The Lonsdale Medical Centre Partnership

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Lonsdale Medical Centre Partnership on 18 January 2017. 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 for reporting and recording significant events. We saw a number of examples of significant events used to identify any opportunity for learning.
- 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. Opportunities for staff development were valued.
- The practice was proactive about staff development and encouraging staff to achieve their potential, which were regularly reviewed. We saw a number of examples of positive development opportunities.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Many of the comment cards we received reported an excellent service, friendly helpful staff and good access to appointments.
- The practice was aware a number of patients commuted to London and offered an electronic prescription service, including access to prescription collections at pharmacies in London.
- 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 a mission to continually improve the quality, range and way they delivered care in consultation with their patients, their staff and other health care professionals within the local community.

Summary of findings

- On a monthly basis patients with multiple chronic diseases were checked so that the patients' health and care reviews could be combined into one session. The records were also checked to make sure that the correct blood tests had been done

- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group had organized local health awareness events. For example, a recent educational event had covered subjects such as fire safety awareness, Alzheimer's and information on diabetes.
- The practice held a dementia clinic in conjunction with a dementia specialist from Carers First. Patients and their carers were invited to spend half an hour with Carers First, followed by a 10 minute GP appointment. The practice also held an education event for patient's carers and families.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure patients with a learning disability are offered an annual review.
- Improve the number of clinical audits and re-audits undertaken to improve patient outcomes.
- Ensure the systems to monitor water temperature testing in relation to legionella are followed.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording significant events. All the staff we spoke with felt confident to report any events and that the practice supported an open learning culture. We saw a number of examples of significant events used to identify any opportunity for learning.
- 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 to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice was proactive about staff development and encouraging staff to achieve their potential, which were regularly reviewed. We saw a number of examples of positive development opportunities.
- The GPs cascaded learning where possible and arranged internal updates for staff. The practice had also arranged for a number of external speakers to deliver specialist updates to staff. Staff shared learning from study days.
- Clinical audits demonstrated quality improvement; however there was limited evidence of two cycle audits to monitor improvements.
- 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.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Many of the comment cards we received reported an excellent service, friendly helpful staff and good access to appointments.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment 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.
- The practice patient participation group have held a number of educational events for patients including a talk about mental health and diabetes.
- The practice had information for local health improvement schemes and information for patients in the practice, as well as on their website, which included: fitness for health, advice on alcohol, carers support networks, advice for parents, advice on conditions and treatments. These were linked to NHS websites and included a range of healthy living advice and support links.
- The practice has applied for funding to run a local walking group to improve health and wellbeing.
- 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.

Summary of findings

Are services well-led?

Good

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

- The practice had a mission to continually improve the quality, range and way they delivered care in consultation with their patients, their staff and other health care professionals within the local community. The practice also had a vision statement which included encouraging patients to make informed choices, in order to encourage greater control of their own health and wellbeing.
- The practice recognised the staff were valuable and integral to the delivery of care. The practice supported an open, compassionate culture and putting patients at the heart of everything the practice did.
- 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 a 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 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. The PPG had organised local awareness health events. For example, a recent educational event had covered subjects such as fire safety awareness, Alzheimer's and information on diabetes.
- There was a strong focus on continuous learning and improvement at all levels. Opportunities for staff development were valued.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held weekly ward rounds at the local care homes where they looked after patients. Any patients with complex care needs and those at risk of hospital admissions were identified and had regularly reviewed care and treatment plans.
- Following any hospital discharge patients on the priority register were highlighted to their GP for follow up consultations within three days.
- Care plans for patients were shared on the clinical commissioning group Care Plan Management System, for relevant other healthcare professionals to access. The Care Plans included a record of the patient's preferred place of death, where appropriate.
- Older patients at risk of falls were referred to a local postural stability class. Referrals were made where relevant to Carers First, Crossroads and the Good Neighbour Network.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were better when compared to the clinical commissioning group (CCG) averages and the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 80% which was comparable to the local average of 77% and the national average of 78%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93% which was better than the local average of 89% and the national average of 88%.

Summary of findings

- The practice offered insulin imitation service for patients, held joint clinics with the local diabetic consultants where appropriate and all newly identified diabetic patients were offered information packs including lifestyle advice.
- The practice uses risk stratification tools to help identify any new diagnosis of chronic obstructive pulmonary disease (a range of chronic lung conditions).Patients had a care plan and were referred to a local respiratory support group and pulmonary rehabilitation service.
- High risk patients (with impaired glucose levels) who may be at risk of developing diabetes were offered a diabetes prevention programme.
- All patients with a long term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- On a monthly basis patients with multiple chronic diseases were checked so that the patients' health and care reviews were combined into one session. The records were also checked to make sure that the correct blood tests had been done.

