

# Kensington Partnership: Lower Grange Medical Centre

## Quality Report

Lower Grange 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kensington Partnership, Lower Grange Medical Centre on 18 May 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 and supported by the computer systems used by the practice.
- 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 did not find easy to make an appointment with a named GP. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Reception staff were infrequently acting as chaperones without a Disclosure and Barring Service check (DBS). (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). As these staff were not DBS checked and there was no risk assessment in place for this, we were assured that this would stop from the day of our visit.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice worked closely with the Patient Participation Group (PPG) and proactively sought feedback from staff, and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had completed five out of six modules to gain accreditation and attain the Gold Standards Framework. The Gold Standards Framework is a systematic, evidence based approach to optimising care for all patients approaching the end of life.
- A Polish and a Czech interpreter were available at the Kensington Street Health Centre site each day to assist patients, who also had access to a benefits adviser one morning per week.

We saw areas of outstanding practice:

The practice offered a level two diabetes clinics where patients could be commenced on insulin therapy without attending hospital. (Insulin is a drug used for diabetics which keeps blood sugar levels from getting too high or too low). This clinic was offered to patients from other surgeries.

We saw excellent use of the clinical computer system used by GP practices in the area. The practice had

developed a number of clear and proactive protocols, templates and care plans which helped staff to care for patients in a timely manner and to keep people well and safe. This included a reception protocol developed by GPs at the practice which allowed reception staff to ensure that patients received the most appropriate care and treatment. This clinically led, risk based protocol would direct staff to ring for an ambulance if required, book appointments urgently or ask people to speak to the pharmacy depending on their age and symptoms.

The practice engages the services of both a Polish and a Czech interpreter daily to assist patients with consultations and any issues. There was a benefits adviser available in the practice one morning a week.

The areas where the provider should make improvement are

The practice should ensure that all staff receive an annual appraisal.

The practice must ensure that all staff who act as chaperones for patients have undergone a Disclosure and Barring Service check (DBS).

**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 and these were discussed at staff meetings and information emailed to staff.
- 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. This included the use of computer templates which would also alert clinicians to ongoing issues.
- Risks to patients were assessed and well managed.
- The practice worked closely with the Bradford City Clinical Commissioning Group (CCG) and other practices within the area to share best practice and improve outcomes for patients.
- There was a clear practice protocol in place to support the dissemination of clinical and medical device alerts at the practice.
- Reception staff were infrequently acting as chaperones without a Disclosure and Barring Service check (DBS). (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). As these staff were not DBS checked and there was no risk assessment in place for this, we were assured that this would stop from the day of our visit.

### 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.
- The practice participated in CCG initiatives such as the Bradford Beating Diabetes programme and Bradford Breathing better. The practice could also offer support to patients requiring support with insulin management.

# Summary of findings

- 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 some staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. This included close working with voluntary and charitable organisations.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. Patients said that they did not always see the GP that they prefer and that nursing staff did not always treat them with care and concern. However, patients said that nurses and GPs were good at involving them in decisions about their care and treatment.
- The patient comment cards we collected on the day said that patients were treated with kindness, dignity and respect.
- 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.
- We observed a strong patient-centred culture
- The staff had reviewed the needs of the local population and had used this information to ensure that when new staff were recruited they were reflective of the population it served and the languages spoken.

Good



## Are services responsive to people's needs?

The practice is rated as good 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. The practice was supporting a project teaching English to speakers of other languages where they would offer advice on topics such as healthy lifestyles, maternity care, mental health and the appropriate use of accident and emergency services.

