

St Peter's 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to St Peter's Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Peter's Medical Centre on 17 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented sufficiently in all respects to ensure patients were kept safe. There were some deficiencies, in particular with regard to ensuring the safety of medical equipment.
- 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.
- The majority of patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

We saw one area of outstanding practice:

The practice initiated several activities to engage with the local community and promote health and well-being. These included an annual health fayre organised with the

Summary of findings

PPG, hosting stands for a wide variety of health agencies. At this event visitors were able to attend presentations/workshops such as stop smoking, relaxation, and Fit for Life; receive influenza vaccinations and health checks; and it enabled important networking for the local community.

The areas where the provider must make improvements are:

- Review the system in place for the use and storage of liquid nitrogen to ensure that the practice is fully compliant with national guidance, including a risk assessment for Control of Substances Hazardous to Health (COSHH).

In addition, the areas where the provider should make improvements are:

- Complete and record a risk assessment of the practice's decision not to stock medicine excluded from the emergency medicines kit.
- Review staff records to confirm pre-employment reference checks are documented for all staff.
- Secure with the landlord of the premises, the implementation of action arising from the latest fire risk assessment.
- Consider making information on display at the practice more visible to patients.
- Review the arrangements for the storage of patient records to mitigate potential security risks.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented sufficiently in all respects to ensure patients were kept safe:

- Emergency medicines were available, were in date and fit for use. However, one of the medicines recommended in national guidance was not kept in the emergency kit and there was no documented risk assessment of the reasons for not stocking the medicine excluded.
- There were recruitment policies and procedures in place including arrangements for pre-employment checks. However, we found that there were no written references on one file.
- The practice had up to date fire risk assessments and carried out regular fire drills. The latest risk assessment action plan had not been implemented but the practice was in discussion with the building's landlords about this.
- The storage of liquid nitrogen did not follow published guidance.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible in most respects, although some information on display at the practice was not readily visible to all patients.
- We saw staff treated patients with kindness and respect, and in most respects maintained patient information confidentiality. There were, however, potential risks which could compromise the security of patient records which would benefit from review.

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. For example, the practice participated in the CCG enhanced nurse practitioner programme as a means of extending care within the community. The practice had also discussed with the CCG plans for the creation of two additional consulting rooms to improve patient access and facilities and at the time of the inspection had submitted a bid for funding for this.
- The majority of patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- 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 strong 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.
- Where needed the practice signposted elderly patients to organisations that may help support them.
- 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 annual over 75's health checks.
- Vulnerable elderly patients were proactively care planned and had individualised care plans (ICPs).
- The practice had an enhanced practice nurse (EPN) who could visit any patient on the care plan list to improve their health.
- One of the practice nurses was trained to carry out 'doppler' ultrasound scans to assess if compression bandaging could be used for ulcer treatment quickly.
- The practice supported four patients over 75 at a residential care home and they were all on the care plan list.
- There were effective end of life care support arrangements in place.

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.
- QOF performance for diabetes related indicators was above the CCG and national average for 2014/15. In the last 12 months, 87% of diabetic patients had had their annual diabetic reviews and one of the practice nurses with an interest in diabetes followed up the 40 most complex patients.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- Patients with long term conditions which were not on the QOF register, such as inflammatory bowel disease, were offered a review annually along with their medication review.
- The practice attempted to contact patients with a new cancer diagnosis shortly after being informed of the diagnosis to offer help and support as needed both during and after treatment.
- Where appropriate patients were signposted to other organisations that may be able to offer them assistance with their condition. The practice arranged for support groups for patients with long term conditions to attend its annual health fayre.

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. The clinicians had a monthly meeting with the health visitor to raise any concerns from either side about any of the under 5's or their families registered at the practice. Such issues may include post-natal depression or children in need or those on the child protection register.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 77% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife held an antenatal clinic at the practice every Thursday afternoon for expectant mothers. All new babies and their mothers were invited to come for a post-natal check for the mother and a 6 week developmental check for the baby after the practice received notification of the birth from the hospital at between 6-8 weeks after birth and prior to the first set of immunisations.
- Any young person may see a GP at the practice without their parent/legal guardians in attendance. However if under age 16 the GP would always encourage them to discuss the issues with their parents and would assess the child's competency in keeping with Fraser guidelines before initiating any treatment.