Families, children and young people

Good

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

- There were systems 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 GPs reviewed any children of concern following any hospital attendance and during regular clinical meetings.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- We saw positive examples of joint working with midwives and saw examples of referrals to health visitors. The practice hosts two midwife clinics each week. Newly pregnant mothers were able to self-refer to the midwife, as well as be referred by the GPs and nursing team.
- If vaccination appointments were missed, the practice followed these up with parents, in order to discuss the care options available. Referrals were made where relevant for follow up with a GP or other service if required.

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, including online prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group. The practice was aware a number of patients commuted to London and offered an electronic prescription service, including access to prescription collections at pharmacies in London.
- The practice offered extended hours appointments two evenings a week and conducted a high number of telephone appointments, for patients who could not access the practice during normal working hours.

The practice offered a text reminder service which also gave patients a text feedback option.

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 used the practice address where required to register homeless patients and offered opportunistic care and appointments where possible.
- The practice offered longer appointments for patients with a learning disability. The practice had recently highlighted the

need to increase the number of patients with learning disabilities who had an annual review. The practice had set up a meeting with the local learning disability nurse to help them improve the service provided to these patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- Performance for mental health related indicators were mostly better than the local and national averages. For example,
- The percentage of patients with a serious mental health problem who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% which was better than the local average of 91% and above the national average of 88%.
- The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months was 85% which was below the local average of 91% and the national average of 89%.
- 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 percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 97% which was higher than the local average of 83% and the national average of 83%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Patients were able to self-refer to a talking therapies support group held at the practice. The practice had a number of support groups available which were promoted in the practice and through the practices website.
- The practice held a monthly clinic with the community psychiatric nurse, which the GPs could refer patients to.

Summary of findings

- The practice had a system 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. The reception staff offered a reminder for appointments, where possible, for patients with memory problems or complex mental health needs.

The practice held a dementia clinic in conjunction with a dementia specialist from Carers First. Patients and their carers were invited to spend half an hour with Carers First, followed by a 10 minute GP appointment. The practice also held an education event for patient's carers and families.

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 better than the local and national averages. The National GP survey distributed 240 forms and 108 were returned. This represented 1.6% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the local average of 76% and the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 88% and the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the local average of 88% and the national average of 85%).
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 82% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Many of the comment cards we received reported an excellent service, friendly helpful staff and good access to appointments.

We spoke with eight patients during the inspection. All eight patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. Many patients reported an excellent service from the clinical staff and the receptionists.

Data from the NHS Friends and Family test from September and October 2016 showed four responses, of which 100% of patients stated they would recommend the practice to their family and friends. All four responses over the two months gave positive feedback about the practice.

The Lonsdale Medical Centre Partnership

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 a second CQC inspector.

Background to The Lonsdale Medical Centre Partnership

The Lonsdale Medical Centre Partnership is located in the town of Tunbridge Wells, Kent. The practice serves a population of approximately 6,600 patients from an area with low levels of social deprivation. The practice population has higher than average numbers of patients between the ages of nought to four and 25 to 44. The town has a high number of patients who commute into London. The practice has lower numbers than average of patients between the ages of 10 to 24 and 54 to 84. The practice profile for patients over the age of 85 is similar to the national average.

The practice is located in a converted building with level access and an automatic door at the rear of the building. The practice has three floors, and has clinical and consulting rooms on the ground floor and first floor; the first floor can be accessed via a stair lift if required. The practice moved into the current premises in 2000.The practice is led by seven GP partners (four female, three male), four of which are part time, and supported by a nursing team of five (all female) including a nurse practitioner, two practice nurses and two health care assistants, a practice manager, a patient services manager and a team of administration and reception staff. The practice is not currently a teaching or training practice.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments were from 8:30am to 5:30pm daily. The practice offered staggered appointment times throughout the day. Extended hours appointments were offered at the following times from 6:30pm to 7:30pm on Wednesday and Thursdays. When the practice is closed the out of hours cover is provided by IC24 accessed via NHS 111.

Services are provided from:

Lonsdale Medical Centre

1 Clarincarde Gardens

Tunbridge Wells

Kent

TN1 1PE

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.

Detailed findings

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 18 January 2017.