Good



# Summary of findings

- The practice had secured funding to start an obesity management service to complement the diabetic, cardio vascular disease and hypertension clinics.
- Patients could weigh themselves, take their own blood pressure and calculate their BMI from a new machine which was situated in reception at the Kensington Street Health Centre. The practice told us that it was hoped that this would help with the identification of health issues in the early stages.
- The practice supported approximately 70 nursing home patients. They held a weekly ward round at the homes and reviewed each patient every month. We were told by the nursing home that they respond quickly to requests for home visits and that the service offered was excellent and could not be improved.
- A reception protocol developed by GPs at the practice allowed reception staff to ensure that patients received the most appropriate care and treatment. This clinically led, risk based protocol would direct staff to ring for an ambulance if required, book appointments urgently or ask people to speak to the pharmacy depending on their age and symptoms.
- The practice engaged the services of both a Polish and a Czech interpreter daily to assist patients with consultations and any issues. There was a benefits advisor in the practice one morning a week at Kensington Street Health Centre.
- The practice offered a daily substance misuse service lead by a GP and three specialist drug workers. Patients were offered a three monthly in depth review in line with national guidelines.
- Patients could access appointments and services in a way and at a time that suited them. More pre-bookable appointment had been made available following feedback from the PPG and changes had been made to the telephone system.
- Patients could choose to see a GP, a nurse or a health care assistant during the extended hours surgery on a Wednesday at the Kensington Street Health Centre.
- The practice had completed five out of six modules to gain accreditation and attain the Gold Standards Framework. The Gold Standards Framework is a systematic, evidence based approach to optimising care for all patients approaching the end of life.
- 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 stakeholders including the PPG.

# Summary of findings

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality person centred 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 and staff 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. It had a very engaged patient participation group which influenced practice development. The patient participation group was active and staff from the practice attended the meetings.
- There was a strong focus on continuous learning and improvement at all levels. We saw several examples of staff development which would enhance patient care. For example one GP was completing a masters degree in diabetes and a nurse was undertaking a prescriber's course.
- Not all staff had received an appraisal; we were told that these were scheduled to take place in June.

# 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.
- All patients over 75 had a named GP.
- The practice held a register of elderly patients. When these patients called the surgery an alert on their record ensured that they were offered an appointment on that day or placed on a list for the on-call doctor to review.
- The practice held a register of patients who struggled to leave the house. These patients would be offered visits by the GPs, nursing staff and health care assistants when they needed them.
- The practice supported approximately 70 nursing home patients. They held a weekly ward round at the homes and review each patient every month. We were told by the nursing home that they responded quickly to requests for additional home visits and that the service offered was excellent and could not be improved.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs and ongoing chronic diseases.

### 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.
- The practice participated in the CCG led Bradford Beating Diabetes initiative and offered a comprehensive range of services for diabetic patients. Additional services offered included supporting patients commencing on insulin (a drug used for diabetics which keeps blood sugar levels from getting too high or too low). This service was also offered to patients from other practices.
- The practice had secured funding to start an obesity management service to complement the diabetic, cardiovascular disease and hypertension clinics.



# Summary of findings

- The practice offered an anticoagulant service to their own patients and those from other practices. It also offered in-house spirometry and diagnosis for patients with asthma and chronic obstructive pulmonary disease (COPD).
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. We saw evidence of comprehensive care plans.
- For those patients with the most complex needs, the named GP worked with other practices and relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

Good



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.
- 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 percentage of women whose notes recorded that a cervical screening had been performed was 77%. This was the same as the CCG average, the national average was 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 example joint clinics held at the practice.
- The practice offered checks for babies at eight weeks old.

## 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.

# Summary of findings

- The practice offered an extended hours clinic on a Wednesday at Kensington Street Health Centre where patients could see a GP, a nurse or a health care assistant.
- The practice was proactive in offering online services, patients were able to book and cancel appointments on line and request prescriptions.
- Working age people were able to communicate with the practice via their on line system.
- Patients were able to check their weight, blood pressure and body mass index at any time during surgery opening hours. The results slip would then be handed to the receptionist and the patient followed up if necessary. On the day of our visit a patient used the machine and on production of the results slip was immediately offered a GP appointment the same afternoon.

