

Dr GS Chana's Practice (also known as The Yiewsley Family Practice)

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr GS Chana's Practice (also known as The Yiewsley Family Practice)	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr GS Chana's Practice (also known as The Yiewsley Family Practice) on 21 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, although documentation was not consistent.
- 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 felt the practice offered a good service and staff were friendly, helpful, polite and supportive and treated them with dignity and respect.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs, however space was restricted and the building in need of refurbishment.
- 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:

- Revise the incident reporting form so that it supports the recording of notifiable incidents under the duty of candour.

Summary of findings

- Review the documentation and monitoring of all significant events to ensure a consistent approach.
- Implement a formal process for the recording of clinical meeting discussions.
- Revise the recording form used to monitor fridge temperatures to enable explanation/remedial action to be recorded in the event of temperatures falling outside of range.
- Regularly monitor practice compliance with infection control protocols.
- Review the GP locum pack to ensure all relevant information is included.
- Display notices in the reception areas informing patients that translation services are available.

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.

Good



- There was a system in place for reporting and recording significant events although documentation was not consistent.
- 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, robust and well embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed satisfaction scores for consultations with GPs were similar to local and national averages.
- Patients said they felt the practice offered a good service and staff were friendly, helpful, polite and supportive and treated them with dignity and respect.
- 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?

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. They attended regular CCG meetings to discuss services and review performance data in comparison to local practices.
- 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 was equipped to treat patients and meet their needs, however space was restricted and the building in need of refurbishment.
- 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.

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

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- There was a named GP lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- All patients over the age of 75 years had a named GP.
- The practice participated in local integrated care planning and admission avoidance schemes. Older patients at high risk of hospital admission were identified and invited for review to create integrated care plans aimed at reducing this risk. Care plans could be completed at home visits for patients unable to attend the practice.
- The practice had access to an Integrated Care Plan (ICP) Navigator who attended the surgery and supported the practice with complex patients at risk of admission.
- The practice held monthly multi-disciplinary team meetings attended by members of the district nursing team, community matron and palliative care team to discuss older patients with complex medical needs.
- Home visits, including flu immunisations, were available for patients unable to attend the practice due to illness or immobility.

People with long term conditions

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

Good



- There was GP and nurse led management of chronic conditions with annual health checks including medication reviews. Alerts were placed on patient's electronic records to highlight when they were due for review and patients were sent reminder letters.
- The practice ran nurse led clinics for specific long term conditions, such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- 2014/2015 QOF data showed the practice was performing at or above national averages for performance indicators relating to long term conditions, for example diabetes and high blood pressure.
- The practice actively reviewed patient's electronic notes to identify cases of undiagnosed long term conditions.
- The practice participated in local integrated care planning and admission avoidance schemes. Patients with long term

Summary of findings

conditions at high risk of hospital admission were identified and invited for review to create integrated care plans aimed at reducing this risk. Care plans could be completed at home visits for patients unable to attend the practice.

- The practice held monthly multi-disciplinary team meetings attended by members of the district nursing team, community matron and palliative care team to discuss patients with complex medical needs.
- Home visits, including flu immunisations, and longer appointments were available if required.
- The practice had access to a community COPD nurse who attended the surgery and reviewed patients with COPD, including those that utilised acute unscheduled services frequently.

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. There was a named lead for safeguarding children and staff had received role appropriate training. The GP safeguarding lead was a specialist in Female Genital Mutilation (FGM) with expertise in the identification and support of young women affected by FGM and those who may be at risk.
- Immunisation rates were similar to CCG averages for all standard childhood immunisations. Missed appointments for immunisations and families who repeatedly missed immunisations were referred to the health visitor team for review.
- 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. Same day appointments were also available for unwell children.
- Community paediatric nurse led clinics were held twice weekly.
- Routine ante-natal and post-natal care, including eight weeks mother and baby checks were provided by the practice.
- Nurse and GP-led family planning advice was offered as required.

Good



Summary of findings

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.
- Extended hour appointments were available in the morning for patients unable to attend the practice during normal working hours. Telephone consultations were also available on request.
- There was the facility to book appointments and request repeat prescriptions online. The practice used a text message appointment reminding service. Patients were encouraged to communicate with the practice via the practice website and through email.
- Patients had access to 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

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.

- There was a named GP lead for safeguarding vulnerable adults. Staff knew how to recognise signs of abuse and 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.
- 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. These patients were invited for annual health checks including medication review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- There was a named lead for safeguarding vulnerable adults and staff had received role appropriate training. The GP safeguarding lead was a specialist in Female Genital Mutilation (FGM) and held a weekly FGM clinic at the practice which could also be accessed by non-registered patients from the wider

Summary of findings

community. This had resulted in the diagnosis of 76 patients from the practice population who had been affected by FGM and other related difficulties, who were offered support and onward referral as appropriate.