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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice had promoted online access with the assistance of the PPG.
- The practice offered pre-bookable telephone appointments with GPs every day to assist with access, especially for those at work, and had recently increased the number of these appointments they offered.
- The practice opened the surgery on a Saturday in the autumn to be able to offer flu jabs to all patients who were in the at risk groups.
- For commuters, the practice would fax prescriptions to chemists in London if required by a patient.
- The practice's annual health fayre offered access to information about stress and mindfulness.

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 and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and invited these patients for annual health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- On alternative Tuesdays the community drug and alcohol team worker saw patients with drug related health issues and one of the GP partners provided the prescribing and consultation for this service.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- During the winter one GP and a nurse went to the local homeless shelter to provide health checks for the residents and access to health care as needed. Where the practice provided

Summary of findings

healthcare for homeless residents, their records identified them as such so that allowance could be made for their increased vulnerability and so help the whole practice avoid inadvertently putting barriers in their way to access healthcare.

- The practice had been working with a national charity to identify patients with learning disabilities who may be interested to join the PPG.
- For patients who were transgender the practice had systems in place to call them by the name they wish to be called.
- 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)

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

- 95% of patients diagnosed with dementia have had their care reviewed in a face to face meeting in the last 12 months, which is above the national average.
- Performance for QOF mental health related indicators was above the national average.
- 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. Care plans were reviewed at least every six months as well as the records being reviewed monthly to see if any issues were developing.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Where a patient with dementia was known to benefit from a reminder about their appointment the reception team arranged for one of them to call that person in the morning to remind them of their appointment.

Good



Summary of findings

- Patients with poor mental health were offered longer appointments to allow time to address their needs, including where possible if requesting emergency appointments.
- A primary mental health care nurse held clinics at the practice every fortnight for its patients.
- The practice provided care for seven patients in a local residential home with enduring mental health conditions and supported six other patients with mental health problems in two further homes.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above local and national averages. Three hundred and sixty two survey forms were distributed and 114 were returned. This represented just under 1.5% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% 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%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 91% 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 63 comment cards, the majority of which were positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. A minority raised difficulty in getting quick appointments and delays in the referral process and in obtaining medicines.

We spoke with 11 patients during the inspection. The majority of patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. In the most recent NHS friends and families test 89% recommended the practice of nine people who responded.

St Peter's 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 St Peter's Medical Centre

St Peter's Medical Centre provides primary medical services through a Personal Medical Services (PMS) contract within the London Borough of Harrow. The practice is part of NHS Harrow Clinical Commissioning Group. The services are provided from a single location to around 7960 patients. The practice serves a wide ethnic, cultural, demographic and socio-economic mix. It has higher than average numbers of 'non-white UK' patients and patients in the 25-39 age groups and lower than average numbers age 65 and over.

At the time of our inspection, there were four permanent GP partners (two male and two female) employed at the practice who normally provide 25 clinical sessions per week. The practice also employed an advance nurse practitioner (1 whole time equivalent (WTE)), a practice manager (1 WTE), four part-time practice nurses, including an enhanced practice nurse (1.5 WTE), three healthcare assistants (0.8 WTE), a reception manager, four receptionists and a bank worker (3.2 WTE) and six administrative staff and a bank worker (2.5 WTE).

The practice is a training practice and at the time of the inspection there was an F2 (foundation year 2) and an ST3

(speciality trainee year 3) doctor attached to the practice. The practice also has student nurses, and medical students who come to the practice from time to time as part of their training.

The practice is open between 8.00am to 6.30pm Monday to Friday. Morning appointments are from 8.00am to 1.00pm Monday, Wednesday and Thursday and 8.00am to 12.00 noon Tuesday and Friday; and afternoon appointments from 2.30pm to 6.30pm Monday, and 2.30pm to 6.00pm Tuesday to Friday. Extended hours appointments are offered from 6.30pm to 8.00pm every Wednesday. In addition to pre-bookable appointments that can be booked in advance, urgent appointments are also available for people that need them. Pre-bookable telephone consultations with a GP are offered by contacting reception to arrange this.

There are also arrangements to ensure patients receive urgent medical assistance when the practice was closed. Out of hours services are provided by a local walk in and urgent care centres. Patients are provided with details of the address, opening times and numbers to call.

