

The Abingdon Health Centre also known as The Abingdon Medical Practice

Quality Report

88-92 Earls Court Road
Kensington
London
W8 6EG

Tel: 0207 795 8470

Website: www.abingdonmedicalpractice.co.uk

Date of inspection visit: 9 September 2015

Date of publication: 12/11/2015

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?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to The Abingdon Health Centre also known as The Abingdon Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Abingdon Health Centre on 9 September 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The practice had a system of reporting incidents, however administration management of reported significant events was inconsistent.
- Risks to patients were assessed and well managed, with the exception of those relating to medicines and stock management.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said that staff were helpful, caring, approachable and involved them in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day through a nurse/GP-led triage system.
- 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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

Summary of findings

- Ensure there is a formal system in place for the monitoring of stock held to identify expired clinical apparatus for removal and safe disposal.
- Review and update the policy and procedure for monitoring stock of emergency medicines and equipment to ensure all expired items are removed and safely disposed of.

Importantly the provider should:

- Ensure all staff have received up to date safeguarding vulnerable adult training.
- Review the refrigerator temperature monitoring processes to ensure performance accuracy in line with best practice guidance.
- Ensure there is a system in place for monitoring distribution of prescription pads.
- Ensure emergency contact numbers in the business continuity plan are up to date.
- Ensure that spill kits are available in the event of accidental mercury spillage from blood pressure monitors still in use at the practice.

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 as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice had a system of reporting incidents, however administration management of reported significant events was inconsistent. There was a GP lead for safeguarding and the practice had an easily accessible policy for safeguarding vulnerable adults and children, however not all staff had received up to date training in safeguarding vulnerable adults. There was a policy for medicines management including safe disposal of medicines but we found some items of expired patient named medicines that had not been disposed of in accordance with the policy. We were told the practice did not keep controlled drugs on the premises, however we found expired ampoules of morphine in a locked cupboard. The practice carried out annual self-assessment infection control audits and staff received annual infection control update training. Staff had received training in basic life support and were aware of the procedures to follow to manage a medical emergency. Emergency medicines and equipment were available however we found some items were out of date. There were no paediatric electrode pads available for the defibrillator.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Quality Outcomes and Framework data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. The practice held weekly educational meetings attended by all clinical staff to discuss new clinical guidelines and audit results. Clinical staff were aware of and used the Mental Capacity Act when assessing patients capacity. The practice had systems in place for promoting good health including identifying patients who needed support with lifestyle and diet changes with referral on to appropriate in house or local services. They offered a full screening and immunisation programme in line with national guidance and uptake rates were comparable to the local averages. Staff had received training appropriate to their roles and any further training needs had been identified through annual appraisal and personal development plans. Staff worked with

Good



Summary of findings

multidisciplinary teams and held monthly meetings aimed at reducing hospital admissions. They also held quarterly meetings with the community palliative care team to discuss and plan to meet the needs of patients receiving end of life care.

Are services caring?

The practice is rated as good for providing caring services. Patients said that staff were helpful, caring, approachable and treated them with dignity and respect. They also told us that staff listened to them and involved them in decisions about their care and treatment. Results from the GP National Survey published July 2015 showed satisfaction scores for consultations with doctors and nurses were above the CCG and national averages. Information for patients about the services available was easy to understand and accessible. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS London Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Feedback received from patients on the day of inspection was positive about the appointment system. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available on the same day with pre-bookable appointments available up to two weeks in advance. Results from the National GP patient survey showed satisfaction scores for appointments were above the local and national averages. 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. Complaints and comments were reviewed annually to identify trends and shared learning.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear mission statement to provide high quality healthcare for all the patients in a professional, friendly and helpful atmosphere. There was a clear leadership structure with several of the GPs in lead roles and staff felt supported by management. The practice had a number of policies and procedures to govern activity that were accessible to all staff. The practice proactively sought feedback from patients through patient surveys, friends and family test (FTT), complaints and comments in the suggestion box. There was evidence the practice acted on this feedback to improve patient services. The

