Dr H.G.Campbell & Dr M Nanavati (also known as Glendale 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 Dr H G Campbell & Dr M Nanavati (also known as Glendale Medical Centre) on 30 June 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.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they generally 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, although some improvements were required in relation to the disabled toilets.
- 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:

- Ensure systems are in place for training to be completed to the required level.

Summary of findings

- Take action to ensure PGD's are signed and available for the nurses to administer travel vaccinations.
- Ensure the practice complaints leaflet is updated.
- Ensure the cleaning schedule is robust to minimise the risk of infection and to record completion to a satisfactory standard.
- Ensure that the accessible toilet facilities meet the needs of people with an array of disabilities; this includes having the ability to call for support and assistance when required.
- Consider ways to identify and support more patients who are also carers.

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?

Good

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 generally well-managed; however PGD's were not available in relation to travel vaccinations.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several 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.

Summary of findings

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

Are services responsive to people's needs?

Good

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 generally 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 generally 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.

Are services well-led?

Good

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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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.
- The practice offered health checks to patients aged over 75 years of age.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- The practice had a "housebound list" with named GP's. These patients were reviewed at least annually by a GP or a nurse and more frequently based on clinical need.
- The practice engaged well with local services, including local community navigators and voluntary sector organisations to provide further support and signposting.

People with long term conditions

Good

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 2014/2015 was similar to the CCG and national average. The practice scored 84% compared to the CCG 81% and national 84%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Smoking cessation clinics were held by the practice nurse.

Families, children and young people

Good

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

Summary of findings

- 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.
- 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.
- The practice provided postnatal reviews and six to eight week baby checks with active invites and recall systems.
- The practice provided contraception counselling, including intrauterine devices (IUD) or coil and intrauterine system (IUS) or hormonal coil clinics.

Working age people (including those recently retired and students)

Good

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.
- Extended hours appointments with the practice nurse were available three times a week for patients unable to attend during normal working hours.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for patients aged 60-69, screened for bowel cancer in the last 30 months was 50% which was comparable with the CCG average of 52% but below the national average of 58%. The practice uptake for female patients aged 50-70 screened for breast cancer in the last 36 months was 61% which was below the CCG average of 68% and the national average of 72%.

Summary of findings

People whose circumstances may make them vulnerable

Good

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.

People experiencing poor mental health (including people with dementia)

Good

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

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was slightly better than the CCG 85% and national 84%.
- 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.
- 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 January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and fourteen survey forms were distributed and 120 were returned. This represented 6% of the practice patient list. The results showed the practice was performing in line with local and national averages. For example:

- 72% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and national average of 73%.
- 65% 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 73% and national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and national average of 85%.
- 72% 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 72% and 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 39 comment cards which were all positive about the standard of care received. Regardless of whether patients had been with the practice for many years or for less than a year the response overall praised the doctors, nurses and reception staff as being polite, helpful, friendly and caring. The practice provided an excellent service and patients felt able to get an appointment when needed and didn't feel rushed during consultations.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They all felt that they could always get an appointment on the day if required, although they may have to wait longer than usual to be seen. In the Family and Friends test for June 2016, ten responses were received and 90% of patients would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

Ensure systems are in place for training to be completed to the required level.

- Take action to ensure PGD's are signed and available for the nurses to administer travel vaccinations.
- Ensure the practice complaints leaflet is updated.
- Ensure the cleaning schedule is robust to minimise the risk of infection and to record completion to a satisfactory standard.
- Ensure that the accessible toilet facilities meet the needs of people with an array of disabilities; this includes having the ability to call for support and assistance when required.
- Consider ways to identify and support more patients who are also carers.

Dr H.G.Campbell & Dr M Nanavati (also known as Glendale 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 Dr H.G.Campbell & Dr M Nanavati (also known as Glendale Medical Centre)

Dr H G Campbell & Dr M Nanavati (also known as Glendale Medical Centre) is a well-established GP practice situated within the London Borough of Hillingdon. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is a member of the Clover Hayes and Harlington Network.

The practice provides primary medical services to approximately 6,500 patients living in Harlington, Sipson, Harmondsworth and Hayes and Harlington, south of North Hyde Road. The practice holds a Personal Medical Services Contract and Directed Enhanced Services Contracts. The practice is located at Glendale Medical Centre, 155 High Street, Harlington, Hayes with good transport links by bus and rail services.

The practice operates from a converted detached house owned and managed by the GP Partners. The building is set over two floors with stair access, there are three consultation rooms on the ground floor and one on the first floor. The reception and waiting area are on the ground floor with wheelchair access to the entrance of the building. There are accessible toilet facilities and on site car parking facilities, with additional overflow parking nearby.

