

Kingsmead Healthcare

Quality Report

4 Kingsmead Way, London, E9 5QG

Tel: 020 8985 1930

Website: www.kingsmeadhealthcare.nhs.uk

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



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 Kingsmead Healthcare on 12 November 2015. Overall the practice is rated as requires improvement.

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

- Although the practice had a policy in place relating to the reporting of incidents, staff were not following policy and therefore there was not an effective system in place for reporting and monitoring serious incidents.
- Risks to patients were generally assessed and well managed. However, the emergency medicines were not easily accessible.
- 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. However, patient privacy was compromised, as there were no curtains in consulting rooms.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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 must make improvements are:

- Ensure that all staff receive training on identifying and reporting significant events, and that the number and type of events reported is monitored.

Summary of findings

- Ensure that emergency medicines are easily accessible to all staff.
- Place curtains in consultation rooms to ensure patient privacy is maintained.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was a policy providing guidance on the reporting and recording of significant events, however, this was not being followed by staff, meaning that a number of incidents were not reported appropriately. As a result of this, the practice could not demonstrate effective learning from events.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Although the practice held emergency medicines, these medicines were stored in an area which was not immediately accessible to all staff. Further, there were no syringes or water for use with the benzylpenicillin for injection.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

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

- Data showed that patients rated the practice in line with averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice however did not have privacy curtains in consultation rooms, which should be reviewed to improve patient privacy.

Requires improvement



Summary of findings

- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that 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.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, as the practice was not reporting significant events in line with policy, they were unable to demonstrate that they were effectively monitoring and managing risks.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

The issues identified regarding incident reporting, emergency medicines, and patient privacy impact on this patient group and have resulted in the rating of requires improvement.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Weekly clinics were offered to support patients with a number of long-term conditions.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The issues identified regarding incident reporting, emergency medicines, and patient privacy impact on this patient group and have resulted in the rating of requires improvement.

Requires improvement



Families, children and young people

The practice is rated as requires improvement 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 high for all standard childhood immunisations.

Requires improvement



Summary of findings

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held a weekly baby clinic, providing immunisations and appointments for young children.
- We saw good examples of joint working with midwives, health visitors and school nurses.

The issues identified regarding incident reporting, emergency medicines, and patient privacy impact on this patient group and have resulted in the rating of requires improvement.

Working age people (including those recently retired and students)

The practice is rated as requires improvement 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 extended opening hours on four evenings a week, enhancing access for this patient group.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The issues identified regarding incident reporting, emergency medicines, and patient privacy impact on this patient group and have resulted in the rating of requires improvement.

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



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 in normal working hours and out of hours.

The issues identified regarding incident reporting, emergency medicines, and patient privacy impact on this patient group and have resulted in the rating of requires improvement.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

The issues identified regarding incident reporting, emergency medicines, and patient privacy impact on this patient group and have resulted in the rating of requires improvement.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing above local and national averages. 459 survey forms were distributed and 118 were returned.

- 77.9% found it easy to get through to this surgery by phone compared to a CCG average of 72.4% and a national average of 73.3%.
- 92.7% found the receptionists at this surgery helpful (CCG average 87.3%, national average 86.8%).
- 92.3% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.5%, national average 85.2%).
- 95.8% said the last appointment they got was convenient (CCG average 88.1%, national average 91.8%).
- 81.6% described their experience of making an appointment as good (CCG average 71.5%, national average 73.3%).

- 79.6% usually waited 15 minutes or less after their appointment time to be seen (CCG average 61.7%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients particularly emphasized the caring and helpful attitude of reception staff, and reported that they were very satisfied with the clinical care they received.

We spoke with 10 patients during the inspection. All patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. However, some patients reported that it could be difficult at times to book appointments, and there was not always enough time during appointments to discuss everything they needed to.

Outstanding practice

Kingsmead Healthcare

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, and an Expert by Experience.

