

The Practice Beacon

Quality Report

The Garden Room at the Lighthouse
111-117 Lancaster Road
London
W11 1QT

Tel: 020 7034 0339

Website: www.thepracticebeacon.nhs.uk/

Date of inspection visit: 10 November 2016

Date of publication: 17/03/2017

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?

Outstanding 

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 The Practice Beacon | 13 |
| Why we carried out this inspection | 13 |
| How we carried out this inspection | 13 |
| Detailed findings | 15 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Practice Beacon on 10 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they 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 had a particular interest in the improvement of palliative and cancer care. As a result of learning from its own challenging cases, it had designed templates to improve quality of end of life care which were being adopted by all practices within the CCG. The template included links to out of hours services, the Gold Standards Framework and a number of hospices. The practice presented case examples of quality palliative care, demonstrating the importance of pre planning and working closely with other organisations. The cases included a letter from a family thanking the practice for

Summary of findings

the quality of care provided and reflection of the treatment of a patient presented at a network learning forum. The practice had also acknowledged the importance of recognising patients early and secured funding from a national cancer charity to sponsor palliative care facilitators for two years in the CCG. This benefitted both patients at the practice and more widely in the locality.

The areas where the provider should make improvement are:

- Ensure records are kept of the regular fire drills completed at the practice.
- Arrange for checks of anaphylaxis medicine to be recorded.
- Complete and document a risk assessment of the decision for not stocking medicine for severe pain in the emergency medicines kit.

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 an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed in most respects although there were some minor shortcomings in the management of emergency medicines and no records were kept of fire drills completed.

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 average compared to the national average for the majority of clinical indicators.
- 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 patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients who were carers were identified and offered appropriate support.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- 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 Lead GP had been in correspondence with NHS England to put forward proposals to improve uptake of cancer screening amongst disadvantaged higher risk groups. The practice had also proactively engaged with cancer charities to bring about change and improvement in screening within the practice.
- The practice had developed close links with a heart charity. It referred patients to the charity's healthy hearts programme and hosted a weekly clinic run by the charity for the practice's patients.
- The practice had above average numbers of patients with mental health illness on its register. These patients were monitored closely and provided with continuity of care. The practice worked closely with secondary care providers in mental health, and worked with local charities to improve the social aspects of care of patients in this group.
- The practice fully embraced innovative approaches to providing integrated patient-centred care. For example, the practice was the most involved surgery within the CCG area, in the local whole systems integrated care scheme 'my care, my way', demonstrating its commitment to engaging in new opportunities and services when they arise, for the benefit of patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, it had been securing feedback through patient comment cards and regular focused discussions with patients in the reception area when they were attending for appointments.

Outstanding



Summary of findings

- Patients could access appointments and services in a way and at a time that suits them. Patient satisfaction scores for access under the National GP patient survey were high. 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. Trends were analysed and action was taken as a result to improve the quality of care.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- 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.

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



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered urgent appointments for those with enhanced needs.
- The practice carried out routine proactive rather than reactive home visits for house bound patients.
- For older patients the practice offered the local whole systems care package, 'My Care My Way'. Patients over 65 were tiered into levels of frailty. The most frail were reviewed in a specialist hub, providing extended appointments, usually lasting any hour. This was operated within a multidisciplinary approach with social care, pharmacy, and an old age consultant present.
- There was an in-house case manager and health and social care assistant for all patients but in particular the most frail and vulnerable.
- There was a focus on advance care planning and individual care plans were provided.
- A rapid response team was utilised to see patients who needed an urgent review, thus reducing unnecessary admissions.
- The practice also undertook work with old age medicine consultants to look at ways to reduce frequent elderly attenders to A&E.

People with long term conditions

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

Good



- 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 2015/16. Each year the practice looked at ways to improve diabetes control and was down to only a few patients with stubbornly high blood sugars. These patients were referred to a local clinical trial for diabetes and obesity in a local NHS acute hospital trust. The Lead GP had also undertaken a merit course in diabetes during the year.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice viewed cancer as a long term condition and helped patients to live with and beyond cancer in association with a national charity. It had designed templates to improve quality of end of life care which were being adopted by all practices within the CCG. The practice recognised the importance of cancer screening and had identified, following an audit, that it needed to improve performance in bowel screening. It had contacted various organisations to look at ways to work together with them to improve this with the aim of improving care for its patients.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations for age 2 and below but generally below CCG and National averages for age 5.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 75% 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.
- One of the GPs regularly attended a 'paediatric hub'. The hub allowed the GP to meet with paediatricians and other GPs to discuss cases. After the hub meeting, a clinic was held, where GPs could see young patients. Hubs were held monthly/6 weekly in multidisciplinary team meetings, followed by a joint paediatrician and GP clinic.
- Within the surgery the reception staff ran a book swap, where patients were encouraged to take a book for their child and in return drop an old book off.