The practice is registered to carry on the following regulated activities:

Diagnostic and screening procedures

Family planning

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 August 2016. During our visit we:

- Spoke with a range of staff (three GP partners and an F2 trainee doctor; the practice manager; the advanced nurse practitioner; a practice nurse; a healthcare assistant; the reception manager and a receptionist; and a finance and administrative assistant) 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).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form did not make specific reference to 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). However, the practice had a duty of candour policy, was aware of incident notification and enacted the duty of candour principles. 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, following the delayed re-booking of an urgent appointment, the practice team reviewed its appointments process to highlight that no urgent appointments should be changed without discussion with a clinician and put in place a written protocol in reception for urgent appointments. The practice carried out three-monthly reviews of all incidents to ensure learning had been implemented.

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. All staff had ready access to details of who to contact for further guidance if

staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all, including administrative staff, had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a cleaning schedule in place and we saw the completed daily checklists for this. The advanced nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Monthly internal and annual external infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. At the time of the inspection the cleaning cupboard was not routinely audited but shortly after the inspection the practice put in place regular auditing arrangements to address this.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were intended to keep 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. Prescriptions were kept securely in most respects. However, no record was kept of serial numbers of prescriptions taking out of the practice by doctors for home visits, to ensure full monitoring of their use. The practice acknowledged this

Are services safe?

and immediately after the inspection put a protocol in place to address this. 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 role. Patient Group Directions (PGDs) 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). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment in most cases. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, references had not been documented on one file we looked at.

Monitoring risks to patients

- 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. The latest risk assessment action plan had not been implemented but the practice was in discussion with the building's landlords about this. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw up to date test certificates for these. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a

term for a particular bacterium which can contaminate water systems in buildings). The practice had a cryogenic storage tank containing liquid nitrogen, used for minor surgery. However, there was no signage to warn liquid nitrogen was stored on the premises (although a sign was put up during the inspection) and no Control of Substances Hazardous to Health (COSHH) risk assessment had been completed.

- 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 oxygen available on the premises with adult and children's masks. The practice did not have a defibrillator but the matter had been discussed at a recent practice meeting and the reasons and decision for not having this equipment were recorded in the minutes. 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. However, one of the medicines recommended in CQC guidance, for analgesia, was not kept in the emergency kit and there was no documented risk assessment of the reasons for not stocking the medicine excluded.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan, dated May 2016, included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results at the time of the inspection were 99.5% of the total number of points available. Data from 2014/15 showed:

- Performance for diabetes related indicators was above the national average: 98% compared to 90%.
- Performance for mental health related indicators was above the national average: 98% compared to 93%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, one of these was a completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Findings were used by the practice to improve services. For example, a repeat audit of patients with chronic kidney disease (CKD) led to improved coding and monitoring (including review appointments) of these patients.

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 due one had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice also supported staff in their further development beyond their current role, for example a receptionist going on to study nursing.

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.

Are services effective?

(for example, treatment is effective)

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 four to six week basis when care plans were routinely reviewed and updated for patients with complex needs. One of the GP partners was the lead for the local multidisciplinary team for the local peer group of practices and arranged for any patients at the practice who needed additional interventions to be considered by that group.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring

advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were signposted to the relevant service.

- A community dietician was available on the premises and a healthcare assistant also provided appointments to support patients requiring dietary advice. A healthcare assistant also ran a smoking cessation clinic and where appropriate advised patients to attend a local pharmacy for stop smoking support.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 77% 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 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. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 20% to 94% and five year olds from 61% to 90%.

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.

The majority of the 63 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. A minority raised difficulty in getting quick appointments and delays in the referral process and in obtaining medicines.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

In reviewing patient confidentiality we noted that patient records in the reception office and practice manager's office were kept in unlocked cabinets and records in boxes ready for scanning were not locked away at night, which could compromise security. The practice nevertheless assured us that the cleaners who cleaned the practice after hours had worked there for a number of years and had signed confidentiality agreements.

