

Lynwood Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

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

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- 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 provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Increase the number of identified carers and provide them with appropriate advice and support.

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.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.
- All staff had received up to date basic life support training.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable or above average compared to the national average. Where performance was lower than the CCG or national average the practice had implemented action plans to increase performance.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the practice's achievement was lower than CCG and national averages for its satisfaction scores on consultations with GPs and nurses. The practice had responded by auditing

Summary of findings

their results, completing patient surveys and employing more clinical and receptions staff to increase patient satisfaction. Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, having recognised the need to inform patients about asthma and COPD the practice had a local pharmacist run a weekly clinic from the practice carrying out medication reviews to increase its levels of support.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than the local and national averages.
- For example, 56% of patients were satisfied with the practice's opening hours compared to the national average of 79%. Thirty eight per cent of patients said they could get through easily to the practice by phone compared to the national average of 72%. The practice had responded by auditing the results, by employing two additional receptionists to answer the phone, employing additional GPs, completing patient surveys, as well as offering telephone consultations to improve accessibility.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice provided GP services to four nursing homes and one residential home registered to provide care for older people.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- An alert on patient records highlighted elderly patients who were particularly vulnerable.
- The Integrated Care Team (ICT) which included a GP from the practice case managed elderly patients at risk of admissions through meetings and review of care plans.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There were alerts for long term conditions on patient records.
- At 63%, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was comparable to the CCG and national averages of 73% and 77%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had online appointment booking and repeat prescription requests.
- The practice had a palliative Care register reviewed by the integrated care team (ICT). All palliative care patients had care plans.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- At 81%, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was comparable to the CCG and national averages of 82% and 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children and babies were prioritised for same day appointments.
- We saw positive examples of joint working with midwives and health visitors.
- A range of family planning services were provided.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Same day appointments were available.
- The practice was open from 8am to 6.30pm Monday to Friday to accommodate working people.
- Telephone consultations were available.
- Online appointment booking and repeat prescription requests was available.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There was also an alert on the patient records where a patient was identified as vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice had registered 25 patients who had no fixed abode.
- The practice regularly worked 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.

People experiencing poor mental health (including people with dementia)

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

- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015). This was comparable to the CCG average of 91% and the national average of 88%.
- Patients with severe mental health conditions were offered weekly appointments with a named GP.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 January 2016. The results showed the practice was performing in lower than local and national averages. 264 survey forms were distributed and 115 were returned.

This represented 1.09% of the practice's patient list.

- 38% of patients found it easy to get through to this practice by phone compared to the national average of 72%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 57% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 38% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive

about the standard of care received and one was neutral. Patients commented on the kind and caring nature of all staff and stated that they were treated with dignity and respect.

The practice reported that they were aware of reported difficulties in getting appointments and getting through on the phone highlighted by the GP Patient Survey. However, the practice had taken proactive action in response to the low performance and had audited their GP patient data and delivered an action plan to increase performance. They had completed a patient survey from May 2016 to August 2016 asking patients to rate their satisfaction and had analysed the results in each month and evidenced an increase in patient satisfaction due the immediate measures put in place. The practice had increased the number of reception staff to employing two additional receptionist to take phone calls and also audited the number of available appointments twice a day to ensure availability. The practice had also recruited five locum GPs to increase appointments. This meant GPs were also able to do more telephone consultations, thus increasing their contact with patients.

Areas for improvement

Action the service **SHOULD** take to improve

- Increase the number of identified carers and provide them with appropriate advice and support.

Lynwood Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Lynwood Medical Centre

The practice is based within Lynwood Medical Centre, 2a-6 Lynwood Drive, Collier Row, Romford, Essex, RM5 3Q. The practice is situated in a residential area, away from Romford town centre. Car parking was available to the front and rear of the premises. The practice was well served by local buses. The medical centre is a modern, purpose built building.

The practice staff includes a lead GP (male), six salaried GPs (male and female), five locum GPs (male and female), one locum nurse practitioner, two practice nurses (all female), a practice manager and a team of reception/administrative staff. The lead GP and one of the salaried GPs worked full time. The other salaried GP worked a mixture of whole time equivalent (WTE) hours. One of the practice nurses worked full time and the nurse practitioners both worked 0.21 WTE. The practice manager worked full time, with all other staff working part time. The practice also provided GP services to four nursing homes and one residential care home.