Background to Kingsmead Healthcare

Kingsmead Healthcare is based in Hackney, London, and serves a population of 5300 patients. The local area has a higher than average deprivation score (44.7, compared to an average of 23.6). The practice population is diverse, with 26.8% of people identifying as White, 54% as Black/African/Caribbean/Black British, 8.6% as Asian/Asian British, 6.2% as mixed ethnic groups, and 4.3% as other ethnic groups.

There are three GPs partners, and one salaried GP working at the practice (three male GPs and one female GP in total). In addition, the practice employs one part-time practice nurse, as well as a practice manager, deputy practice manager and reception and administrative staff. The practice holds a Personalised Medical Services (PMS) contract.

The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, and for the treatment of disease, disorder and injury.

The practice is open from 8:00am to 8:00pm on Mondays and Tuesdays, from 8:00am to 7:30pm on Wednesdays and Fridays, and 8:00am to 1:00pm on Thursdays.

Appointments are available from 9:00am to 1:00pm every weekday, from 4:00pm to 8:00pm on Mondays and Tuesdays, and from 4:00pm to 7:30pm on Wednesdays and Fridays.

When the practice is closed, patients are redirected to a contracted out-of-hours service.

The practice had not been inspected before.

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

This practice had not been inspected before.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 November 2015. During our visit we:

- Spoke with a range of staff (including GPs, the practice nurse, the practice manager and reception staff) and spoke with patients who used the service.

Detailed findings

- Observed how people were being cared for and talked with carers and family members.
- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

Although there was a policy in place providing a definition of what the practice considered a significant event, as well as guidance on the reporting and recording of significant events, the practice was not reporting incidents in accordance with this policy. The practice had only recorded one significant event in the past year. However, staff discussed a number of events on the date of the inspection (such as an incident in which a patient required first aid in the waiting area) which fell within the practice definition of significant event but were not reported as such.

As the practice were not reporting significant events, they were also unable to demonstrate that they had learnt from incidents, or discussed incidents within the team.

We looked at the one incident which had been reported, and found that this had been dealt with appropriately, fully investigated and discussed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found that 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 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. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

Are services safe?

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty, and additional hours were offered to staff as necessary to cover busy periods.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. However, we noted that one medicine held by the practice, benzylpenicillin for injection, was not useable as there was no water or syringes available. The practice were not aware of this and could not demonstrate that they were effectively managing the emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were in a secure area of the practice and all staff knew of their location. However, the medicines were stored in the nurses' room, which was locked when in use, and not the most accessible location. The practice must review the location of the medicines.
- All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 4.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. For example, 97.7% of patients with diabetes had last received a blood pressure reading (in the preceding 12 months) of 150/90mmHg or less, compared to the CCG average of 95.9% and the national average of 91.4%. For new patients on the practice diabetes register, 90.9% had been referred to a structured diabetes education programme, compared to a CCG average of 96.5% and national average of 90.3%.
- The percentage of patients with hypertension who had last received a blood pressure reading (in the preceding 12 months) of 150/90mmHg or less was 91.7%, compared to the CCG average of 87.9% and the national average of 83.6%.

- Performance for mental health related indicators was better than the CCG and national averages. For example, 92.8% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, compared to a CCG average of 85.4% and national average of 88.3%. Further, 98.8% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months, compared to the CCG average of 91.1% and national average of 89.5%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of cancer diagnoses included reinforcement of national guidelines, and a review of training requirements.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff who could demonstrate how they stayed up to date, 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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- 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.
- The process for seeking consent was monitored through records audits.

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. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81.78%, which was similar to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable or better than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under one year olds ranged from 95.4% to 96.9% (compared to the national range of 85.8% to 90.5%) and for five year olds from 85.9% to 97.2% (compared to the national range of 81.3% to 94.4%).

Flu vaccination rates for the over 65s were 69.2% (compared to the national average of 73.24%), and at risk groups 63.52% (compared to the national average of 52.29%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- We noted that consultation and treatment room doors were closed during consultations and that 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.
- However, we identified that curtains were not provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. The practice advised that these curtains had been removed to reduce the risk of the spread of infection. However, the practice must review this decision and take steps to improve patient privacy.