During our visit we:

- Spoke with a range of staff including three GPs, two of the nursing team, the practice manager, the patient services manager, six of the reception and administration team.
- We spoke with eight patients who used the service and two representatives of the patient participation group.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- All staff were confident in reporting any events that occurred; a reporting form was available on the practices shared computer system. Staff told us they would inform the practice manager and/or a GP of any incidents that occurred. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events with quarterly and annual reviews to see if there were any themes or areas for improvement. The practice had significant events as a standing agenda item on their weekly meetings. Any significant event would also be discussed at the time for any immediate action or investigation. The staff we spoke with were able to give examples of shared learning from previous significant events. All the staff we spoke with felt that the practice supported an open learning culture. We saw a number of examples of significant events used to identify any opportunity for learning, including one example where a potential event had been recorded to ensure any possible learning could be analysed.

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 an incident where a patient had cancelled their appointment but may have needed an alternative action arranged due to their medical condition, the practice reviewed the event and identified areas for improvement. The practice implemented a system so this could be flagged for further action if the situation occurred in the future. The learning was shared with the clinical teams, reception and administration staff to help reduce any likelihood of reoccurrence.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The nursing team were trained to level two or three. All other staff were trained to level one.
- There were notices in the waiting room and the clinical rooms which 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. One of the nursing team 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 and staff had received up to date training. A recent hand washing update had been held for staff which included training and the use of technology to show the effectiveness of hand washing techniques. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, hand washing dispensers were wall mounted; elbow taps

were present in a number of treatment rooms. The taps not yet updated were part of an ongoing replacement schedule. The clinical rooms had the appropriate curtain screens which were part of a regular replacement schedule, however we noticed some consulting rooms had wipeable curtains but could not be shown on the day of our inspection how these were part of the cleaning schedule. We raised this issue with the practice manager, who subsequently sent us documentary evidence to show that this had been rectified following our inspection.

- 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). There were processes 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 to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. The practice had also arranged for an external mentor to provide clinical supervision for the nurse practitioner who was an Independent Prescriber. 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 presenting for treatment). Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (A PSD is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The last evacuation drill was in December 2016. All staff knew of their areas of responsibility in the event of a fire. 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 equipment was regularly tested and calibrated and records showed that these were last completed in August 2016. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The recent legionella external risk assessment had recommended a number of weekly and monthly monitoring processes. On the day of our inspection the weekly water testing was incomplete and was overdue for weekly temperature testing. This was noted to be a low risk. This was immediately rectified and following our inspection we were sent evidence to support the practices compliance with the recommended monitoring for legionella.
- Arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. For example, the reception and nursing team had been short staffed last year but had increased their hours and provided cover for each other. The GPs had experienced absences through a considerable period of 2016 and the practice had used a number of locum GPs. Where possible, for continuity, the practice used locums who had previously worked at the practice. The practice had a locum induction pack and an induction period for new

staff. A wide range of the practices processes, templates and supporting information was available for all staff on a shared computer system which was continually updated.

Arrangements to deal with emergencies and major incidents

The practice had arrangements 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. Staff reported that the emergency function had been tested and used when required and worked well.
- All staff had received annual basic life support training.
- 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 of the appropriate range, in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had a number of arrangements within the local area to support services for patients in the event of an emergency which prevented access to their main premises.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems 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 99.3% of the total number of points available with 12% exception reporting (compared to the CCG average of 9%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had higher than average exception rates for cancer and some diabetes targets and lower than average exception rates for asthma, chronic obstructive pulmonary disease (a range of chronic lung conditions), heart failure and dementia. We looked into the clinical care of patients with these conditions during our inspection, as well as the practices exception reporting and did not find any clinical concerns with the care and treatment.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators were better when compared to the clinical commissioning group (CCG) averages and the national average, for example:
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 80% which was comparable to the local average of 77% and the national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was below the recommended level was 85% which was better than the local average of 81% and the national average of 81%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93% which was better than the local average of 89% and the national average of 88%.
- Performance for mental health related indicators were mostly better than the local and national averages, for example:
- The percentage of patients with a serious mental health problem who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% which was better than the local average of 91% and above the national average of 88%.
- The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months was 85% which was below the local average of 91% and the national average of 89%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 97% which was higher than the local average of 83% and the national average of 83%.

  There was evidence of quality improvement including clinical audit.
- There had been six 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 and peer review.

Good

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, following an audit into antibiotic use for uncomplicated urinary tract infections, the GP updated the prescribing staff with the audit findings, the latest best practice guidelines and advice on gaining the opinion of local microbiology specialists (as antibiotic sensitivities vary depending on local susceptibility and resistance patterns).

Information about patients' outcomes was used to make improvements. For example, the practice was proactive about early identification and intervention for chronic conditions as this was known to improve long term health. The practice had a number of initiatives to support this. For example, The practice used risk stratification tools to help identify any new diagnosis of chronic obstructive pulmonary disease (a range of chronic lung conditions). Patients had a care plan and were referred to a local respiratory support group and pulmonary rehabilitation service.