The practice was open from 8am and 6.30pm Monday to Friday. Surgery times were from 8am to 12pm and from 4pm to 6pm on Monday, from 9am to 12pm and then from 2pm to 6pm on Tuesday and Wednesday, from 8.30am to 12pm and then from 2.30pm to 6pm on Thursday and from 8am to 12pm and then from 3pm to 6pm on Friday. GPs and

nurses also offered extended hours appointments from 6.30pm to 8pm as required for working patients or those patients who could not attend during normal opening hours.

Outside of these hours, cover was provided by the out of hours GP service which operated from 6.30pm to 8am 7pm midnight, seven days a week and the NHS 111 service.

Lynwood Medical Centre is one of a number of GPs covered by Havering Clinical Commissioning Group (CCG). It has a practice list of around 10481 patients. The practice's patient population has an above average number of young children (five to 14 years) and adults aged over 85 years. In terms of deprivation, the London Borough of Havering is in the sixth most deprived decile.

The practice provides the following regulated activities from Lynwood Medical Centre, 2a-6 Lynwood Drive, Collier Row, Romford, Essex, RM5 3Q

- Treatment of disease, disorder or injury;
- Surgical procedures;
- Maternity and midwifery services;
- Diagnostic and screening procedures

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

Lynwood Medical Centre had last been inspected on 16 September 2013.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 November 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses and reception/administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the 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 carried out a thorough analysis of 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, following an incident where a patient was given a travel vaccination which was not required, the incident was recorded as a significant incident although no adverse harm was caused, the opportunity to reflect and change practice was identified by the practice and the incident was discussed at the weekly clinicians meeting as well as the monthly practice meeting. The practice nurse received further training in order to update her knowledge and skills of travel vaccines.

National patient safety alerts were received by the practice manager disseminated by email and discussed in clinical meetings and then placed onto the intranet. We saw Medicines and Healthcare Products Regulatory Agency (MHRA) alerts to ensure best practice.

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, all staffed had received updated training on safeguarding.

- Staff demonstrated they understood their responsibilities in relation to safeguarding and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. There were two permanent nurses and one locum nurse who had been trained to level two. Non-clinical staff were trained to level one.
- 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. 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.
- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. Information about chaperones was available in the practice leaflet. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- 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 practice had two completed audits, the first one completed in August 2016 where they achieved a 76% rate of compliance with infection prevention and control guidelines. During the second audit completed in November 2016, outstanding actions from August 2016 had been addressed and the practice scored an improved score of 96%. As a result of the audits the practice had revised its infection prevention and control policy.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (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 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. One of the practice nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. PGDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a GP. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed six 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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an up to date fire risk assessment which was completed in March 2016 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 undertook a portable appliance test in March 2016. Equipment was last calibrated in June 2016, which included calibration of the scales, spirometer and baby scales. 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The last risk assessment was in October 2016 and the practice had started to address the recommended action points.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For example, the practice had recruited five additional locum GPs, to ensure enough clinical sessions were provided and the wait for patient appointments had reduced significantly and patients could see a GP for an emergency on the day and provided cover for sickness, holidays and busy. Two daily audits were also undertaken of all available appointments to ensure there were enough appointments and emergency appointment available.

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 had received annual basic life support training. There was emergency medicines available in the treatment room. There was emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. They had a buddy system with

another practice. The plan included emergency contact numbers for staff. Copies were available on the practice's computer system and in the employee handbook.

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Clinical staff attended monthly protected time initiatives funded by the CCG. They also attended regular locality meetings which were attended by seven other local practices. Clinical guidelines and protocols were discussed at both of these meetings. All clinicians fed back summaries of learning from all events they attended at practice meetings.

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 for the practice were at 94% of the total number of points available. Exception reporting was at 1.2 %. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed:

- Performance for diabetes related indicators was lower than the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 67% and compared to the national average of 88%. The percentage of patients

with diabetes, on the register who had had an influenza immunisation in the proceeding 1 August to 31 March was 82% against the national average of 94%. The practice informed us that they had taken proactive action to address the low QOF performance and had recruited a locum nurse practitioner specialising in diabetes and had designated two practice nurses to run weekly diabetes clinics and

Performance for mental health related indicators was above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 98% against the national average of 88%.