## 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 all patients living in vulnerable circumstances including those with a learning disability. The practice would signpost homeless patients and refugees to a local GP service with specific skills and abilities to meet their needs.
- The practice offered annual health checks, longer or more frequent appointments and support to people with learning disabilities and their carers.
- The practice worked closely with a charitable church project which offered English lessons for speakers of other languages. Healthcare professionals supported these classes and offered support and information around numerous topics including health, lifestyle, maternity care and the appropriate use of accident and emergency services.
- The practice offered a GP lead substance misuse service and employed three specialist drug workers. This was a holistic service which involved families in their care and offered them support. Members of the substance misuse team were also represented at primary health care meetings and complex cases were discussed.
- The practice supported a complex group of patients from a nearby residential provision; they worked closely with the staff from the service to ensure that these patients were able to attend the surgery in a dignified manner supported by a risk assessment.

# Summary of findings

- 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. The practice had developed protocols and care plans and templates to support the management of these patients and alert clinicians to any issues.

## 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).

- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 84%, which is the same as the CCG and national average.
- The practice had signed up to the Dementia First enhanced service scheme. This enhanced service (ES) is designed to reward GP practices for taking a proactive approach to the timely assessment of patients who may be at risk of dementia and for improvements in services for patients diagnosed with dementia and for their carers.
- The practice offered physical health checks for patients with serious mental illness as part of a CCG initiative.
- The practice carried out advance care planning for patients with dementia. We saw good examples of these.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND
- The practice had a system in place to follow up patients who had attended accident and emergency when they had been experiencing poor mental health.
- 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 January 2016. The results showed the practice was performing in line with local and national averages. There were 411 survey forms distributed and 89 were returned. This represented 1% of the practice's patient list.

- 33% of patients found it easy to get through to this practice by phone compared to the CCG average of 54% and the national average of 73%.
- 57% 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 59% and the national average of 76%.
- 70% of patients described the overall experience of this GP practice as good compared to the CCG average of 72 % and the national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 63% and the national average of 79%.

The practice were aware of that their patients struggled to contact the surgery by telephone. An ongoing action plan for access to appointments was discussed at the PPG meeting in March 2016 which showed

improvements. In December 2014, 105 patients waited for more than ten minutes for their calls to be answered. In December 2015 this had reduced to eight patients. The practice continued to address this and other access issues with the PPG. Patients could attend the surgery to request appointments.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Patients said that staff were kind and helpful and that they were treated with dignity and respect. Several patients also noted issues with the telephone system.

We spoke with seven patients during the inspection. All the patients with spoke with said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients said that they had been provided with healthy lifestyle information and discussed this with their GP. Patient said they felt listened to and six patients said that treatment and medication options were explained to them. One person said it was very difficult to make an appointment, four said it varied and two patients said it was easy.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are

The practice should ensure that all staff receive an annual appraisal.

The practice must ensure that all staff who act as chaperones for patients have undergone a Disclosure and Barring Service check (DBS).

## Outstanding practice

The practice offered a level two diabetes clinics where patients could be commenced on insulin therapy without attending hospital. (Insulin is a drug used for diabetics which keeps blood sugar levels from getting too high or too low). This clinic was offered to patients from other surgeries.

We saw excellent use of the clinical computer system used by GP practices in the area. The practice had developed a number of clear and proactive protocols, templates and care plans which helped staff to care for patients in a timely manner and to keep people well and safe. This included a reception protocol developed by GPs at the practice which allowed reception staff to ensure that patients received the most appropriate care

## Summary of findings

and treatment. This clinically led, risk based protocol would direct staff to ring for an ambulance if required, book appointments urgently or ask people to speak to the pharmacy depending on their age and symptoms.

The practice engages the services of both a Polish and a Czech interpreter daily to assist patients with consultations and any issues. There was a benefits adviser available in the practice one morning a week.

# Kensington Partnership: Lower Grange Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Kensington Partnership: Lower Grange Medical Centre

The Kensington Partnership provides services for 8858 patients. The practice has two sites The Kensington Street Health Centre and Lower Grange Medical Centre. Lower Grange Medical Centre is a branch surgery. At the time of the inspection both services were separately registered with CQC.

Please see separate report for Kensington Partnership, Kensington Street Health Centre.

