

South Street Medical Centre

Quality Report

71a Greenwich South Street
Greenwich
London SE10 8NT
Tel: 020 8293 3330
Website: www.greenwichmedics.co.uk

Date of inspection visit: 11 October 2016
Date of publication: 22/12/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to South Street Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Street Medical Centre on 11 October 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.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had identified only 34 patients as carers (0.4% of the practice list). The practice had produced a poster displayed in the waiting area encouraging patients to alert the practice if they were a carer.
- 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.
- There was continuity of care and urgent appointments were available the same day but patients said they sometimes found it difficult to make a routine appointment. The practice were aware of the issue and were investigating possible ways to improve this.
- 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 and displayed a poster in all clinical rooms explaining the requirements to patients.

Summary of findings

The areas where the provider should make improvement are:

- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers on the practice list.
- The provider should continue to monitor patient satisfaction rates regarding booking routine appointments and implement changes as appropriate.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes for most indicators were comparable to the local and national averages. Exception reporting for most indicators was also comparable to the local and national averages.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect and maintained confidentiality of patient information.

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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff 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.
- 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 team meetings.
- 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 the reporting and investigation of incidents and this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- A 'virtual' patient participation group was active and contributed to the development of the practice improvement programme. Communication between the patient and practice was undertaken by email.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Quality Outcomes Framework (QOF) performance indicators for conditions found in older people were comparable to local and national averages.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- GPs worked closely with practice nursing staff and community specialist nurses in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority.
- The performance rate for the Quality Outcomes Framework (QOF) diabetes related indicators was below the local and national average. This had been identified by the practice as an area for improvement and action had been taken to address this.
- Longer appointments and home visits were available when needed.
- 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 GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. These patients were discussed at the quarterly multi-disciplinary team meetings.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

- Immunisation rates for all standard childhood immunisations were comparable to local and national averages.
- Children and young people were treated in an age-appropriate way and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with the midwife who held a weekly clinic at the surgery.
- The practice provided a weekly sexual health clinic during which a phlebotomist was also on site. This service was also available for patients not registered at the practice. The service was commissioned by the local Public Health service with whom the practice held quarterly performance monitoring meetings.

Working age people (including those recently retired and students)

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

- The needs of the working age population, 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 percentage of women aged 25 to 64 years who had received a cervical screening test in the preceding five years was 96% which was higher than the local and national average of 82%.
- Extended hours appointments were available at the surgery two evenings a week.
- The practice was proactive in offering online services.
- A full range of health promotion and screening services were provided that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments and annual reviews for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients 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.

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).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was above the local average and national average of 84%.
- 94% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was comparable to the local average of 85% and national average of 88%.
- 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 advised patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency 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 published in July 2016 showed the practice was performing below the local clinical commissioning group (CCG) and national averages in some areas. 339 survey forms were distributed and 107 were returned. This represented a response rate of 32% (1.3% of the practice's patient list).

- 62% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and national average of 73%.
- 53% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 16 comment cards which were mostly positive about the standard of care received. However, four cards also included negative comments regarding difficulty booking routine appointments. The practice were aware

of the issue and were investigating possible ways to improve this. A poster was displayed in the waiting area informing patients of the areas for improvement that the practice were in the process of addressing. Patients were satisfied with the care they received and described staff as friendly and treated patients with courtesy and respect.

We spoke with 15 patients during the inspection. All 15 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients commented that they would recommend the practice to other patients.

Results of the monthly Friends and Family survey were reviewed regularly. Recent survey results showed that the majority of patients would recommend the practice to friends and family:

- August 2016 (429 patients surveyed – 92 responses) – 90% of patients were likely to recommend the practice.
- July 2016 (456 patients surveyed – 88 responses) – 86% of patients were likely to recommend the practice.
- June 2016 (444 patients surveyed – 85 responses) – 84% of patients were likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers on the practice list.
- The provider should continue to monitor patient satisfaction rates regarding the availability and booking of routine appointments and implement improvements as appropriate.