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.
- Following feedback from patients the practice looked at ways to accommodate its working population. The principal changed his clinic starting time from 9am to 8.30am so people could see him before work, and the nurse started at 8.30am.
- The GP also worked 1-2 times a month on a Saturday in the local extended hours hub, which was for planned appointments where he could see the practice's patients. Patients could also book appointments into the hub on evenings and at weekends via the surgery.
- 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 was active in helping people to get back to work.

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 registers of patients living in vulnerable circumstances including homeless people, those who were housebound, vulnerable children, vulnerable elderly and vulnerable adults and those with a learning disability. The practice also put palliative care patients in this section as often their needs were so great and the practice had a particular interest in this area.
- Patients on these registers were reviewed and monitored regularly in a systematic way with recognition of the importance of health checks in these groups.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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 outstanding for the care of people experiencing poor mental health (including people with dementia).

- The practice had 55 patients with mental health illness on its register which was above average (2.6% compared to 0.8% nationally). These patients were monitored closely and provided with continuity of care, which the practice considered as key for this population group.
- Fourteen (100%) of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average.
- Overall performance for QOF mental health related indicators and performance in six of the seven individual indicators was above the CCG and 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.
- 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. The practice worked closely with secondary care providers in mental health, for example, undertaking joint consultations with psychiatry consultants when required.
- The practice worked with local charities, viewing the social side of the care of patients in this group as important as the medical care. For example, the practice had engaged with a new pilot project under the 'Community Working Well' initiative locally to help people with a range of mental health issues to find work or retain their job when they became unwell. The practice had referred eight patients to the project since July 2016, all of whom met the eligibility criteria which had enabled employment advisers to work well with them.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and fifty survey forms were distributed and 91 were returned. This represented just under 5% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% 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%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 85% 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 29 comment cards which were all 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.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The Practice Beacon

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 and an Expert by Experience.

Background to The Practice Beacon

The Practice Beacon provides primary medical services through a Personal Medical Services (PMS) contract and is part of NHS West London Clinical Commissioning Group. The services are provided from a single location to around 2110 patients. The practice is part of a chain of surgeries operated in England by Chilvers and McCrea Limited. The practice is within the Royal Borough of Kensington and Chelsea, which has a higher proportion of working age people between 20 and 49 year olds than the national average. The area also has a lower proportion of younger people (under 19 year olds) and people over the age of 50. The practice is in an urban, ethnically diverse area, with approximately a quarter of the population being non-white minorities.

The practice is staffed by two GPs (one male and one female), who work on different days, meaning there is one GP available during surgery opening hours. Between them they provide 10 GP sessions per week. The practice also employs a practice manager, a part-time practice nurse, a healthcare assistant and two part-time reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am mornings and 3pm to 5.40pm afternoons. The Lead GP

provides clinics from 8.30am so people can see him before work. In addition to pre-bookable appointments that can be booked in advance, urgent appointments are also available for people that need them.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call for Out of hours services.

The practice is registered with the Care Quality Commission to carry on the following regulated activities:

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

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.

We inspected The Practice Beacon previously on 20 May 2014 under the pilot phase of our new comprehensive inspection arrangements when we were not rating primary medical services. We found at our latest inspection the practice had taken action in the areas where we said it could make improvements in relation to staff

Detailed findings

understanding of consent and mental capacity, staff appraisal and the functioning of the patient participation group (PPG). The report of the May 2014 inspection can be found by selecting the 'all reports' link for The Practice Beacon on our website at www.cqc.org.uk.

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 10 November 2016. During our visit we:

- Spoke with a range of staff (the Lead GP, a locum GP, the practice nurse, healthcare assistant, practice manager and a receptionist) 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 reporting system supported the duty of candour principles. (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 practice carried out an analysis of significant events and reported all significant events to the provider's corporate team. These were discussed at the provider's monthly locality clinical meetings and reviewed corporately to share learning company-wide.
- 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 a delay in acting on the results from a blood test, the practice reviewed and amended its procedures to ensure the clear identification and prompt action for patients with anaemia. In addition, quarterly audits were initiated looking for anaemia in over 65 year old patients to ensure they had all been reviewed and actioned. The case was also shared within West London CCG as learning for other surgeries to prevent such an event occurring again.