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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).

- Dementia screening was offered opportunistically during routine appointments and home visits and as well as part of care plan assessments. Active case dementia case finding was also performed, for example older patients who had stopped attending the surgery were identified and received annual visits when screening for dementia could be completed.
- The practice maintained a register of patients diagnosed with dementia and these patients were invited for review to create integrated care plans.
- 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 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.
- Members of the community mental health team held clinics for patients at the practice and clinical staff had access to support and were aware of how to make urgent referrals to the specialist mental health services as required.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. Four hundred and five survey forms were distributed and 114 were returned. This represented 1% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 59% 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%.
- 71% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 59% 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 30 comment cards which were mostly positive about the standard of care received. Comments received described the staff as friendly, helpful, polite and supportive and the environment as clean and hygienic. The few negative comments received described a long wait for routine appointments with a preferred GP and difficulties hearing names called when the waiting room was busy.

Areas for improvement

Action the service **SHOULD** take to improve

- Revise the incident reporting form so that it supports the recording of notifiable incidents under the duty of candour.
- Review the documentation and monitoring of all significant events to ensure a consistent approach.
- Implement a formal process for the recording of clinical meeting discussions.

- Revise the recording form used to monitor fridge temperatures to enable explanation/remedial action to be recorded in the event of temperatures falling outside of range.
- Regularly monitor practice compliance with Infection control protocols.
- Review the GP locum pack to ensure all relevant information is included.
- Display notices in the reception areas informing patients that translation services are available.

Dr GS Chana's Practice (also known as The Yiewsley Family Practice)

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr GS Chana's Practice (also known as The Yiewsley Family Practice)

Dr GS Chana's Practice (also known as The Yiewsley Family Practice) is a well-established GP practice situated within the London Borough Hillingdon and has a long history in the area dating back to 1921. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is one of eight member GP practices of the Wellcare Health Network in the Uxbridge and West Drayton locality.

The practice operates from Yiewsley Health Centre located at 20 to 22 High Street in West Drayton and the premises are owned and managed by NHS Property Services. The practice has occupied the premises for 43 years and shares the location with one other GP practice and a community health care organisation. It operates from the ground floor of the building renting four consultation rooms and a porta cabin which houses three consultation rooms. The

reception and shared waiting area are on the ground floor with wheelchair access to the entrance of the building. There are disabled toilet facilities and two disabled car park spaces on site and restricted car parking off site.

The practice provides primary medical services to approximately 11,300 patients living in West Drayton, Yiewsley and parts of Cowley and holds a core General Medical Services Contract (GMS) and Directed Enhanced Services Contracts. The patient list size has grown by approximately 500 patients per year over the last 10 years due to new housing stock and is anticipated to continue to rise because of further housing development in the area. As a result the practice premises have become deficient in space. The practice is awaiting a decision on an application submitted by the landlord to NHS England, for extension of the current building/larger replacement of the portacabin, to address the shortage of space.

The practice population is ethnically diverse and has a higher than the national average number of patients between 0 and 14 years of age and a higher than the national average number of patients between 25 to 39 years of age. There is a lower than the national average number of patients 45 years plus. The practice area is rated in the fourth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2014/15 shows that the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (53%, 50%, and 54% respectively).

Detailed findings

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

The practice team comprises of two male and one female GP partner and a locum female GP who all collectively work a total of 36 clinical sessions per week. They are supported by a part time advanced nurse practitioner, three practice nurses covering two full time hours, a practice manager, assistant practice manager and nine administration staff.

The practice opening hours are from 8.00am to 12.00pm and 1.00pm to 6.30pm Monday to Friday with the exception of Thursday when closed at 5.30pm. Consultation times in the morning are from 8.00am to 11.30am Monday to Friday. Consultation times in the afternoon are from 1.00pm to 5.30pm Monday, Tuesday, Wednesday and from 1.00pm to 4.55pm Thursday and Friday. Extended hour appointments are offered from 7.30am to 7.50am Monday and Friday and from 7.15am to 7.45am Tuesday, Wednesday and Thursday. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, weight loss advice, 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 21 June 2016. During our visit we:

- Spoke with a range of staff, including GPs, practice nurses, practice manager and administrative team 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).

Detailed findings

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. Although it was observed that the incident recording form did not support 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, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and maintained a record of those that had occurred. Minutes from practice team meetings confirmed these events had been discussed with staff to share learning. We were also given examples of clinical significant events that had occurred in the last year that were not listed in the significant event record. We were told that these cases were reviewed and discussed in the practice clinical meetings however, no formal minutes were documented for this to be confirmed.

We reviewed safety records, incident reports and patient safety alerts and saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a near miss when a patient was prescribed a family planning medicine that was contra-indicated, the practice discussed the case and developed a protocol on the electronic record system to alert clinical staff to any potential contra-indications when prescribing this medicine to other patients.