South Street Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to South Street Medical Centre

South Street Medical Centre is based in a large end of terrace property converted for the sole use as a surgery. It is located in the Royal Borough of Greenwich within a predominantly residential and tourist area of Greenwich. Greenwich Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality.

The property includes a purpose-built extension on the ground floor providing four identical consulting rooms. The ground floor also includes the reception area and waiting room. Two treatment rooms, including one large room which is also used for minor surgery, are located on the first floor which can be accessed by a lift. The first floor also has a spare consultation room which is also used as an isolation or breast feeding room as required. The top floor includes three administration rooms and a large meeting room.

The practice is registered with the CQC as Primecare (a partnership of two partners) which also provides services from a second location and branch surgery located in the Royal Borough of Greenwich. This is registered with the CQC as a separate location and was therefore not included in this inspection.

Services at South Street Medical Centre are delivered under a Personal Medical Services (PMS) contract. The practice is registered with the CQC to provide the regulated activities of maternity and midwifery services; treatment of disease, disorder and injury and diagnostic and screening procedures.

The practice has 8304 registered patients. The practice age distribution is lower than the national average for the over 55 year age group and higher than the national average for the 25 to 40 year age group. The surgery is based in an area with a deprivation score of 5 (with 1 being the most deprived and 10 being the least deprived).

The 28 GP sessions provided each week are delivered by male and female GPs which include two GP partners (10 sessions per week); two salaried GPs (10 sessions per week) and three regular locums (8 sessions per week).

The clinical team also includes a Nurse Practitioner (0.85 wte); two Practice Nurses (1.68 wte) and a Phlebotomist (0.2 wte).

Administrative services are provided by a Practice Administrator (1 wte) a Reception Team Leader (0.74 wte) and eight administration/reception staff (4 wte). The Practice Manager for Primecare is based in the other Primecare location but also provides managerial support to South Street Medical Centre.

The reception and telephone lines are open between 8am and 6.30pm Monday to Friday with reception extended hours provided from 6.30pm to 7.30pm on Monday and Thursday. The surgery is closed at weekends.

Pre-booked and urgent appointments are available with a GP from 8am to 1pm and 2pm to 7.30pm on Monday; from 9am to midday and 2pm to 6pm on Tuesday and Wednesday; from 8am to 1pm and 4pm to 7.30pm on Thursday and from 9am to 1pm and 2pm to 6pm on Friday.

Detailed findings

Pre-booked and urgent appointments are available with the Nurse Practitioner from 9am to midday and 4pm to 6pm on Tuesday and Wednesday; from 10.30am to 12.30pm and 4pm to 7.30pm on Thursday and from 9am to midday and 4pm to 6.30pm on Friday.

Pre-booked appointments are available with the Practice Nurse from 10.30am to 1.30pm and 4pm to 7.30pm on Monday; from 10am to 6pm on Tuesday; from 8.30am to midday and 2pm to 6pm on Wednesday; from 9am to midday and 4pm to 7.30pm on Thursday and from 9am to midday and 4pm to 6pm on Friday.

When the surgery is closed urgent GP services are available via NHS 111.

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.

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 11 October 2016.

During our visit we:

- Spoke with a range of staff including GP Partners, Nurse Practitioner, Practice Nurse, Practice Administrator, Practice Manager, reception and administrative staff.
- Spoke with a representative of the patient participation group (PPG) and patients who used the service.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of the 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 (QOF) data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice administrator or one of the partners of any incidents and there was an incident recording form available on the practice computer system. The incident reporting procedure 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 the significant events and an evaluation of the incident was discussed at weekly clinical meetings. Learning was shared with all staff at quarterly practice meetings and minutes of meetings were circulated to all staff. Sharing of learning and implementation of changes that required urgent action was disseminated immediately.

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, a child suffered an acute respiratory attack during a consultation causing the practice to use their emergency treatment procedure. As a result of discussions following the incident the practice felt they needed to improve on the procedure and therefore contacted a consultant paediatrician for advice on best practice in managing such incidents. The practice made several improvements to their procedure including locating all emergency equipment together, posting notices throughout the practice to direct staff to the location of emergency equipment and training all clinical staff in the appropriate use of oxygen.

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.

- 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 and the contact details were clearly displayed in all consultation rooms and the reception area. There was a lead member of staff for safeguarding. GPs attended safeguarding meetings when required and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and Nurses were trained to Child Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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 all improvements identified.
- 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.

Are services safe?

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The Advanced Nurse Practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the partners for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer some medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all staffing groups to ensure sufficient staff were on duty. GP, nursing and administrative staff provided annual leave cover for colleagues.

Arrangements to deal with emergencies and major incidents

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

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 displayed in the reception area.
- The practice had up to date fire risk assessments and carried out annual fire evacuation 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- There was panic alarm system in all the consultation rooms, treatment rooms and reception which alerted staff to an emergency.
- All staff received annual basic life support training and staff administering injections had received anaphylaxis training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff were informed of their location at induction. All the medicines we checked were in date and stored securely.
- Emergency medicines and equipment were stored together for easier access and posters were displayed throughout the building alerting staff to their location.
- A first aid kit and accident book were available in reception.
- 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. Copies of the plan were also available off-site in the event that the premises was not accessible.

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 and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) showed that the practice achieved 94% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 92% and national average of 95%.

The practice exception reporting rate was 6% which was similar to the CCG average of 7% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from (2014/15) showed the practice was an outlier for one QOF clinical target:

- Performance for diabetes related indicators of 64% was below the CCG average of 81% and national average of 89%.

This had been identified by the practice as an area for improvement. A review had been undertaken and action taken to improve the management and review of diabetes. For example, a dedicated diabetes clinic had been introduced, staff had undergone Year of Care training and two GPs were now trained in insulin initiation. The practice prevalence for diabetes of 6.5% was above the local and national average.

This practice was not an outlier for any other QOF clinical targets. For example, data from (2014/15) showed:

- Performance for mental health related indicators of 100% was comparable to the CCG average of 90% and national average of 93%.
- Performance for asthma related indicators of 99% was comparable to the CCG average of 95% and national average of 97%.

The practice participated in local audits, national benchmarking, accreditation and peer review. There was evidence that information about patients' outcomes and clinical audit was used to make quality improvements.

We looked at nine clinical audits completed in the last two years where the improvements made were implemented and monitored. For example, a two-cycle completed audit was carried out to review the management of patients receiving repeat prescriptions of a high risk medicine used as an immune system suppressant. The aim of the audit was to ensure that current guidelines were being followed for all patients including those patients receiving shared care with hospital based services. The initial and follow-up audits identified that between 21% and 26% of patients had prescriptions without recent blood test evidence; that advice was not always sought regarding management of non-compliant patients and that treatment was not always stopped, or advice sought, if blood results were abnormal. A set of recommendations were implemented following the initial audit and as improvements were not fully achieved further recommendations were introduced. A further audit will be carried out to continue to ensure improvements are achieved.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nurses reviewing patients with long-term conditions received appropriate training and updates for the disease areas they reviewed.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and through discussion and support from colleagues.

- 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 mandatory training that included: safeguarding, fire safety awareness, basic life support, information governance, Mental Capacity Act and infection control. Staff had access to and made use of e-learning training, training provided by the local clinical commissioning group 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 patient record system and their internal shared drive 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. Regular meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- Written consent was obtained where appropriate and retained in patient records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice uptake for the cervical screening programme was 96%, which was higher than the CCG and national average of 82%. There was a procedure in place to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Immunisation rates for the vaccinations given to children were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 90% and five year olds from 79% to 88%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years. 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 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 and conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 16 patient Care Quality Commission comment cards we received were positive about the care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said they felt valued and listened to by the practice management. They stated they were satisfied with the current arrangements for the PPG whereby communication was undertaken by email. Face to face meetings did not take place.