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. Corporate policies were accessible to all staff. There was practice level information available to all staff which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child protection or child safeguarding level 3, and administrative staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control lead who liaised with the local infection control and prevention teams and the company's locality lead nurse to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There were also weekly room checks within the practice
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical

Are services safe?

conditions. However, we were told by the locality lead nurse that the nurse was employed by the company as a practice nurse and was not therefore prescribing medicines at the time of the inspection. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. A PSD is a written instruction, signed by the prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, although no records were kept of the drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. At the time of the inspection the practice did not have an up to date legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water

systems in buildings). However, shortly after inspection the practice arranged an external risk assessment and had since taken steps to address risks identified in the resulting action plan.

- 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. However, no record was kept of checks completed on anaphylaxis medicine and one of the medicines recommended in CQC guidance, for severe pain, 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 included emergency contact numbers for staff and reciprocal arrangements for sharing facilities in the event of major disruption at the practice premises.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was above the national average: 92% compared to 90%.
- Performance for mental health related indicators was above the national average: 98% compared to 93%.

Exception reporting was generally above CCG and national averages: 14% compared to 10% and 9% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). For two indicators the rates were much higher than average:

- Dementia: 20% compared to 13% for the CCG and 8% national.
- Depression: 62% compared to 30% for the CCG and 25% national.

We discussed these rates with the practice who suggested the dementia figure was skewed due to the relatively small

number of patients with this condition. They were unable to explain the rate for depression but undertook to review the data and check to ensure the coding of these patients was correct.

There was evidence of quality improvement including clinical audit.

- The practice submitted evidence of six clinical audits completed in the last two years, three of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research for example by signing up patients for clinical trials in diabetes.
- Findings were used by the practice to improve services. For example, in an audit of patients diagnosed with atrial fibrillation the practice reviewed if they were receiving anti-coagulation medicine and their risk of bleeding. Two patients were identified as not on anticoagulants and two at risk of bleeding. The former were referred for review and the latter were called to attend for a review to discuss reducing the risk. The audit highlighted the importance of reviewing the risk of bleeding, particularly with elderly patients. A repeat audit showed no patients were missing anticoagulation.

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. One of the GPs had undertaken a merit course for diabetes, mental health training, an electrocardiogram (ecg) training course, and an anticoagulation course in 2015. Reception staff had been supported to 'upskill' as health care assistants.
- 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

Are services effective?

(for example, treatment is effective)

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 who were due one had received an appraisal within the last 12 months and we saw evidence of this on the personnel files we sampled.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was recorded in patient records.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation 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.
- There were nurse run clinics in which patients received advice on healthy lifestyles, diet and exercise, smoking cessation and alcohol consumption. Patients identified as obese were referred to a local clinic for help with weight loss and some for participation in a clinical trial for obesity. The practice had identified 130 patients as obese and had provided support to 80% of them. Four hundred and eighteen patients had been identified as smokers and the majority (97%) had been offered smoking cessation support. Twenty five had stopped smoking in the last 12 months.

The practice's uptake for the cervical screening programme was 84%, which was above the CCG average of 75% 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had proactively engaged with cancer charities and the national leads in screening programmes to bring about change and improvement in screening within the practice. The practice had also

Are services effective?

(for example, treatment is effective)

developed close links with a heart charity. It had referred 83 patients to the charity's healthy hearts programme in the last three months and hosted a weekly clinic run by the charity for the practice's patients.

Childhood immunisation rates for the vaccinations given were broadly comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 59% to 100% and five year olds from 33% to 75%.

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. Although follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified, we found some uncertainty amongst staff about the follow up process. However, during the inspection the provider's lead nurse drew up a protocol to guide staff on this in carrying out the health check, coupled with ongoing support and briefing to improve the process.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 29 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.

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:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 90% 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%.
- 82% 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%.

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice had taken action in relation to the satisfaction scores for nursing and anticipated an improvement at the next survey.

Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 91% 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%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 31 patients as carers (just under 1.5% 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 in some cases visited them at home. This 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 Lead GP had been in correspondence with NHS England to put forward proposals to improve uptake of cancer screening, particularly bowel screening, amongst disadvantaged higher risk groups such as obese patients with poor lifestyles, smokers, patients with mental health issues, and those with alcoholic dependence.