The surgery is situated within the Bradford City Clinical Commissioning group and is registered with the Care Quality Commission (CQC) to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Kensington Partnership is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services. They offer a

range of enhanced services such as childhood immunisations, facilitating timely diagnosis and support for people with dementia and enhanced services for those with a learning disability.

There is a higher than average number of patients under the age of 39, in common with the characteristics of the Bradford City area. There are fewer patients aged over 40 than the national average. The National General Practice Profile states that 60% of the practice population is from an Asian background with a further 7% of the population originating from black, mixed or non-white ethnic groups.

The practice has five GP partners, three of whom are male and two are female. The practice is staffed by a nurse practitioner and three practice nurses, five health care assistants and three substance misuse practitioners. The clinical team is supported by a practice manager and a team of administrative staff. The practice has recently recruited a pharmacist who will commence in June 2016.

The characteristics of the staff team are reflective of the population it serves and they are able to converse in several languages including those widely used by the patients, Urdu, Punjabi, Pushto, English, Polish and Slovakian.

The practice catchment area is classed as being within one of the most deprived areas in England. People living in more deprived areas tend to have a greater need for health services.

Lower Grange Medical Centre is situated within a purpose built building with car parking available. It has a hearing loop and disabled access and facilities.

The surgery is open from 9.00am to 1.00pm Monday to Friday. Patients can also access appointments at the

# Detailed findings

Kensington Health Centre which is open at 8.00am each day and closes at 6.30pm Monday, Tuesday, Thursday and Friday with appointments available between 8.30am and 6.30pm. On a Wednesday the practice offers extended hours appointments until 8.00pm.

When the surgery is closed patients can access the Pharmacy First minor ailments scheme or the walk in centre at Hillside Bridge Health centre which is a local care direct service. Patients are also advised of the NHS 111 service for non –urgent medical advice.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked National Health Service England and Bradford City Clinical Commissioning Group to share what they knew. We carried out an announced visit on 18 May 2016. During our visit we:

- Spoke with a range of staff including three GPs, a practice nurse, the practice manager, a health care assistant and administrative staff.

- Spoke with patients who used the service and three members of the PPG.
- Observed how patients were being cared for and treated in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients 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

# 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 there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. These were discussed with the staff team at regular meetings. Following a significant event we were told that reception staff now check home addresses with patients as a form of identification, as they had identified some patients with the same name and date of birth. Reminders were also set up on the computer system to alert clinicians.

We reviewed safety records, 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, there was a clear protocol in place to ensure that relevant staff received alerts.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs held

safeguarding meetings every three months 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 safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. The policy of the practice was to use nursing and healthcare staff to chaperone patients. When asked, the practice manager told us they might occasionally use a reception member of staff if clinical staff were not available. As these staff were not DBS checked and there was no risk assessment in place for this, we were assured that this would stop from the day of our visit. (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 nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example new chairs had been purchased to replace fabric ones.
- 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. One of the nurses was working towards becoming an Independent Prescriber. Patient Group Directions had been adopted by the practice to allow nurses to



## Are services safe?

administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. For one person, the practice was not able to evidence references; these were forwarded to CQC the day after our visit.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and staff told us that they had the necessary skills to cover when people were on leave.

- There was a clear practice protocol in place to support the dissemination of clinical and medical device alerts at the practice.

### 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. This was used on the day of our visit and staff responded appropriately.
- 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, we saw signs to remind staff where these were kept. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. There was a clear practice protocol to support the dissemination of clinical and medical device alerts at the practice.
- 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 96% of the total number of points available. Exception reporting was 11% which was slightly above the CCG and national averages. (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).

Data from 2014-2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients who had an influenza immunisation was 100% compared to the CCG average of 96% and the national average of 94%.
- Performance for mental health related indicators was comparable to CCG and national averages. For example the number of patients with a mental health issue with an agreed care plan was 94% which was better than the CCG average of 90% and the national average of 88%.

- The number of patients with a record of their alcohol consumption in their notes was 95% which is the same as the CCG average and better than the national average of 90%

This practice was an outlier for a QOF clinical targets relating to antibiotic prescribing and the under prescribing of anti-inflammatory drugs (these drugs are used to treat inflammation, mild to moderate pain, arthritis and fever).