Good



Summary of findings

patient participation group (PPG) was active and members told us they felt listened to and supported by the practice team. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. There was a named GP for all patients and where possible appointments were offered with that GP to facilitate continuity of care. Older patients were given enhanced access to same day appointments and telephone consultations as required. Home visits were available for patients unable to attend the practice due to illness or immobility. All patients over the age of 75 years were offered annual health checks to produce care plans aimed at reducing the risk of unplanned hospital admissions. Dementia screening was performed opportunistically and at annual health checks with prompt referral to local memory services as required. The practice held monthly multi-disciplinary team meetings with the district nurses and social services to discuss and plan to meet the needs of frail elderly patients with a focus on reducing unplanned hospital admissions. The practice offered annual flu immunisations in line with national guidance and uptake was comparable to local averages.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. There were GP specialist leads for several long-term conditions including asthma, diabetes and chronic obstructive pulmonary disease. There was a named GP for all patients and where possible appointments were offered with that GP to facilitate continuity of care. The practice held monthly multi-disciplinary team meetings with district nurses and social services to discuss and plan the management of patients with complex medical needs with a focus of reducing unplanned hospital admissions. There was a weekly GP and nurse led diabetes clinic with access to in house podiatry and dietician services. The practice had close links with the local community diabetes team and access to local education programmes. Quality and Outcomes Framework data for long term conditions was good with the practice achieving the majority of the minimum standards. Uptake rates of flu immunisation to high risk patients with chronic conditions were comparable to local averages.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice had a GP lead for safeguarding children and staff had received role appropriate training in child protection. Urgent access appointments were available same day for unwell children and babies. The practice offered shared GP and midwife led antenatal care. Postnatal checks were offered at six weeks and there

Good



Summary of findings

were weekly baby clinics with access to health visitor support for child development checks. The practice was accessible to patients with prams and there were baby changing facilities available. Uptake rates for childhood immunisations were mostly at average compared to the local area. Written and telephone reminders were used to follow up on children that missed immunisation appointments. The practice offered cervical screening in line with national guidance and uptake rates were comparable to local and national averages.

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). There were extended hour surgeries every Saturday morning that were useful for patients who could not attend the practice during working hours in the week. There were also facilities to book appointments and request repeat prescriptions online. The practice offered NHS Health Checks for patients aged 40 to 74 years and any issues identified were promptly followed up on with the patients named GP. The practice had measures in place to promote good health including nurse led smoking cessation services, on site dietician services and access to referral to exercise schemes.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice was accessible for people with physical disabilities. One of the GPs had a specialist interest in the management of alcohol and substance misuse and patients were proactively referred to local community services for assessment and support. The practice maintained a register of patients with learning disabilities and they were offered annual health reviews with their named GP, however only one out of six of these reviews had been completed at the time of inspection. There was a named GP lead for safeguarding vulnerable adults and staff had received role appropriate training in safeguarding.

Good



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). Screening for dementia was offered opportunistically and at annual health checks for patients aged over 75 years and referrals were made to local memory services where appropriate. The practice had access to an on-site psychotherapist who was able to offer counselling and support to patients as required. The practice maintained a register of patients experiencing poor mental health and where possible

Good



Summary of findings

appointments for these patients were made with their named GP to facilitate continuity of care. Any missed appointments were followed up on by the patients named GP. The practice had close links with the community mental health team for support and advice as required.

Summary of findings

What people who use the service say

The National GP Patient Survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 106 responses and a response rate of 24%.

- 88% find it easy to get through to this surgery by phone compared with a CCG average of 85% and a national average of 73%.
- 94% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 74% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 65% and a national average of 60%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.

- 87% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 94% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 74% feel they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Many of the comment cards described the staff as caring, helpful, approachable, respectful, efficient and experienced. Patients said they felt the environment was safe, hygienic and tidy.