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:

- Effective 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There was a lead GP for safeguarding who was also a Female Genital Mutilation (FGM) specialist and founder of the FGM association worldwide. Outside of the practice the GP was a committee member of local safeguarding steering groups, an associate member on the House of Commons all Parliamentary Party Group on FGM and author of various FGM publications. The safeguarding lead held a weekly FGM clinic at the practice which could also be accessed by non-registered patients from the wider community. This had resulted in the diagnosis of 76 patients from the practice population who had been affected by FGM and other related difficulties, who were offered support and onward referral as appropriate. 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 safeguarding level three, nurses to level two and administration staff to level one.

- A notice in the consultation rooms 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).
- We observed the premises to be generally clean but cramped and cluttered in some areas of the practice. The landlord had responsibility for the maintenance of the health centre and for external contractors who cleaned the premises. One of the practice nurses had recently been appointed as the infection control clinical lead. There was an infection control protocol in place and staff had recently received up to date training. There was limited evidence of regular infection control audits conducted by the practice however, an audit had been undertaken by an external assessor two weeks prior to the inspection. This had identified a number of issues that required attention, some of which the practice had addressed by the time of inspection. For example correct labelling and assembly of sharps bins with lids closed when in use, correct clinical waste

Are services safe?

storage and appropriate disposal of urine samples. Other issues identified that remained outstanding related to building fixtures, such as sinks and taps in the porta cabin consultation rooms not being of the required standard and flooring in need of repair or replacement. Environment cleaning audits were regularly undertaken by the contracted facilities management company.

- 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 and prescriptions uncollected. 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. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Fridge temperatures used to store medicines were appropriately monitored however, it was observed that the recording form used did not allow for the documentation of actions if temperatures fell outside the recommended ranges.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body. Certificates to demonstrate that appropriate checks through the Disclosure and Barring Service (DBS) were evident in four of the five files reviewed. We were told that a DBS check had been undertaken for the staff member where the certificate was missing, but this had not been filed. There was no record of an interview assessment in any of the staff files we reviewed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed which identified local health and safety representatives for the health centre. The landlord had up to date fire risk assessments for the building and carried out regular fire drills and weekly fire alarm tests. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There were other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health 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. We were told new guidance was discussed at weekly clinical meetings, although these were not formally minuted.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results at time of inspection (2014/15) were 98.5% of the total number of points available.

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

Performance for diabetes related indicators were similar to CCG and national averages.

- The percentage of patients with diabetes in whom the last IFCC- HbA1c was 64 mmol/mol or less in the preceding 12 months was 79%, which was above the CCG average of 74% and national average of 78%.
- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 81%, which was above the CCG and national averages of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation was 88%, which was below the CCG average of 92% and national average of 94%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 80%, which was above the CCG average of 77% and below the national average of 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 96.5%, which was above the CCG average of 86% and national average of 88%.

Performance for mental health related indicators was similar to CCG and national averages. For example;

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95%, which was above the CCG average of 92% and national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 96%, which was above the CCG average of 93% and national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been ten clinical audits completed in the last two years, six of these were completed audits where the improvements made were implemented and monitored. For example, the practice conducted an audit into treatment of vitamin B12 deficiency and found not all patients with low levels of vitamin B12 had received the appropriate treatment. As a result they developed a protocol within the electronic record system to identify patients requiring treatment following a low blood test. Subsequent re-audit showed a reduction in the number of patients who had not received treatment.
- The practice participated in local audits, national benchmarking and peer review.

Findings were used by the practice to improve services. For example, the practice attended regular CCG meetings and reviewed performance data, including referrals and prescribing rates and compared these to local practices to share learning and identify areas for improvement.

- Information about patients' outcomes was used to make improvements. For example, the practice engaged in admission avoidance enhanced services that used risk stratification tools to identify patients at high risk of

Are services effective?

(for example, treatment is effective)

hospital admission and invited them for review to create integrated care plans aimed at reducing this risk.

Patients unable to attend the practice due to illness or immobility could be seen at home.

- The practice also used information gathered from the electronic patient record system to improve outcomes and patient care. For example, the practice developed a protocol to identify patients receiving regular repeat prescriptions for inhalers who had not been formally diagnosed with a respiratory condition. New cases of asthma and Chronic Obstructive Pulmonary Disease (COPD) had been diagnosed as a result, allowing for patients to receive appropriate management for their condition and be invited for regular long term condition reviews. Similar case finding exercises were undertaken for patients with high glucose levels without a diabetes diagnoses and for patients with continued high blood pressure without a hypertensive diagnosis. Protocols and alerts were activated in patient records for follow up diagnostic screening tests and condition management.