- There was evidence of quality improvement including clinical audits.
- There had been two clinical audits completed in the last two years, both 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 on reducing the infection rate following minor surgery saw the rate of patients diagnosed with an infection following minor surgery reduce to 0%. For example, during the first audit cycle in June 2016 the rate of infection found was 6.25%. The aseptic techniques were reviewed and patients were categorised at being at high or low risk of infection. A re-audit in October 2016 found that due to the actions implemented the practice had achieved a 0% rate of infection.

Information about patients' outcomes was used to make improvements such as: improved diabetes management for patients which was achieved in part through increased staff recruitment and awareness. This meant more patients with diabetes could be monitored and supported at the practice rather than at external services. The practice identified an increase of individuals moving to the area with no fixed abode and had registered 25 of these patients to ensure they had access to healthcare provision.

Effective staffing

Are services effective?

(for example, treatment is effective)

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 could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, the dementia lead nurse had completed the increasing dementia awareness training. All clinical staff were encouraged to attend local monthly protected education events where they received education and updates from the Clinical Commissioning Group (CCG).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness and information governance. 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.
- 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. For example where a vulnerable patient was to be discharged from hospital, the practice notified the community matron who visited the patient in hospital and arranged a home care package in the community before discharge.

The practice informed us that although face to face multi-disciplinary team (MDT) meetings did not take place they spoke to the health visitors and the integrated care teams on the phone on a daily basis where care plans were routinely reviewed and updated for patients with complex needs.

The practice kept a list of all patients who were at risk of unplanned admissions to hospital. A risk assessment was carried out monthly to identify any new patients to add to the list. These patients were discussed at weekly care meetings. All discharges and A&E attendances were reviewed to identify any necessary changes to be made to their care plans. Once the practice became aware of an A&E attendance or discharge, any patients who were on the list were contacted by telephone or seen in person by a GP and/or the community matron.

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 patient records audits.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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 and substance misuse. Patients were seen in specialist clinics run by the practice itself or were signposted to the relevant local service.
- The practice provided dietary advice and the practice ran a smoking cessation clinic from its premises.
- Patients identified as requiring extra support were flagged on the computer system and prioritised for appointments.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample

taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 90% and five year olds from 68% to 86%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice manager kept lists of patients with conditions such as learning disabilities, mental health and long term conditions. This included the dates reviews were due and whether a referral had been made if the patient had failed to attend their review. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Out of the 12 patient Care Quality Commission comment cards we received 11 were positive about the service experienced and one was neutral. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG) who was the PPG chair. They told us they were satisfied with the care provided by the practice and said patients dignity and privacy was respected. The PPG had been established for 25 years and met on a monthly basis with the lead GP attending every meeting. There was also a monthly PPG newsletter informing patients of events and of any changes in the practice.

There was a patients PPG suggestion box and PPG members promoted the uptake of flu immunisation and also arranged social events such as raffles at Easter and Christmas, to raise money for the practice. For example they had raised and contributed to the practice purchasing as a computer, spirometer and baby change unit to improve the facilities for its patients.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the practice's achievement was in lower than CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 70% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 88%.

- 67% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 62% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 69% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 86%.

The practice accepted that there was a large variation in the number of patients who reported the GPs treating them with care and concern was lower than the national average. The practice informed that long standing GPs had retired and they had experienced difficulty in recruiting clinical staff. Since the publication of the survey results, the practice had recruited six salaried and five locum GPs to improve patient satisfaction. They had audited their results and completed practicepatient surveyeach month from May2016 to August 2016 to monitor their patient satisfaction and accessibility.Each month patients were asked to complete a survey and rate their experience of making an appointment, their experience with the GPs, nurses and reception staff and whether they would recommend the practice.Thesurvey results had been analysed and the practice evidenced an improvement in patient experienceswhich was also reflected in the comment cards we received.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Are services caring?

Results from the national GP patient survey showed patients did not respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than the local and national averages. For example:

- 61% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 53% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice had taken steps to address patient involvement by increasing the number of GPs, allowing more time for GPs to spend with their patients and was actively recruiting PPG members to increase patient engagement. The practice informed that during a period of time there was only one GP left at the practice which contributed to their lower performance. Both GPs and nurses offered longer duration appointment in response to the survey results.