The practice offered insulin imitation service for patients, held joint clinics with the local diabetic consultants where appropriate and all newly identified diabetic patients were offered information packs including lifestyle advice.

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 awareness, health and safety and confidentiality. The practice supported each other with training and development. For example, reception and administration staff were able to demonstrate their induction training and development and reported they were well supported by colleagues and the management team.
- The practice was proactive about developing the staff and encouraging staff to achieve their potential. Staff development needs were regularly reviewed. We saw a number of examples of positive development opportunities. For example, One of the receptionists had undertaken training and an externally recognised course to become a health care assistant and was now being supported to undertake their nurse training. One of the nursing team was undertaking training to be able to offer coils and implants. The practice had arranged for external clinical supervision for the nurse practitioner. All staff had access to training resources for the training needed for their roles. Staff all received regular support and all staff had received an appraisal within the last 12 months. The practice supported the nurses and GPs for their revalidation.
- 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. The nursing team had undertaken updates including in family planning, diabetes, asthma and chronic obstructive pulmonary disease (a range of chronic lung conditions). The GPs cascaded learning where possible and arranged internal updates for staff. The practice had also arranged for a number of external speakers to deliver specialist updates to staff. Staff shared learning from study days. For example, one of the clinical team had recently cascaded learning from a wound care day.
- 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.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. We saw good examples of support across the clinical teams, such as one of the GPs was supporting one of the nurses undertaking telephone triage with weekly supervision. The GPs and the nursing team met regularly for peer support and to discuss any complex cases or share any learning or updates.

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.

Good

Are services effective?

(for example, treatment is effective)

- 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. The practice held a number of meetings with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs. These included regular meetings with the palliative care teams, local community nursing and rehabilitation teams, health visitors and midwifes. The practice held a register of patients who may be at higher risk of needing intervention including hospital admissions. The practice regularly reviewed the care and treatment plans for these patients with the relevant teams to ensure the best care and treatment plan was in place for these patients.

We spoke to a midwife who worked with the practice who told us the interaction between the practice team and the midwifery service was positive, timely and effective.

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 weight management. Patients were offered advice through the practice nursing team where possible and/or signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice 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 practices uptake for the breast screening programme was 70% compared to the CCG and national average of 73%. The practices uptake for bowel cancer screening was 58% compared to the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were available for children. We did not have any validated data for the immunisation rates for this practice to compare to CCG/national averages.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average or in line with 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 91% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 93% of patients said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 94% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. Many of the patients we spoke with and the comment cards noted that staff took the time to listen and that patients felt supported by staff. Comment cards and patients reported that they and had sufficient time during consultations to make informed decisions about the choice of treatments available to them. 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 or slightly below local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 87% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Good

Are services caring?

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. Any need for translation services would be highlighted on the patient's record, in order to ensure the service could be arranged in advance where relevant. Longer appointments were then arranged, as required.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 114 patients as carers (1.7% of the practice list).The practice had developed a carer's corner with support information, had supporting information on their website and also ran carers events to highlight the support available for carers.

Staff told us that if families had suffered bereavement, the GP would phone any relatives if they have been involved in their care. Any bereavement was highlighted to members of staff so they were aware and could offer flexible access where required. The practice also signposted families to Cruse Bereavement support or other voluntary organisations and had a support leaflet entitled 'What to do when someone dies'.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on a Wednesday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours. The practice was aware a number of patients commuted to London and offered an electronic prescription service including access to prescription collections at pharmacies in London.
- There were longer appointments available for patients with a learning disability and any complex needs. The practice had recently highlighted the need to increase the number of patients with learning disabilities who had an annual review. The practice had set up meeting with the local learning disability nurse to help them improve the service.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice held a dementia clinic in conjunction with a dementia specialist from Carers First. Patients and their carers were invited to spend half an hour with Carers First, followed by a 10 minute GP appointment. The practice had also held an education event for patient's carers and families.
- The practice offered local access to falls stability classes, for those at risk of falls.
- Patients were able to self-refer to a talking therapies service. Information relating to this was available both in the practice and on their website.
- The practice held a monthly clinic with the community psychiatric nurse which the GPs could refer patients to. The GPs also used the single point of access crisis line for specialist mental health advice.
- All mental health patients were reminded of their appointment before to improve attendance and health reviews. Receptionists offered flexible access and opportunistic access where possible.
- The practice patient participation group had held a number of educational events for patients which included subjects such as mental health, fire safety awareness and diabetes.
- The practice had information for local health improvement schemes and information for patients in the practice, as well as on their website, which included: fitness for health, advice on alcohol, carers support networks, advice for parents, advice on conditions and treatments. These were linked to NHS websites and included a range of healthy living advice and support links.
- On a monthly basis patients with multiple chronic diseases were checked so that the patients' health and care reviews could be combined into one session. The records were also checked to make sure that the correct blood tests had been done.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice hosts two midwife clinics each week. Newly pregnant mothers were able to self-refer to the midwife as well as be referred by the GPs and nursing team.
- Patients were able to receive travel vaccinations.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a stair lift for patients who experienced any difficulty accessing the consulting rooms on the first floor. Patient's notes were flagged where appropriate to offer an appointment in one of the ground floor rooms where possible. Staff assisted any patient who required help with the stair lift.
- The practice had applied for funding to run a local walking group to improve health and wellbeing.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8:30am to 5:30pm daily the practice offered staggered appointment times throughout the day. Extended hours appointments were offered at the following times from 6:30pm to 7:30pm on Wednesday and Thursdays. In addition, appointments could be booked up to six weeks in advance; urgent appointments were also available for people that needed them.