All of the 33 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring.

We also spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar to averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 86.1% said the GP was good at listening to them compared to the CCG average of 86% and national average of 88.6%.
- 81% said the GP gave them enough time (CCG average 83.1%, national average 86.6%).
- 94.2% said they had confidence and trust in the last GP they saw (CCG average 93.3%, national average 95.2%)

- 86.9% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85.1%).
- 89.8% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85.9%, national average 90.4%).
- 92.7% said they found the receptionists at the practice helpful (CCG average 97.3%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 83.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.3% and national average of 86%.
- 76.2% said the last GP they saw was good at involving them in decisions about their care (CCG average 78.2%, national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and provided services to address these needs.

- The practice offered late evening appointments until 8:00pm on Mondays and Tuesdays, and 7:30pm on Wednesdays and Fridays, which were particularly beneficial for working age patients.
- The practice held a weekly baby clinic, providing immunisations and health promotion advice to families.
- There were longer appointments available for people who would benefit from these.
- Home visits were available for older and housebound patients.
- Same day appointments were available for children and those with long term medical conditions.
- There were disabled facilities and translation services available.

Access to the service

The practice was open from 8:00am to 8:00pm on Mondays and Tuesdays, from 8:00am to 7:30pm on Wednesdays and Fridays, and 8:00am to 1:00pm on Thursdays.

Appointments are available from 9:00am to 1:00pm every weekday, from 4:00pm to 8:00pm on Mondays and Tuesdays, and from 4:00pm to 7:30pm on Wednesdays and Fridays.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 83.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.8% and national average of 74.9%.
- 77.9% patients said they could get through easily to the surgery by phone (CCG average 72.4%, national average 73.3%).
- 81.6% patients described their experience of making an appointment as good (CCG average 71.5%, national average 73.3%).
- 79.6% patients said they usually waited 15 minutes or less after their appointment time (CCG average 61.7%, national average 64.8%).

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, with posters in the reception area detailing the complaints procedure.

We looked at eight complaints received in the last 12 months and found that these had been dealt with in a timely way, with the practice fully investigating the issues and learning from them. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had received a complaint regarding the time taken for repeat prescriptions to be prepared (48 hours). The practice reviewed the information available to patients and ensured that all patients were aware of this time frame, advising patients to submit their prescription requests at least 48 hours prior to running out of medicines.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- However, as the practice was not reporting significant events in line with policy, it could not demonstrate that they were managing and learning from such incidents.
- As the emergency medicines were not in an easily accessible location, and further as there was no water or syringes to use with the emergency benzylpenicillin, the practice was not effectively prepared to respond to emergency situations.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

Staff told us that they would report any concerns or incidents that occurred in the practice. However, although the practice had a system for reporting incidents, staff were not following policy in reporting such incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. However, we identified that staff were not raising incidents in line with the practice incident reporting policy.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had received feedback from patients and the PPG regarding the telephone system in place. The practice investigated these issues, and in response installed a new system which improved access and options for patients.
- The practice had also gathered feedback from staff through practice and team meetings, and staff appraisals. Staff told us they would not hesitate to give

Are services well-led?

Good 

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

feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation:</p> <p>17.</p> <ol style="list-style-type: none">1. Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.2. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— <p>a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</p> <p>How the regulation was not being met:</p> <p>The practice was not reporting significant events in accordance with practice policy. They were not monitoring significant events effectively, not evaluating or improving practice in response.</p>

Requirement notices

The practice supply of emergency medicines were not in an easily accessible location.

The practice held benzylpenicillin for injection, as part of their emergency medicines. However, this medicine was unusable as there were no syringes or water available.

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Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulation:

10.—

1. Service users must be treated with dignity and respect.
2. Without limiting paragraph (1), the things which a registered person is required to do to comply with paragraph (1) include in particular—

a) ensuring the privacy of the service user;

How this regulation was not being met:

The practice did not have curtains in consulting and treatment rooms, compromising patient privacy.