- Following feedback from patients, to accommodate the working population the Lead GP changed his clinic starting time from 9am to 8.30am so people could see him before work.
- There were longer appointments available, for example for older patients, those with a learning disability and those with poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. As well as responding to urgent home visits, the practice carried out planned proactive visits to help avoid unnecessary hospital admissions.
- Older patients were offered a local 'whole systems' integrated care service - My Care My Way. Patients over 65 were tiered into levels of frailty. The most frail were reviewed in a specialist hub. The practice used a rapid response team to see patients who needed an urgent review, to reduce unnecessary A&E admissions. The practice was the most actively involved surgery within the CCG area, in the whole systems service. From September 2015 to October 2016 the practice had the highest referral acceptance rates and case management rates locally within the scheme by a significant margin: 133 (63%) of the practice's patients aged 65 and over were accepted for referral to the scheme compared to 36% for the next highest acceptance rate. One hundred and four (49%) of the practice patients in this age group were case managed under the scheme during this period, compared to 36% for the next highest.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- One of the GPs attended a paediatric hub to meet with paediatricians and other GPs to discuss cases. Each GP was expected to bring their own case to review, and after the hub meeting, a clinic was held, where GPs could see young patients.
- The practice had a particular interest in palliative care and had put considerable effort into improving the quality of end of life care, for example by developing a practice template to ensure every aspect of care was covered when reviewing palliative care patients.
- The practice kept registers of vulnerable patients such as those with drug and alcohol dependency, the homeless, learning disability patients, housebound, vulnerable children, vulnerable elderly and vulnerable adults. They were reviewed and monitored regularly in a systematic way, including regular health checks.
- The practice had a high number of patients with mental health illness (2.6% compared to 0.8% nationally). These patients were monitored closely and provided with continuity of care, which the practice considered as key for this population group. The practice worked closely with secondary care providers in mental health, for example, undertaking joint consultations with psychiatry consultants when required. The practice worked with local charities, viewing the social side of the care of patients in this group as important as the medical care.
- 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.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am mornings and 3pm to 5.40pm afternoons. The Lead GP also worked 1-2 times a month on a Saturday in the local extended hours hub, for which patients registered with the practice could make planned appointments. Patients could also book appointments into the hub on evenings and at weekends via the practice. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.



Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages in response to the majority of questions.

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 97% of patients said the last appointment they got was convenient compared to the national average of 92%. People told us on the day of the inspection that they were able to get appointments when they needed them.
- 82% patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the national average of 76%.

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.

Patients who required an urgent home visit were asked to call the practice before 10.30am. Requests were reviewed and prioritised by a GP and a decision made whether to make a visit or refer the patient to the local rapid response team. 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. A summary leaflet was available on request at reception and in response to our feedback during the inspection the practice put the leaflet on display to make it more accessible.

We looked at three complaints received in the last 12 months (one still ongoing at the time of the inspection) and found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. We also saw from practice meeting minutes that the practice reviewed positive comments from patients about the service, received directly and from the NHS Choices website. 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 dispute about prescribed medicines, the practice clinical team agreed it was important to ensure patients understood the reasoning for prescribing decisions and to document this in their notes. This was highlighted at a subsequent staff meeting.

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, “Be caring, keep learning”, which it undertook to display in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice was one of a number of surgeries owned by the provider which had overarching governance arrangements in place. For example, the practice manager routinely reported complaints and significant events to the corporate team for review and received clinical and information governance, human resources, legal, finance and marketing support and advice as required from the provider’s support centre. We found in relation to this practice:

- 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 effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs and practice manager 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 GPs and practice manager 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 GPs and practice manager, supported by the provider 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 both at the practice and corporate level.

- 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, by the GPs and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs and practice manager 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 surveys and complaints received. The practice had experienced difficulty in securing patient engagement with patient participation group (PPG). The PPG had not met since early 2016 and attendance was limited. To address this, the practice was in the throes of setting up a ‘virtual’ PPG to conduct business through an email group. In the meantime it had been securing feedback through patient comment cards and regular focused discussions with patients in the reception area when they were attending for appointments. After a

Are services well-led?

Good 

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

review of patient comment cards and discussion with GPs it was agreed that appointments would be offered from 8:30am on Mondays and Fridays, and from 2pm on Tuesdays, Wednesdays and Thursday when regular GPs were working. The early appointments had proved popular with working patients who were able to see the GP before heading to work.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, following a suggestion from reception staff, the practice introduced a book swap club for children which was run by the reception team. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice participated in the 'My Care, My Way' Whole systems care scheme, offering multidisciplinary care, in-house case management and advanced care planning for all patients over 65. The practice was particularly proud of the palliative care it provided. It had designed templates to improve quality of end of life care which was being adopted by all practices within the CCG. The practice had acknowledged the importance of recognising patients early and secured funding from a national cancer charity to sponsor palliative care facilitators for two years in the CCG.