The Abingdon Health Centre also known as The Abingdon Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to The Abingdon Health Centre also known as The Abingdon Medical Practice

The Abingdon Health Centre (also known as The Abingdon Medical Centre) is a GP practice located within in the Royal Borough of Kensington and Chelsea and is part of the NHS West London Clinical Commissioning Group (CCG) which is made up of 37 GP practices. The practice operates from the ground and first floor of the building with lift access. The building is shared with Central London Community Healthcare NHS Trust and is managed by NHS Property Services. The practice provides primary medical services to approximately 8,300 patients and holds a core Personal Medical Services contract.

The practice team comprises of two female GP partners, two male GP partners, one female salaried GP, two female practice nurses, a female health care assistant who also

works as a receptionist, and a phlebotomist. The practice does not have a practice manager and the role is dispersed between the reception manager, IT manager, personnel manager (a GP partner) and finance manager (a GP partner). They are supported by five administration staff and a secretary. The practice is a training practice and hosts one male and one female trainee GP registrars.

The practice opening hours are 8.00am to 1.00pm and 1.30pm to 6.30pm Mondays to Fridays. The practice is closed from 1.00pm to 1.30pm daily for lunch. Appointments are from 8.30am to 12.30pm and 3.30pm to 6.00pm Mondays to Fridays. Urgent appointments are available on the same day through a nurse/GP led triage service between 8.00am and 9.00pm. GP telephone consultations are available after morning surgery and before afternoon surgery commences. Pre-bookable appointments are offered from 8.30am to 12.30pm on Saturdays. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website. The practice provides a wide range of services including checks for diabetes, minor surgery, contraception services and child health care. The practice also provides health promotion services including smoking cessation advice and cervical screening.

The age range of patients is predominately 25-49 years and the number of 25-44 year olds is greater than the England average. Patients over the age of 65 years represented 15.5% of the whole patient population.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

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. This 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.

How we carried out this inspection

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)

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 9 September 2015. During our visit we spoke with a range of staff, including GPs, practice nurses and administration staff and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the reception manager or one of the GP partners of any incidents and there was also an incident recording form available on the practice's computer system. Significant events reported were discussed at the monthly primary care meeting and the practice carried out an analysis of significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an event when there was a delay in referral to the district nurses the practice liaised with the district nurse team and agreed to mark faxes that needed immediate attention as urgent and this change in process was discussed at the practice meeting to ensure all staff were aware.

However, we noted that the administration management of reported significant events was inconsistent. For example, during our conversations with staff we were told about an incident that had occurred involving a delay in the testing of a patient's urine sample. We were shown the completed significant event form for this incident, but this had not been recorded on the significant event summary sheet the practice had provided us with.

Safety was monitored using information from a range of sources, including NPSA and NICE guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children 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. One of the GP partners was the lead for safeguarding. The GPs attended local three monthly safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and all had received child protection training relevant to their role. However we did not see records to support that all staff had undertaken safeguarding vulnerable adults training.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). These 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice had completed a health and safety risk assessment in February 2015. The reception manager was the lead for fire safety. Up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use by an external company, however we noted this was due in August 2015 and had not yet been completed. There was a record to show clinical equipment had been checked and calibrated to ensure it was working properly. Most of these tests were undertaken by a member of staff who had appropriate training to undertake the testing. Other equipment had been serviced by the manufacturer however there was no calibration record date for 24 hour ambulatory blood pressure monitor. 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 (COSHH) and infection control. It was noted that the practice retained a mercury blood pressure device in one of the consultation rooms but did not have access to spill kits in the event of accidental mercury spillage.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control 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 self-assessment infection control audits were undertaken and we saw evidence that action was taken to address any

Are services safe?

improvements identified as a result. We saw that the findings of the latest infection control audit in April 2015 were presented at the annual infection control staff training update in May 2015. The property management service was responsible for the maintenance of the premises and carried out regular Legionella risk assessments.