The practice population is ethnically diverse and has a higher than the national average number of male and female patients between 0 and 9 years of age and between 25 and 39 years of age. There is a higher than average number of male patients 40 to 49 years of age and a lower than average male and female patients 55 years plus. The practice area is rated in the sixth less deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic & screening procedures, family planning, maternity & midwifery services, surgical procedures and treatment of disease disorder & Injury. The practice is no longer undertaking minor surgery.

The practice team comprises of one male and one female GP partners and two female salaried GPs, who all collectively work a total of 27 clinical sessions per week. They are supported by one part time practice nurse, a practice manager and five administration staff.

Detailed findings

The opening hours are 8.30am to 6.30pm Monday, Tuesday, Wednesday and Friday and from 8am to 1pm Thursday. Consultation times in the morning are from 9am to 1pm Monday to Friday, afternoon consultations are from 1pm to 3.30pm and 4pm to 6pm Monday, Tuesday, Wednesday and Friday. Extended hour appointments with the practice nurse are offered form 6.45am to 8am Monday, Tuesday and Wednesday. The out of hours services are provided by an alternative provider, Care UK. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

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 30 June 2016. During our visit we:

- Spoke with a range of staff which included doctors, the practice manager, the practice nurse, reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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).

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the wrong patient was entered on to the appointment screen and the doctor did not realise until the consultation started. This was raised as a significant event, discussed at the practice meeting and a change of process was agreed to ensure that reception staff checked the patients name, date of birth when making an appointment and checked by doctors prior to the start of consultation.

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. One of the GP partners was the lead member of staff for safeguarding and was trained to level three in child 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 and the practice nurse were trained to child safeguarding level three or two and non-clinical staff were trained to level one.
- 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 however, although the nurse checked on cleaning standards there was no formal cleaning schedule available on the day of the inspection. 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, the most recent on 12 April 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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 noted that there was not an up to date PGD in relation to travel vaccinations. Although we were told that verbal consent was provided and saw consent was recorded in the patient records.

- We reviewed three 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 (DBS), or the previous process via the Criminal Records Bureau (CRB).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had 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 (COSHH) 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.

- 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. We saw that only adult pads were available on the day of our visit, but this was immediately resolved by the practice and child pads were ordered. 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.

Good

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 2014/15 were 97% of the total number of points available compared to the CCG average of 95% and the national average of 95%. Clinical exception reporting was 4%, which was below the CCG average of 8% 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).

Unpublished QOF data 2015/16 at the time of inspection showed a similar overall achievement rate of 97%, which was above the CCG average of 96% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

Performance for diabetes related indicators 2014/15 was similar to CCG and national averages. For example;

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less

Unpublished QOF data 2015/16 at the time of inspection showed a higher achievement rate for both of the above indicators, 74% (CCG 75%, national 78%) and 87% (CCG 78%, national 78%) respectively.

Performance for mental health related indicators 2014/15 was the same or slightly better than CCG 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
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was

Unpublished QOF data 2015/16 at the time of inspection, showed a slightly lower achievement rate of 89% (CCG 91%, national 88%) for the first of the above indicators and a higher achievement rate of 100% (CCG 81%, national 84%) for the second of the above indicators.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits carried out in the last two years, three of these were completed audits where the improvements made were implemented and monitored.

  Findings were used by the practice to improve services. For example, following a routine social service request for follow up of a child on the child protection register, the practice identified an issue with recording of safeguarding on patients records, so they carried out a safeguarding audit.

  The initial audit in July 2015 identified only seven patients on the register which was much lower than expected. As a result, it was decided to record relevant patients/families using revised codes in an attempt to improve recording and as a consequence outcomes for children.

Good

Are services effective?

(for example, treatment is effective)

A second audit was carried out in December 2015 and the number of people identified on the child safeguarding concern register was twenty including adult carers, three on the looked after child register and twenty two on the child protection register.

The practice considered that the numbers on the above registers were a more accurate reflection of prevalence and as a consequence clinicians felt more confident about clinically identifying at risk people when they attend routinely for any clinical issue.

A further re-audit was planned for September 2016 to ensure compliance and awareness of children at risk.

- The practice participated in local audits, national benchmarking, accreditation and peer review.

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, for those reviewing patients with long-term conditions.
- 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.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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:

Good

Are services effective?