Results from the most recently published national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local clinical commissioning group (CCG) and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

The practice provided facilities to help patients become involved in decisions about their care.

- Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available.
- Information leaflets were available in the waiting room on a variety of health related subjects.

Are services caring?

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.

The practice computer system alerted GPs if a patient was also a carer. The practice had identified 34 patients as carers (0.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had produced a poster

displayed in the waiting area encouraging patients to alert the practice if they were a carer. A Carers Pack had also been produced which included helpful information and contact details of local support services and a member of staff had been identified as the carers support lead for the practice.

Staff told us that if families had suffered bereavement their usual GP contacted them and a patient consultation at a flexible time and location was offered. Advice was given on how to access support services.

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.

- The practice offered extended hours on a Monday and Tuesday evening until 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and patients who requested them.
- Home visits were available from the GP or nursing staff 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 a 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 such as toilets accessible for patients in a wheelchair and a hearing loop and lift were available.
- Interpreting services were available for patients who required it.
- The practice provided a weekly sexual health clinic during which a phlebotomist was on site. This service was also available for patients not registered at the practice. The service was commissioned by the local Public Health service with whom the practice held quarterly meetings.
- The practice was located in an area which included many hotels and short-stay accommodation. The practice accepted temporary registration for these patients if required.
- The practice had supported one of their receptionists through local authority training as a Health Trainer. One session a week was provided for referred patients over 18 years to be supported through a six week programme of healthy lifestyle support and guidance.

Access to the service

In addition to pre-bookable appointments that could be booked up to four weeks in advance urgent appointments were also available on the same day for people who needed them.

The reception and telephone lines were open between 8am and 6.30pm Monday to Friday with extended hours for reception provided from 6.30pm to 7.30pm on Monday and Thursday. The surgery was closed at weekends.

Pre-booked and urgent appointments were available with a GP from 8am to 1pm and 2pm to 7.30pm on Monday; from 9am to midday and 2pm to 6pm on Tuesday and Wednesday; from 8am to 1pm and 4pm to 7.30pm on Thursday and from 9am to 1pm and 2pm to 6pm on Friday.

Pre-booked and urgent appointments were available with the Nurse Practitioner from 9am to midday and 4pm to 6pm on Tuesday and Wednesday; from 10.30am to 12.30pm and 4pm to 7.30pm on Thursday and from 9am to midday and 4pm to 6.30pm on Friday.

Pre-booked appointments were available with the practice nurse from 10.30am to 1.30pm and 4pm to 7.30pm on Monday; from 10am to 6pm on Tuesday; from 8.30am to midday and 2pm to 6pm on Wednesday; from 9am to midday and 4pm to 7.30pm on Thursday and from 9am to midday and 4pm to 6pm on Friday.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the local clinical commissioning group (CCG) and national averages in some areas:

- 62% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and national average of 73%.
- 53% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and national average of 76%.
- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 79%.

The practice were aware of the patient satisfaction rate regarding appointments and were investigating possible ways to improve this. A poster was displayed in the waiting area informing patients that this was one of the areas for improvement that the practice were in the process of addressing.

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were usually able to get an urgent appointment when they needed one but that it was sometimes difficult to book a routine appointment.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had a system in place to assess the urgency of the need for medical attention and whether a home visit was clinically necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP visit alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

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

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

We looked at the four complaints received in the last 12 months and found that these were satisfactorily handled in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints. Action was taken as a result to improve the quality of care provided.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a 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 outlined the structures and procedures in place to support the delivery of their strategy for the provision of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of colleagues.
- Practice specific policies were implemented and were available to all staff via the practice shared drive.
- 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners 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 partners 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 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 and we saw evidence to support this.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Communication with the PPG took place via email. The representative we spoke to told us that they felt the practice were keen to improve the services it provided and appeared to act on the suggestions of patients.

The practice had gathered feedback from staff through staff meetings, annual staff appraisals and discussion at staff meetings. 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.