The practice had audited the prescribing of antibiotics and had an action plan in place to reduce their use. They also supported a number of children with complex health needs and high numbers of patients with COPD, asthma and diabetes which may impact on their prescribing rates.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recently completed audit for patients with gout showed improved outcomes and better patient recall in line with NICE guidance.

### 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 also evidenced comprehensive induction packs for locums and for trainee GPs.
- 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 additional relevant training was evidenced.
- 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

# Are services effective?

## (for example, treatment is effective)

to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and attending practice nurse meetings at the CCG.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Although not all staff had received an appraisal. 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. Staff were encouraged by the partners in the practice to attend training and learning events which would enhance the care of the patients.
- 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, in-house training and additional training provided by the CCG.
- The practice had completed five out of six modules to gain accreditation and attain the Gold Standards Framework. The Gold Standards Framework is a systematic, evidence based approach to optimising care for all patients approaching the end of life.

### 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 proactive use of the practice's patient record system and their intranet system.

- This included care plans and risk assessments, medical records and investigation and test results. We saw evidence of detailed care plans, protocols and proformas for a number of patients with different conditions.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- 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.
- The practice offered a substance misuse service with regular reviews being held.
- A smoking cessation clinic was held by the practice and funding had been secured to commence an obesity management service. The practice offered electrocardiograms (ECG) which is a test to measure the electrical activity heart and show whether or not it is working normally. The practice also offered INR testing which is a test to monitor the effects of warfarin, a drug used to prevent the blood from clotting.
- The practice was participating in a community event in the month of our visit with the youth service and local and national volunteer services. The event involved free activities and the practice were focusing on promoting mental health services.

The practice's uptake for the cervical screening programme was 77%, which was the same as the CCG average of 77% and the national average of 82%. There was a policy to offer further reminders and recalls for patients who did not

# Are services effective?

(for example, treatment is effective)

attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 96% and five year olds from 86% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 24 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 three members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG said the practice attended their meetings and had made changes to the telephone system to try and improve the patients experience following the completion of patient surveys. Comment cards highlighted that staff responded kindly when patients 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 comparable to other practices in the area for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 80% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 77% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 73% and the national average of 85%.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 91%.
- 70% of patients said they found the receptionists at the practice helpful compared to the CCG average of 75% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients 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:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 76% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 68% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care, this was the same as the CCG average and lower than the national average of 85%.

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

- Staff told us that interpreting 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. The practice also engages the services of both a Polish and a Czech interpreter daily to assist patients with consultations and any issues.

## Are services caring?

- Information leaflets were available in easy read format. Some patient information was available in other languages and the practice told us they were discussing the availability of these leaflets with the CCG.
- The practice made good use of the computer systems and had developed numerous template and protocols to ensure that patients had clear and individualised plans of care. We saw evidence of these.

### **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 132 patients as carers (1.5% of the practice list). The practice used this information to ensure that carers were involved in care planning where appropriate and completed referrals to a local charitable organisation. 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 by telephone and would arrange a home visit where required. Where patients were nearing the end of life, the practice would also fax the out of hours service to ensure that they were aware.

To assist with continuity of care the GP partners ensured that locum GPs did not carry out on call duties and shared this between them.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. This included attending meetings and learning events.