(for example, treatment is effective)

- 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.
- Sexual health screening, immunisation, travel clinics and smoking cessation advice were available at the practice

The practice's uptake for the cervical screening programme 2014/15 was 82%, which was comparable to the CCG average of 78% 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. 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; however their results were below both the CCG and national average. In relation to females screened for breast cancer in the last 36 months, the practice achieved 61% compared to the CCG average of 68% and the national average of 72%. The practice had written to NHS England in relation to this and proactively updated their website to provide information and guidance to patients.

Childhood immunisation rates for the vaccinations given were slightly better than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% (CCG averages from 89% to 94% and national averages from 92% to 96%) and five year olds from 87% to 98% (CCG averages from 87% to 94% and national averages from 88% to 96%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients, those with long term conditions and NHS health checks for patients aged 40–74 and 85 years plus. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 39 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 two 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 published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly comparable to the CCG average for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% 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 generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally in line with local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 82% 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 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.

Good

Are services caring?

We saw notices in the reception areas informing patients this service was available and an on line translation service was available on the practice website.

- Information leaflets were available in easy read format.
- Patients could access a range on information leaflets on the practice website for example, diabetes, preventing cancer and weight loss advice. All information on the website could be translated into multiple languages, for example Urdu, Tamil, Polish and Hindi.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which informed 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, however we saw that this was inconsistent with the patient/carer linkage not always being available. Although we saw the carers' policy and the practice told us they had a carers register we were unable to ascertain the numbers on the register. However, written information was available to direct carers to the various avenues of support available to them in the practice as well as on the practice website.

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

Good

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. This included discussions with the CCG in relation to the limitations of the existing premises and the impact on service delivery if the list size continued to increase without new premises being identified.

- The practice offered an extended hours clinic with the nurse on a Monday, Tuesday and Wednesday morning from 6.45am to 8am 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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice worked proactively with the community pharmacist in relation to medication optimisation and review.
- There were accessible facilities although these had scope for improvement, for example in the public toilet there was no emergency call bell in place, no support rail to the left of the toilet seat to support people with disabilities and no lever operated taps for the sink.
- Extensive translation services were available.

Access to the service

The practice was open between 8am and 6.30pm, Monday, Tuesday, Wednesday, Friday and between 8am and 1pm on a Thursday. Appointments were from 9am to 11am every morning and in the afternoon from 1pm to 3.30pm and 4pm to 6pm daily, except Thursday. Extended hours appointments were offered from 6.45am to 8am, Monday, Tuesday and Wednesday to support people who found it difficult to access appointments during normal practice hours. 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 published January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

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.
- The urgency of the need for medical attention.

Where same day appointments were unavailable, the practice offered telephone consultations and a call back service 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 in line with practice policy. Patients we spoke with on the day told us they would always be seen on the day if it was required.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. Posters were displayed within the practice, there was a comments and complaints box and details were available on how to make a complaint within the practice and on their website. However we saw that printed complaint information leaflets for patients needed to be updated as information contained in it referred to the Primary Care Trust (PCT) as opposed to the CCG which had replaced it.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints, and action was taken as a result; to improve the quality of care. For example, following a complaint regarding the management of a relative's condition and admission to hospital and treatment for a rare clinical condition. The practice investigated the complaint and offered the family the opportunity to attend the practice to discuss their concerns but this was declined. The clinician involved replied to the complaint in writing within three days of receipt and apologised for the distress caused. As a consequence the clinicians completed a review of expert literature and found that the condition was sometimes only diagnosed over a period of several months. As part of the learning from this case and following further examination of the National Institute for Health and Care Excellence (NICE) guidelines, the clinicians agreed that patients presenting with similar symptoms would be managed differently, taking account of the NICE guidelines to avoid a similar issue in the future.

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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were 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 and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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. For example the practice manager suggested that consideration be given to purchasing a new telephone system to improve the quality of service to patients which was agreed and authority given to obtain quotes.

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 practice made new patients aware of the PPG at the point of registration and encouraged them to join the group as well as promoting the PPG through posters and via the practice website. There is a small core group of PPG members who meet regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the need for additional parking at the surgery was suggested and discussed which resulted in the practice obtaining some additional parking nearby.

Are services well-led?

Good

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

- The practice had gathered feedback from staff through team social events and generally through staff meetings, appraisals and formal and informal discussion. Staff told us how that one of the GP partners asked staff daily how the day had gone and if any issues had been identified. 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, valued and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had updated its website to promote cancer prevention and increase patient knowledge, in response to the poor outcomes achieved in relation to cancer screening outlined in the GP patient survey.