- There were arrangements in place for managing medicines, including obtaining, handling, prescribing and administering of vaccinations. Regular medicine audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The practice had a repeat prescription policy and all staff we spoke with were aware of it and could describe the process for issuing and reviewing repeat prescriptions. The practice nurses administered vaccines using directions produced in line with legal requirements and national guidance. There was a system for daily temperature monitoring and recording of refrigerators used to store vaccines and medicines, although there were no second independent thermometers to cross check temperature accuracy.

We also observed areas where processes were not being followed in accordance with the relevant practice policy. The practice had a policy for managing medicines including storage and safe disposal of unwanted medicines. However, we found several items of expired patient named medicines retained in consultation rooms that had not been disposed of in accordance with the policy. There were no systems in place for monitoring the distribution within the practice of blank prescription forms for use in printers and those for hand written prescriptions. The practice had a policy not to store controlled drugs on the premises, but we found three expired ampoules of morphine dated 2011 stored in a locked cupboard in a shared consultation room. We brought this to the immediate attention of the management team who after the inspection advised us that this had been treated and investigated as a significant incident. The investigation determined that the expired medicines corresponded to a previous incident in 2011 when there was a discrepancy in the controlled drug register. As the ampoule box containing the medicines was found in the top right hand side of the

locked inner cabinet, it was concluded that it was probably missed in 2011 because it was out of view. Appropriate measures had since been undertaken for the safe disposal of these medicines.

There was no formal system in place for the monitoring of stock held to identify expired clinical apparatus. We found out of date clinical apparatus retained in the stock room that had not been disposed of for example, expired needles, syringes and blood collection tubes. These expired items were highlighted to the practice for immediate removal.

- Recruitment checks were carried out and the five files we reviewed showed 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The GPs had a 'buddy system' to cover each other during annual leave or sickness that included reviewing and actioning test results and correspondence.

Arrangements to deal with emergencies and major incidents

- There was an alert button system 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 and equipment available in the treatment room. The practice had access to a defibrillator which was kept within the reception area on the ground floor of the premises. The defibrillator was provided and maintained by the property management company and was for use by all services that operated at the premises. It was noted that there were no paediatric electrode pads available for the defibrillator. The practice had their own oxygen cylinder with adult and children's masks. There was a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a policy outlining the

Are services safe?

procedure for checking emergency medicines and equipment but this was not being followed in practice. We found some expired emergency medicines for example adrenaline, antibiotics and nebulisers had not been removed from the emergency kit and were retained alongside the same medicines that were within expiry dates. We brought this to the attention of the one of the GP partners who immediately removed the expired items from the emergency medicines store for disposal. We also found out of date masks with the oxygen cylinder and nebuliser. We observed that the emergency medicines and emergency equipment

records had not been completed since April 2015 and March 2015 respectively. It was noted that these records did not keep a track of stock levels or when stock had been used, replaced or disposed of.

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, however we observed that a contact number the practice needed to use on the day of our inspection was incorrect.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with National Institute for Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. They had weekly educational meetings attended by the GPs, GP registrars and nurses where new guidelines and results of audit were discussed and disseminated. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96.9% of the total number of points available, with 5.2% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was 85.8%, which was similar to the CCG average of 86.4% and the national average of 90.1%.
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less was 81.6%, which was similar to the CCG average of 80.8% and the national average of 83.1%.
- Performance for mental health related and hypertension indicators were better than the CCG and national average.
- The percentage of patients with a diagnosis of dementia who had been reviewed face to face in the preceding 12 months was 100%, which was better than the CCG average of 83.2% and the national average of 83.8%.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits completed in the last year and both of these were completed audits where the improvements made were checked and

monitored. One of the audits was linked to a CCG led prescribing audit and the other reviewed the impact of a nurse led warfarin monitoring scheme that demonstrated improved patient attendance for routine INR checks since initiation of the service. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice took part in local benchmarking and their data for accident and emergency attendances and unplanned admissions were lower than the local averages. Information about patient's outcomes was used to make improvements, for example local data showed the practice's Non-Steroidal Anti-inflammatory Drugs (NSAIDs) prescribing was slightly higher than local averages and as a result the practice had close liaison with the secondary care services that initiate such medications in attempt to find alternative medicines and reduce the NSAID prescription rates.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- There were named GP leads in a variety of specialist areas including safeguarding vulnerable adults and children, dermatology, alcohol and substance misuse, diabetes, asthma and women's and children's health.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, equality and diversity, and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