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, fire safety, health and safety and confidentiality. The practice had a GP locum pack but it was observed to exclude prescribing protocols and safeguarding information relevant to the practice.
- 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 and nurse prescribing.
- 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, 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 infection control. 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 for which they had undertaken training.
- 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.
- Consent was documented in the patient's electronic records where applicable.

Are services effective?

(for example, treatment is effective)

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.
- The practice nurses offered smoking cessation advice with referral to local support group if required.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer letter reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe

systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 95% (CCG average 89% to 95%) and five year olds from 86% to 93% (CCG average 88% to 94%).

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 if one was available.

The majority of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were friendly, helpful, polite and supportive and treated them with dignity and respect.

We spoke with one member 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 that most patients felt they were treated with compassion, dignity and respect. For example:

- 78% 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%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 78% 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%.

- 75% 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%.
- 78% 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 published January 2016 showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 72% 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%.
- 69% 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%.
- 63% 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 was aware that patient satisfaction scores were worse than other practices and had in response expanded nurse appointments allowing more time per patient and flexibility of appointment length. They had a strategic plan to increase the number of doctors if an application for expansion of the current premises was approved.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients that this service was available.

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 204 patients as

carers (2% of the practice list). Patients identified as carers were referred to the local carers support network if appropriate. Written information was available to direct carers to the various avenues of support available to them. Carers were not routinely invited for annual reviews but this was an area that the practice planned to focus on.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was represented at regular CCG meetings where performance data, such as prescribing and referrals rates were discussed and compared with other practices to identify areas for improvement. The practice was a member of the Wellcare Health Network with other local GP practices and attended regular meetings held to discuss local services, care planning schemes and training and educational needs.

- Extended hour appointments were available each week day morning for patients unable to attend the practice during normal working hours. Telephone consultations were also available on request.
- There were longer appointments available for patients with a learning disability and for annual reviews of patients with long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available, but there was no separate area for breast feeding mothers. The practice was very limited in space and especially restricted in the consultation rooms and waiting area in the portacabin.
- A text messaging service was used to remind patients of their appointments.

Access to the service

The practice was open from 8.00am to 6.00pm Monday to Friday with the exception of Wednesday when it closed at 5.30pm. Appointments in the morning were from 8.00am to 11.30am Monday to Friday. Appointments in the afternoon were from 1.00pm to 5.30pm Monday, Tuesday, Wednesday and from 1.00pm to 4.55pm Thursday and Friday. Extended hour appointments were offered from 7.30am to 7.50am Monday and Friday and from 7.15am to 7.45am Tuesday,

Wednesday and Thursday. The out of hours services are provided by an alternative provider. In addition to pre-bookable appointments that could be booked up to four weeks in advance, book on the day appointments were also available which could be booked on line or by telephone at 8.00am and 1.00pm daily. Telephone consultations for routine or urgent issues/concerns were available if requested. The practice website enabled patients to book/cancel appointments, request repeat prescriptions and contact the practice via email. We were told that 12% of patients had registered to use the on-line services offered.

Results from the national GP patient survey published January 2016 showed that patient's satisfaction with how they could access care and treatment was similar to CCG averages but fell below national averages.

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 60% 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%.

The practice were aware of patients comments regarding access and told us that up until 2014 they used to have an open walk in surgery with no appointment required which had been extremely popular with patients. However, the practice had to convert this service to an appointment system as issues developed with demand management, patient volume and safety concerns regarding crowded waiting areas. The practice was awaiting a decision from an application submitted by the landlord to NHS England for extension of the current building/larger replacement of the portacabin to address the shortage of space.

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

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, for example on the practice website, poster in the waiting area and in a complaints summary leaflet available in reception.

We looked at 20 complaints received in the last 12 months and found they were satisfactorily handled with openness and transparency and with verbal or written apologies provided as appropriate. 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, following a complaint regarding miscommunication at reception about the length of appointment for certain tests/procedures this was discussed with staff at the practice team meeting and used as a learning curve for future reference.

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 did not have a mission statement but had a written statement of purpose which set out their aims and objectives.
- The practice had a business development plan which was to expand or move premises in order to appoint additional clinical staff and increase the services provided to deliver the health needs of the practice population profile as it advanced.

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. This included completed clinical audit cycles, data quality reviews and case finding disease prevalence auditing.
- There were arrangements for identifying, recording and managing most 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). 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.

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 patient surveys and complaints received. The practice had previously engaged a Patient Participation Group (PPG) of around 20 members but as meetings were not well attended this was reformed to a virtual PPG six months ago where feedback since inception had been proactively sourced on line. The practice had, in response to poor patient feedback about the telephone system, installed a new system in 2015 with the capacity to handle 15 calls simultaneously. Dissatisfaction with the premises remained an on-going concern.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice presented case studies for discussion at MDT locality meetings attended by secondary care specialists.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice