

# Manor Drive Medical Centre

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manor Drive Medical Centre on 9 August 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 and lessons were shared to make sure action was taken to improve safety in the practice, however this was not always clearly recorded.
- 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.
- Performance for diabetes-related indicators was comparable to the local and national average for 2014/15, with some indicators below average; however, the practice demonstrated improvement in these areas for 2015/16.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns, however the practice did not keep a log of verbal complaints and comments to identify trends and areas for improvement.
- 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.
- Access to the service, particularly on the telephone, was highlighted as an issue; however, the practice had put in place measures to improve access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The practice should continue to monitor, evaluate and improve performance in diabetes care.

- The practice should consider how to better record the analysis of significant events, including how learning is recorded and shared.
- The practice should consider a system for recording verbal complaints and feedback in order to identify trends and make improvements to services.
- The practice should continue to monitor, evaluate and improve access to services.

**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; however, this was not always clearly recorded.
- 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 patient outcomes were mostly comparable to other practices locally and nationally for 2014/15, with improvement demonstrated in the 2015/16 financial year.
- Performance for diabetes-related indicators was comparable to the local and national average for 2014/15, with some indicators below average; however, the practice demonstrated improvement in these areas for 2015/16.
- 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 comparably to other practices locally and nationally.

Good



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All older people had a named GP responsible for their care.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes-related indicators was comparable to the local and national average for 2014/15, with some indicators below average; however, the practice demonstrated improvement in these areas for 2015/16.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## **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 practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

Good





# Summary of findings

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

# Summary of findings

## What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing comparably to other trusts nationally, with some results below national averages. Two hundred and forty survey forms were distributed and one hundred and nine were returned. This represented 1% of the practice's patient list.

- 37% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 60% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 70% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Comments included that the staff were friendly, kind and caring, that patients were treated with dignity and respect and that the practice offers great services and access has improved over time.

We spoke with 25 patients during the inspection. All 25 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recently available NHS Friends and Family Test data showed that 100% of patients would recommend the practice to a friend or family member.

# Manor Drive Medical Centre

## 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 Manor Drive Medical Centre

Manor Drive Medical Centre provides primary medical services in Kingston to approximately 12,800 patients and is one of 27 member practices in the NHS Kingston Clinical Commissioning Group (CCG). The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The practice population is in the tenth least deprived decile, with income deprivation affecting children and adults lower than local and national averages and higher than average life expectancy.

The practice operates from two purpose built premises adjacent to one another which have been converted into one medical centre. There are patient facilities, including treatment and consultation rooms, reception and waiting area, toilet and babychange facilities, accessible facilities, and administrative areas on the ground floor, which is wheelchair accessible throughout. The premises is shared with other services provided by the local CCG.

The practice clinical team consists of three full time GP partners and two full time salaried GPs. The practice

provides 42 GP sessions per week. The doctors are supported by one part time advanced nurse practitioner providing nine sessions per week, three part time practice nurses and one part time health care assistant. The non-clinical team consists of thirteen administrative and clerical staff including the practice manager.

Patients can access the practice from 8.45am until 1.00pm and from 2.00pm until 6.00pm on a Monday, Tuesday, Thursday and Friday, and from 8.45am until 5.00pm on a Wednesday. Appointments are available from 9.00am until 11.00am Monday to Friday and from 3.30pm until 6.00pm on a Monday, Tuesday, Thursday and Friday and from 3.00pm until 5.00pm on a Wednesday. Extended hours are available on Monday evenings from 6.00pm until 8.00pm for pre booked appointments. Phone lines are operational between the hours of 8.00am and 1.00pm and 2.00pm and 6.30pm Monday, Tuesday, Thursday and Friday and between 8.00am and 5.00pm on a Wednesday. Between 1.00pm and 2.00pm, and after 5.00pm on a Wednesday, patients phoning the practice are advised via answerphone message to call back after 2.00pm for routine matters, or for urgent matters patients can select the option to be put through to the duty doctor.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8.00am when the practice directs patients to seek assistance from the locally agreed out of hours provider.

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

The practice was previously inspected in July 2013 and met the required standards.

# Detailed findings

## 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 9 August 2016. During our visit we:

- Spoke with a range of staff, including GPs, nurses, the practice manager and reception and administrative staff, and spoke with 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 personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events in the practice; however, this was not always clearly recorded, including the sharing of any lessons identified.

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, an incident occurred where live vaccines were delivered to the practice however there was not a procedure in place for what to do with the vaccines. The storage of the vaccines did not follow the cold chain, meaning they were not kept within the required temperature range and as such the vaccines had to be destroyed before use. The practice investigated the incident and reviewed their cold chain policy to include instructions for those receiving vaccines to inform the practice nurse or the practice manager immediately so that the vaccines could be transferred to a temperature-regulated vaccine fridge. The practice had not recorded similar incidents happening following the review of the cold chain policy.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses were trained to at least level 2 and non-clinical staff were trained to level 1.
- 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 advanced nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice had changed the flooring in clinical areas so that it was impermeable and easy to clean, replaced furniture with furniture which was easy to clean and carpeted areas in the practice were regularly deep cleaned. The practice had also engaged with the local cleaning service provider to include cleaning of light fittings in their regular cleaning schedule.
- 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).

## Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber. (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. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88% of the total number of points available. With an exception reporting rate of 4.1% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

Performance for diabetes related indicators was comparable to the local and national average, with some indicators below average. For example:

- The percentage of patients on the diabetes register, in whom the last IFCC-HbA1c (a specific blood glucose level test) is 64 mmol/mol or less in the preceding 12 months was 74%, compared to the local clinical commissioning group (CCG) average of 80% and the national average of 78%.
- The percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 65% (CCG 80%, national 78%).

- The percentage of patients on the diabetes register, who have had influenza immunisation in the preceding 1 August to 31 March was 88% (CCG 97%, national 94%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 78% (CCG 80%, national 81%).
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 86% (CCG 88%, national 88%).

The practice provided us with unverified QOF performance for 2015/16 which showed that practice had improved in their QOF results for diabetes-related performance, achieved through, for example, increased training for GP and nursing diabetes leads, engagement with community diabetes specialist including joint diabetes clinics, increasing healthcare assistant working hours and employing an advanced nurse practitioner.

Performance for mental health related indicators was comparable to the local and national averages. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% compared to the CCG average of 92% and the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 75% (CCG 89%, national 90%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 69% (CCG 83%, national 84%).

There was evidence of quality improvement including clinical audit.

The practice participated in local audits and peer review and provided us with examples of how audits had improved services for patients at the practice. For example:

# Are services effective?

## (for example, treatment is effective)

- The practice participated in a CCG led initiative to maintain referral rates during the 2015/16 financial year at the same level as the previous financial year. The aim of which was to reduce cost and maintain or lower referral waiting times for patients through proactive monitoring and treatment of patients locally. The practice audited referral rates and found that they were 20% higher than at the same point in 2014/15. The practice investigated the reasoning behind this increase and engaged with other local practices to identify areas for improvement. This included case reviews of referrals and better use of local services. The practice discussed the findings and implemented changes to referral policy which resulted in referral rates dropping to 10% above 2014/15 levels at re audit. The practice continued to reduce referrals and finished the 2015/16 financial year at 3% below 2014/15 referral rates.
- The practice had an induction programme for all newly appointed staff, which included such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, training in spirometry was provided so that lung conditions such as asthma and chronic obstructive pulmonary disease (COPD) could be identified and monitored.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

The practice also took part in medicines optimisation audits to make improvements. For example:

- The practice carried out an audit into antibiotic prescribing, to ensure the practice were prescribing in line with local and national guidelines. The practice concentrated on two conditions they identified as most likely to have antibiotics prescribed outside of guidelines, urinary tract infections (UTI) and sore throats. The first audit cycle showed that guidelines for antibiotic prescribing were followed in 40% of UTI cases and 45% of sore throat cases. The practice discussed the findings during clinical team meetings and put in place a series of actions aimed at improving compliance. Actions included sharing of the local and national guidelines, distribution of quick reference guides for all clinicians on UTI diagnosis and treatment and provided information on antibiotic resistance and the implications for health in team meetings. The second audit cycle 12 months after the first showed an increase in compliance for UTI cases to 75% and for sore throat cases to 80%. The practice shared the findings internally and with local prescribing leads and extended the audit to include other common diagnoses commonly prescribed antibiotics.