- The practice offered a 'Commuter's Clinic' on a Wednesday evening until 8.00pm for working patients who could not attend during normal opening hours. Patients could access a GP, a nurse or a health care assistant.
- 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. The practice was supporting a project teaching English to speakers of other languages, where they will offer advice on topics such as healthy lifestyles, maternity care, mental health and the appropriate use of accident and emergency services.
- The practice had secured funding to start an obesity management service to complement the diabetic, cardio vascular disease and hypertension clinics.
- Patients could weigh themselves, take their own blood pressure and calculate their BMI from a new machine which was situated in reception. The practice told us that it was hoped that this would help with the identification of health issues in the early stages.
- The practice supported approximately 70 nursing home patients. They held a responsive weekly ward round at the homes and reviewed each patient every month. We were told by the nursing home that they responded quickly to requests for home visits and that the service offered was excellent and could not be improved.
- A reception protocol developed by GPs at the practice allowed reception staff to ensure that patients received the most appropriate care and treatment. This clinically led, risk based protocol would direct staff to ring for an ambulance if required, book appointments urgently or ask people to speak to the pharmacy depending on their age and symptoms.
- The practice engages the services of both a Polish and a Czech interpreter daily to assist patients with consultations and any issues. There was a benefits advisor available in the practice one morning a week.
- The practice offers a daily substance misuse service lead by a GP and three specialist drug workers. Patients are offered a three monthly in depth review in line with national guidelines.
- Patients can access appointments and services in a way and at a time that suits them. More pre-bookable appointment had been made available following feedback from the PPG and changes had been made to the telephone system.
- Patients could choose to see a GP, a nurse or a health care assistant during the extended hours surgery on a Wednesday.
- The practice had completed five out of six modules to gain accreditation and attain the Gold Standards Framework. The Gold Standards Framework is a systematic, evidence based approach to optimising care for all patients approaching the end of life.
- 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 stakeholders including the PPG.
- There were longer appointments available for patients with a learning disability. Patients could also attend shorter appointments more frequently if this met their needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop, a lift and interpreting services available.
- When a patient was unable to access the surgery in a motorised chair due to its width, the practice had responded by purchasing a wheelchair to assist the patient.

### Access to the service

Lower Grange Health Centre was open between 9.00am and 1.00pm Monday to Friday. Patients could also access the Kensington Street site which was open between 8.00am

# Are services responsive to people's needs?

## (for example, to feedback?)

and 6.30pm Monday, Tuesday, Thursday and Friday with appointments available from 8.30 to 6.30 daily. Extended hours appointments were offered on Wednesday until 8.00pm. In addition to pre-bookable appointments could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- However, only 33% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

On the day of the inspection one patient said it was difficult to get appointments when they needed them, four patients said it varied and two patients said it was easy to get an appointment when they needed one.

The practice had a clear, clinically developed system in place to assess:

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

This assessment was carried out by reception staff who followed a clear protocol developed by the Lead GP. The

reception staff would follow a step by step guide which would clearly indicate the best option for the patient. The protocol would also indicate where the urgency of need was so great, that it would be inappropriate for the patient to wait for a GP home visit and alternative emergency care arrangements would be made. The template also guided staff to the need for a home visit.

### **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 leaflet and suggestion slips were available to patients.

We looked at ten complaints received in the last 12 months and found that these were responded to and handled satisfactorily in a timely manner. 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, a reception protocol was updated to ensure that written consent was given before relatives were able to collect letters for patients.



# 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 and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The practice holds an Educational Meeting On the fourth Friday bi-monthly when all staff attend.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every few months and were supported by an external facilitator.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from 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 changes were made to the telephone system with assistance from the PPG. Staff at the practice attended PPG meeting and a newsletter was available for patients.
- The practice had gathered feedback from staff through staff meetings, away days, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

# Are services well-led?

Good 

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

management. There was a calm and professional atmosphere within the practice. 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.

We saw that the practice had firm plans in place to improve the health of their patients by engaging with the local community and attending health promotion and lifestyle events.

The practice worked closely with a charitable project which offered English lessons for speakers of other languages. Healthcare professionals were to support these classes and

offer information around numerous topics including health, lifestyle, maternity care and the appropriate use of accident and emergency services. The practice also provided resources and books.

The practice were holding a community event in the month of our visit with local and national volunteer services. The event involved free activities and the practice were focusing on promoting mental health services.

The practice had secured funding to begin a weight management project

Practice staff had completed five out of six modules to gain accreditation and attain the Gold Standards Framework. The Gold Standards Framework is a systematic, evidence based approach to optimising care for all patients approaching the end of life. Less than 15 GP practices in England have attained this award.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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