feedback at practice meetings.

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 vision was to 'put patients first', deliver high quality care and to respect and care about the staff working at the practice.

- Patients we spoke with and staff told us the practice provided a caring service for patients. Patients described the practice as being a part of the local community.
- The practice had a strategy and supporting business plans which reflected the vision. The practice had applied for funding to expand and improve the premises.

Governance arrangements

The practice had a 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.
- The practice carried out a number of audits to monitor quality and to make improvements. Recent audits included the management of diabetes, prescribing audits in line with local CCG priorities, and contractually required audits, for example to monitor the rates of inadequate smears.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We did not have any concerns with clinical record keeping, 'safety netting' or the timeliness with which clinical results were reviewed and actioned. However we noted that the principal GP was not confident in interrogating the electronic records system, for example to demonstrate QOF performance, review patient registers and run audits and they relied heavily on the practice manager to carry out these tasks. Greater familiarity with these aspects of the system would enable the principal GP to have greater direct oversight of the service.

Leadership and culture

On the day of inspection the principal GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, effective and compassionate care. Staff told us the principal GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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.

- The practice held regular team meetings and kept minutes of the discussion and any action points.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident and supported in doing so. Staff were involved in discussions about how to develop the practice.
- Staff said they felt respected, valued and supported by their colleagues the practice manager and the principal GP.

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 posted an annual report about the patient group's activity on the practice website.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the group had discussed plans to refurbish and expand the premises.

Are services well-led?

Good

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

- The practice had gathered feedback from staff through practice meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and to raise any concerns. Staff we interviewed were aware of the whistleblowing procedure.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice participated in local improvement schemes to improve outcomes for patients, for example identifying patients at risk of unplanned hospital admission and proactively case managing their care. The practice was a teaching practice and provided undergraduate medical students with teaching placements. The principal GP told us that this resulted in two-way learning with benefits for the practice and its patients.