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 test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly and these were attended by the GPs, practice nurses, district nurses, community care navigator and social services. We were told the focus of these meetings was to reduce hospital admissions and that care plans were routinely reviewed and updated. The practice also held quarterly end of life meetings with the community palliative care team to discuss and plan to meet the needs of patients on the palliative care register. The practice had close liaison with the community pharmacist who attended the practice daily to discuss any prescribing issues.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. We did not see evidence that the process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, 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. A dietician was available on the premises and referrals to exercise schemes were available for patients suffering with obesity. The practice offered an in house nurse led smoking cessation service and there was also access to local smoking cessation support services if required.

The practice's uptake for the cervical screening programme was 79.9% for 2013/2014, which was comparable with the national average of 81.8%. There was a policy for a patient's named GP to follow up on anyone who did not attend a screening appointment. 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 mostly comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 58.3% to 78.6% compared to CCG averages of 67.5% to 83.1% and for five year olds from 27.8% to 90.0% compared to 59.0% to 87.3%. The practice was aware of the lower rates for some vaccinations and had put measures in place to improve these, for example through written and telephone reminders to parents when their child's vaccinations were overdue. Flu vaccination rates for the over 65s were 70.2%, and at risk groups 45.5%. These were also comparable to national averages.

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-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients over the age of 75 years were also offered routine health checks.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were pleasant and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. 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 area to discuss their needs.

All of the 32 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, caring, approachable, experienced and treated them with dignity and respect. We also spoke with four members of the PPG on the day of our inspection. They also told us they were very satisfied with the care provided by the practice and that they felt listened to and valued by the staff. 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 were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above the CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 98% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.

- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above the local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 98% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no 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, though it was noted this information was not well organised in the waiting area.

The practice's computer system alerted GPs if a patient was also a carer and they were offered an annual health check. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support if and when needed. The practice had access to refer patients to bereavement support services if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. One of the practice GPs attended monthly commissioning learning set (CLS) meetings and provided feedback to the wider practice team about discussions and learning. For example, the practice had an in house clinical meeting and external updates in the management of respiratory disease which highlighted the advantages of early referral of suspected chronic obstructive pulmonary disease (COPD) and the limitations of spirometry in primary care.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice had a policy of personal GP lists with all patients having a named GP and where possible appointments were made with a patient's GP to facilitate continuity of care.
- The practice provided enhanced access for older patients with same day access to appointments and telephone consultations when required.
- All patients over the age of 75 years were offered annual health checks to produce care plans aimed at reducing the risk of hospital admission. Patients over the age of 85 years were offered nurse led annual assessment including dementia screening.
- The practice held monthly multi-disciplinary team meetings with the district nurses and social services to discuss and plan to meet the needs of frail elderly patients and patients with long term conditions with a focus on reducing hospital admissions.
- Home visits were available for older patients / patients who would benefit from these.
- The practice ran a weekly GP and practice nurse led diabetes clinic to review patients with type two diabetes mellitus. They had in house access to dietician and podiatry services. We were told they worked closely with the community diabetes team and would refer patients to local education services such as the expert patient programme.
- Several of the GPs had specialist interests in chronic disease management such as diabetes, asthma and Chronic Obstructive Pulmonary Disease.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice offered shared care ante-natal services between the GPs and midwives who were on site. Six week post-natal checks were offered for new mothers and their babies. The practice ran a weekly baby clinic with access to health visitor support for development checks and weight checks. One of the GPs was the lead for women's and children's health.
- The practice was accessible to patients with prams and there were baby changing facilities available. Breast feeding was encouraged and there were two posters to this effective in the waiting room.
- The practice offered extend hour surgeries on a Saturday morning that were useful for patients who could not attend the practice during working hours in the week. This included appointments for routine health checks and screening.
- There was the facility to book appointments and request repeat prescriptions online.
- The practice was accessible for people with physical disabilities including lift access to the first floor. In the event of the lift not functioning, we were told consultation rooms on the ground floor would be used for patients unable to manage the stairs. Disabled toilet facilities were also available.
- There was no hearing loop, however, we were told patients with hearing difficulties were assisted making appointments by using a text message system.
- One of the GPs had a specialist interest in the management of alcohol and substance misuse. These patients were proactively referred to local community services for assessment and support.
- The practice offered primary medical services to vulnerable patients such as refugees and asylum seekers. They had access to specialist community support services such as the Forced Migration and Trauma Service.
- The practice maintained a register of patients with learning disabilities and they were offered annual health reviews. At the time of inspection one out of six of these annual health checks had been completed.
- The practice maintained a register of patients experiencing poor mental health. Where possible appointments for these patients were made with their named GP to facilitate continuity of care. Missed