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. The majority of patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in a number of languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. However, information posters were positioned high up alongside a flight of stairs, so were not as readily accessible as they could be. In addition the digital noticeboard in reception

used to provide patient information was not working at the time of the inspection, although the practice was looking for a new sponsor for this service. 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 191 patients as carers (just under 2.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was 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. For example, the practice participated in the CCG enhanced nurse practitioner programme as a means of extending care within the community. The practice had also discussed with the CCG plans for the creation of two additional consulting rooms to improve patient access and facilities and at the time of the inspection had submitted a bid for funding for this.

- The practice offered extended hours appointments on a Wednesday evening until 8.00pm and at 8.00am every week day morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and 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 and translation services available.
- The enhanced practice nurse (EPN) provided a home visit service to any patient who was on the practice's care plan list and this included close supervision for 40 patients who were over 75.
- There was a designated member of the administrative team to recall patients with long term conditions for their annual reviews and the practice also used text messaging and notes on prescriptions.
- The clinicians have a monthly meeting with the health visitor to raise any concerns from either side about any of the under 5's or their families registered at the practice.

- The practice texted all student age patients to invite them for their Meningitis C and ACWY injections and had dedicated clinics over the summer prior to the start of their terms.
- On alternative Tuesdays the local drug and alcohol team worker sees the practice's patients with drug related health issues and one of the GP partners provides the prescribing and consultation support for this service.
- A community primary mental health care nurse held clinics at the practice every fortnight for patients experiencing poor mental health.

Access to the service

The practice was open between 8.00am to 6.30pm Monday to Friday. Morning appointments were from 8.00am to 1.00pm Monday, Wednesday and Thursday and 8.00am to 12.00 noon Tuesday and Friday; and afternoon appointments from 2.30pm to 6.30pm Monday, and 2.30pm to 6.00pm Tuesday to Friday. Extended hours appointments were offered from 6.30pm to 8.00pm every Wednesday. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. Pre-bookable telephone consultations with a GP were offered by contacting reception to arrange this.

Results from the national GP patient survey 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 national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

If patients needed a home visit they were asked to contact the surgery before 10.30 am to request this. The advanced nurse practitioner triaged all requests to determine if a visit was necessary and what priority it should be given. One

Are services responsive to people's needs?

(for example, to feedback?)

doctor was assigned responsibility each day for any visits required. The enhanced practice nurse also did home visits and offered medical support to housebound patients for the top two percent of patients who had been assessed as high risk. 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.

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.
- We saw that information was available to help patients understand the complaints system, including a leaflet available from the reception team and details in the patient information leaflet and on the website.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. 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 about a referral, the practice reviewed the referral process, and found problems within the documentation system. An apology was given and the practice changed its documentation system to avoid a recurrence of such incidents 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 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 (including a practice policy) 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. We noted team away days were held every 12 months and included a clear business agenda.
- Staff said they felt respected, valued and supported, by both the partners in the practice and the practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG was actively involved in and consulted as part of a new appointment system introduced at the practice in February 2016 in order to deal with an increasing workload and ensure urgent appointments were prioritised.
- The practice had gathered feedback from staff through an annual staff survey, through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give

Are services well-led?

Good 

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

feedback and discuss any concerns or issues with colleagues and management. For example, staff suggested that prescriptions should be handled in the back office to ease handling and this was implemented.

- Staff told us they felt involved and engaged to improve how the practice was run. For example, the practice had recently completed a review of administrative tasks involving all of the administrative team with a view to balancing workloads and duties and responsibilities and enhancing individual job satisfaction.

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. For example, the practice participated in the CCG enhanced nurse

practitioner programme as a means of extending care within the community. The practice had also initiated several activities to engage with the local community and promote health and well-being. These included an annual health fayre organised with the PPG hosting stands for a wide variety of health agencies. At this event visitors were able to attend presentations/workshops such as stop smoking, relaxation, and Fit for Life; receive influenza vaccinations and health checks; and it enabled important networking for the local community. In addition, one of the practice nurses had been trained to carry out 'doppler' ultrasound scans. This enabled the practice to assess if compression bandaging could be used for ulcer treatment quickly rather than the patient having to wait for an assessment from community services. The nurse had carried out 69 doppler studies in the last 12 months.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have arrangements in place to ensure care and treatment to patients was provided sufficiently in all respects in a safe way. There were shortcomings in ensuring the safety of medical equipment.</p> <p>Regulation 12 (1)</p>