Good

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 in line with or above the local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.
- 95% of patients describe their overall experience of this surgery as good compared to the CCG average of 88% and the national average of 85%.

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 to assess:

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

Urgent cases and queries were identified and triaged each morning by the nurse practitioner or a GP. The practice had a system to support the reception staff identify cases which needed priority and had delivered training and a process to support the reception staff. 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 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 information in the practice and on the website.

We looked at four of the complaints received in the last 12 months and found these were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the last meeting to review the complaints received had been undertaken in January 2017, the complaints were analysed to see if there was any theme for learning, although on this occasion no theme was identified the practice ensured that any action from individual complaints had been actioned and any learning shared across the practice team.

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 mission to continually improve the quality, range and way they delivered care in consultation with their patients, their staff and other health care professionals within the local community. The practice also had a vision statement which included encouraging patients to make informed choices to encourage greater control of their own health and wellbeing.

The practice recognised the staff were very valuable and integral to the delivery of care. The practice supported an open compassionate culture and putting patients at the heart of everything the practice did.

- The practice had a mission statement which was displayed and on the practices website, 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.
- The practice had very low staff turnover, staff we spoke to felt part of the team, valued and well supported.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There was a clear meeting structure within the practice, all staff shared updates and learning and reported they received regular support and supervision.
- There were a number of tools to support the practice team including a shared drive with local and national guidelines, local support agencies and templates for staff to use. These were regularly updated and hosted within the practice but also used across the clinical commissioning group.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained, staff used opportunities to share learning from any changes or developments. For example, the practice used risk stratification tools to identify patients at risk of complex conditions, they arranged external speakers and staff cascaded learning from development opportunities. Staff within the practice were supported in their development for example a health care assistant was being supported with their nurse training.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP partners and the management team shared an open accessible culture, and staff felt they were approachable, always took the time to listen and were open to new ideas.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice used opportunities to learn from any themes or areas for improvement. Incidents and complaints were valued as opportunities to gain feedback and an understanding of the patient's experience.

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

Are services well-led?

Good

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

- 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. The practice had a quarterly protected learning time for an afternoon where topics were shared and the staff could come together and share ideas and learning.
- Staff said they felt respected, valued and supported. A number of staff reported pride in the service they delivered for patients. 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 had been involved in the content of a letter to patients with long term conditions and those who may be needing end of life care. The practice had valued gaining the patients perspective on the letter to ensure they were reaching the most patients. The PPG had organised local awareness health events. For example, a recent educational event had covered subjects such as fire safety awareness, Alzheimer's and diabetes. The PPG had used newsletters to update patients on developments within the practice, for example why receptionists needed to ask certain questions, why the practice was increasing the advanced nurse practitioner sessions and information on time lost to the practice when appointments were not attended. This information was available within the practice and on their website.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 had applied to be part of a clinical commissioning group pilot scheme to improve mental health access in the practice.

The partners and the management team were continually looking at ways to meet the increasing demand on primary care services with challenges in recruitment. The practice had adjusted the appointments offered to increase the availability of an advanced nurse practitioner to support the patient's needs. The practice were also looking to the future resilience of the service and were in consultations with other local providers to support ways to provide a sustained service provision in the future.

The practice was looking at on line consultation services to see if there was evidence and governance to support using this within the practice, in order to help increase GP access.

The practice was trying to support patients manage their own health and wellbeing. For example, offering a number of education sessions and were working to set up a walking group.