### Effective staffing

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

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan



# Are services effective?

(for example, treatment is effective)

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

## Consent to care and treatment

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

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

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

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

- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 97% (CCG 90% to 96%, national 73% to 95%) and five year olds from 80% to 97% (CCG 84% to 96%, national 81% to 95%).

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 25 patient Care Quality Commission 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 and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to other practices 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 clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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 and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Practice patients were able to select languages other than English on the self check-in screen at reception.

## Are services caring?

- Information leaflets were available in easy read format and in other languages.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 113 patients as

carers (1% of the practice list). The practice engaged with the local carers' network organisation to identify and provide additional support to carers. The practice offered carers annual health reviews and influenza vaccination. Written information was also available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered in-house phlebotomy services and 24 hour blood pressure monitoring which meant that patients

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.

### Access to the service

Patients could access the practice from 8.45am until 1.00pm and from 2.00pm until 6.00pm on a Monday, Tuesday, Thursday and Friday, and from 8.45am until 5.00pm on a Wednesday. Appointments were available from 9.00am until 11.00am Monday to Friday and from 3.30pm until 6.00pm on a Monday, Tuesday, Thursday and Friday and from 3.00pm until 5.00pm on a Wednesday. Extended hours were available on Monday evenings from 6.00pm until 8.00pm for pre booked appointments. Phone lines were operational between the hours of 8.00am and 1.00pm and 2.00pm and 6.30pm Monday, Tuesday, Thursday and Friday and between 8.00am and 5.00pm on a Wednesday. Between 1.00pm and 2.00pm, and after 5.00pm on a Wednesday, patients phoning the practice were advised via answerphone message to call back after 2.00pm for routine matters, or for urgent matters patients could select the option to be put through to the duty doctor.

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

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages, with some areas scoring below average. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 37% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had engaged with their Patient Participation Group (PPG) to better understand and find solutions to the problems patients were having with access. Actions included increasing extended hours opening times to include weekend opening from September 2016, offering more online appointments and improving the practice telephone system. The improvements to the telephone system included having more lines coming into the practice, and having the ability to monitor and respond to incoming phone demand. The practice were able to respond to high demand by increasing phone answering capacity, moving people from other duties to telephone answering duties, during the busiest times. The practice have had verbal feedback and written comments from NHS Choices from patients about the improvements made to the telephone system. Patients also told us on the day of the inspection and through CQC comment cards about the improvements the practice had made to access.

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

The practice had a system in place to assess:

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

For example, a GP would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including information in the reception area and on the practice website.
- Complaints and comments received verbally were not always recorded, unless the patient wanted to put the complaint in writing. Staff told us that verbal complaints and comments were always handled promptly at the

time, either through the reception staff or through the practice manager; however, the practice did not keep a log of verbal complaints and comments to identify trends and areas for improvement.

We looked at four written complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained to the practice after requested items were missing from a repeat prescription and items which were present were incorrect. The practice investigated and found that the repeat prescription had been mishandled in the practice, compounded by the use of a form no longer in use. The practice apologised to the patient and explained what had happened. All reception staff were reminded of the correct procedure to follow when handling repeat prescriptions and the practice ensured that patients completed the new style repeat prescription form.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the 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 training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings, including whole practice meetings, departmental meetings and more regular clinical meetings twice weekly. Once a month, clinical team meetings would include a guest speaker, usually a consultant, who would educate and inform the clinical team on topics such as dementia awareness.
- 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG engaged with the practice to make improvements such as starting in house phlebotomy services and installing a surgery pod in the waiting area. The surgery pod allows patients to monitor their own health through taking blood pressure,

# Are services well-led?

Good 

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

height and weight measurements and answering some basic clinical questions. The information is presented to the patient and directly to the practice for follow up. The practice also organised guest speakers to attend PPG meetings, for example from the Expert Patient Programme, a support group set up to help people manage their long term conditions. This resulted in the expert patient programme running a series of courses in the practice.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.