The practice provided facilities to help patients be involved in decisions about their care:

- 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.

- Information leaflets were available in easy read format.
- The practice produced its own patient information leaflets about bowel cancer in a number of languages spoken by its patients for whom English was not their first language. This served to educate patients about the disease and set out the options available to them.

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 56 patients as carers (less than 1% of the practice list). A poster on display in the waiting area advised patients to identify themselves to the practice if they were carers. Patients who were carers were flagged on the practice's computer system and prioritised for appointments where necessary. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, having recognised the need to inform patients about asthma and COPD the practice had a local pharmacist run a weekly clinic carrying out medication reviews to increase its levels of support for patients.

- The practice offered evening appointments until 6.30pm Monday to Friday and GPs and nurses also offered extended hours appointments from 6.30pm to 8pm for working patients or those patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from 8am and 6.30pm Monday to Friday. Surgery times were from 8am to 12pm and from 4pm to 6pm on Monday, from 9am to 12pm and then from 2pm to 6pm on Tuesday and Wednesday, from 8.30am to 12pm and then from 2.30pm to 6pm on Thursday and from 8am to 12pm and then from 3pm to 6pm on Friday. The practice also offered extended hours appointments from 6.30pm to 8pm for working patients or those patients who could not attend during normal opening hours and we saw evidence of these appointments taking place. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Outside of these hours, cover was provided by the out of hours GP service

which operated from 6.30pm to 8am, seven days a week and the NHS 111 service. Information about out of hours services was available in the practice leaflet and was on display in the reception area.

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

- 56% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 38% of patients said they could get through easily to the practice by phone compared to the national average of 72%.

The practice had audited their GP Patient results in response to the lower than average performance through completing practice patients surveys from May 2016 to August 2016, asking their patients to rate their experience of accessibility. The results had been analysed and responded to by the practice employing two additional receptionists to answer the phone in response to survey finding of "telephone access" being poor. The practice also audited the availability of appointments twice a day to ensure there were enough appointments available to meet demand to improve telephone access. The wait for patient appointments had also reduced significantly and patients could see a GP for an emergency on the day and provided cover for sickness, holidays and busy. Two daily audits and monthly audits were also undertaken of all available appointments to ensure there were enough appointments and emergency appointment available. GPs also completed telephone consultations and offered extended hours appointments in the evening to improve access.

People told us 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.

Patients who required a home visit were advised to contact the practice. The GP would then contact the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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

Are services responsive to people's needs?

(for example, to feedback?)

arrangements were made. The practice advised that children should be brought in to the practice as they would be prioritised for appointments rather than waiting for a home visit. 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. For example, information was available in the practice leaflet which was on display and given to new patients. A comments and complaints box was in reception.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, in response to a complaint concerning comments made by a member of the clinical team to a patient, the patient was written to with an apology and a description of the action that would be taken. The complaint was discussed at a practice meeting and the need for tact when discussing sensitive issues with patients was highlighted.

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's mission statement was to improve the health, well-being and lives of those they cared for. Staff knew and understood the practice's values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were 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). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. 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.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held and the team also met to celebrate special occasions throughout the year.
- Staff said they felt respected, valued and supported, particularly by the lead GP 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.
- Staff were encouraged to develop in their careers and were well supported by the practice management to do so. For example, the lead GP provided educational and financial support to two of the reception staff to become healthcare assistants.

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

The practice's achievement was lower than CCG and national averages for its satisfaction scores on consultations with GPs and nurses. The practice had taken action to respond to the lower than average performance by auditing the results, running monthly patient surveys, increasing appointment availability and offering extended hours appointments.

Since the publication of the survey results, the practice had recruited six salaried and five locum GPs to improve patient satisfaction and informed the practice encouraged and valued feedback from the PPG and its staff. For example,

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 patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had been established for 25 years and was a key component of the patient voice at the practice.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples included a pilot which focussed on reducing admissions for patients aged over 65 years with long-term conditions. The practice was able to achieve the locally set target.

This section is primarily information for the provider

Enforcement actions

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.