Are services responsive to people's needs?

(for example, to feedback?)

appointments were followed up on by the patients GP. We were told the practice had close links with the community mental health team for support when required.

- The practice had access to on site psychotherapist provided by the Primary Care Psychological Hub who offered support services and counselling when required.
- Dementia screening was performed opportunistically and at annual health checks for elderly patients with onward referral to local memory services.

Access to the service

The practice was open between 8.00am to 1.00pm and 1.30pm to 6.30pm Mondays to Fridays. Appointments were available from 8.30am to 1.00pm and 3.00pm to 6.00pm. Extended hours surgeries were offered from 8.30am to 12.30pm on Saturdays for pre-bookable appointments. Urgent appointments were available on the same day through a nurse/GP led triage service. GP telephone consultations were available daily.

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. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73%.

- 87% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 94% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

Comments we received from patients on the day also reflected this positive feedback on the appointment system.

Listening and learning from concerns and complaints

The practice had a 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 reception manager 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 in the complaints and comments leaflet, within the practice information leaflet and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at four complaints received in the last 12 months and found these were satisfactorily managed with openness and explanations and apologies to patients were indicated. The practice held an annual complaints review meeting to discuss all complaints and comments and received in the preceding year to identify trends and disseminate learning.

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 mission statement to deliver high quality health care to all their patients in a professional, friendly and helpful atmosphere. Some of the staff we spoke with were aware of this mission statement, however not all staff were confident on the statement and future goals of the practice.

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 that were implemented and that all staff could access. However, we found that not all of the policies were being followed in practice.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had a system of reporting incidents, however administration management of reported significant events was inconsistent.

Leadership, openness and transparency

The partners in the practice have the experience and capability to run the practice and ensure high quality care.

There was a clear leadership structure in place and staff felt supported by management. Staff told us that the management team were approachable and always takes the time to listen to all members of staff.

Staff told us that regular team meetings were held and that there was an open culture within the practice. They said that they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It gathered feedback from patients through the patient participation group, patient surveys, the friends and family test (FTT), complaints received and comments in the suggestion box. There was an active PPG which met every three months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, feedback from patients in the 2015 patient survey showed some patients had issues getting through to the practice on the telephone. As a result of this feedback the practice raised awareness of the facility to book appointments online in the quarterly practice newsletter with the aim to reduce telephone demand and also encouraged patients not to ring in the morning for test results.

The practice had also gathered feedback from staff through weekly staff meetings, appraisals and discussion. Staff we spoke with told us they felt supported by the management team to discuss concerns and raise issues.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: We found that the registered person was not ensuring that equipment was safe for use as there were no formal stock control systems in place to ensure that all expired clinical apparatus was identified and removed from stock storage. This was in breach of regulation 12 (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the registered person was not ensuring the proper and safe management of medicines as expired emergency medicines had not been identified and removed from the emergency medicines kit. This was in breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	