

Abbeyslade PMS - Dr Chand

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

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 Abbeyslade PMS – Dr Chand on 14 January 2016. Overall the practice is rated as good.

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.

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 but not always well managed in relation to fire safety procedures, recruitment processes and emergency medicines and equipment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance; however performance relating to diabetes and mental health

were below local clinical commissioning group and national averages. There was evidence that the practice worked with multi-disciplinary health professionals, but there was no evidence of multi-disciplinary team meetings.

- Results from the national patient survey published in January 2016 showed the practice received mostly below average scores for consultations with doctors; however patients we spoke with said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Responses from the national GP survey showed several patients were not able to get an appointment when they needed one. Patients told us they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available and easy to understand. The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

- The practice was well equipped to treat patients and meet their needs. There were good facilities for wheelchair users but there were no baby changing facilities. Patients did not have the choice of seeing a female GP.
 - The practice proactively sought feedback from staff and patients, which it acted on. There was a clear leadership structure and staff felt supported by management. There were regular clinical meetings; however there was little documented evidence of governance meetings.
- There are areas where the provider should make improvements. The provider should:
- Ensure it continually monitors feedback from patients and clinical performance, and improvements are implemented where appropriate.
 - Ensure recruitment arrangements include two references for all staff in accordance with the practice's recruitment policy.
 - Ensure regular practice governance and multi-disciplinary team meetings take place and these are documented.
 - Review arrangements for patients to have a choice of seeing a female GP.
 - Consider displaying information for carers.

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.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients who used services had been assessed but not always well managed. Annual fire evacuation drills had not been carried out, a newly-recruited member of staff did not have two references in place in accordance with the practice's recruitment policy, and the practice did not have several recommended emergency medicines or an automated electronic defibrillator available. The practice was able to demonstrate actions they had taken or implemented to make improvements.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Nationally reported data showed patient outcomes for diabetes and mental health were below average for the locality. The practice had addressed this and implemented plans to make improvements.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- There was no documented evidence of multi-disciplinary team meetings; however, we were able to confirm that the practice worked with relevant health professionals to discuss individual patients' care.

Summary of findings

- The practice increased its attendance for bowel screening from 44% in 2013 to 48% in 2015, which was comparable to the CCG average of 49%. This was in response to an alert that their bowel screening rate was low for the locality.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Nationally reported data showed patients rated the practice below average for several aspects of its satisfaction scores on consultations with doctors; however patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Information for patients about the services available was easy to understand and accessible; however there was no information for carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It had 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Results from the national patient survey published in January 2016 showed the practice was rated below average for several aspects of access to care and treatment; however patients told us they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day;
- The practice was well equipped to treat patients. There were good facilities for wheelchair users but there were no baby changing facilities.
- Patients did not have a choice of seeing a female GP. The practice told us their female GP was on annual leave and recruitment efforts were on-going.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



Summary of findings

- It had a mission statement and staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. All staff had received inductions and regular performance reviews.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty and the practice had systems in place for knowing about notifiable safety incidents.
- The practice sought and acted on feedback from staff, and from patients through its active patient participation group (PPG).
- The practice had a number of policies and procedures to govern activity.
- There were regular clinical meetings. There was little documented evidence of governance meetings; however staff told us they had regular informal meetings on an individual basis with the practice manager and GPs.
- Where arrangements to monitor and improve quality and identify risk did not operate effectively, the practice took action to make improvements.

Summary of findings

The six population groups and what we found

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

Older people

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

- Care and treatment of older people reflected current evidence-based practice.
- All patients aged over 75 years had a named GP.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was similar to the CCG and national averages.
- Longer appointments and home visits were available for older people when needed.

Good



People with long term conditions

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

- All of these patients had a named GP and most had received a structured annual review to check that their health and medicines needs were being met.
- Longer appointments were available when needed.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Out of 70 patients at the highest risk of unplanned hospital admission, 53 had a comprehensive, agreed care plan in place.
- Nationally reported data showed performance relating to diabetes indicators was below local clinical commissioning group and national averages. For example, 67% of patients with diabetes had well-controlled blood sugar levels compared with the national average of 78%.
- For those people with the most complex needs, the practice liaised with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had recently engaged with the local Clinical Commissioning Group to improve outcomes for patients with chronic obstructive pulmonary disease, diabetes, hypertension and heart failure through the Year of Care scheme.
- Practice staff had helped 74% of 39 patients to stop smoking within four weeks in 2015. This was an increase from 48% the previous year. The practice achieved this by allocating a dedicated, trained member of staff to provide smoking cessation for patients who opted for it.

Good



Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The cervical screening rate was above the national average.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours.
- There were no baby changing facilities on the premises.
- There was evidence of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- 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.
- There was a 'commuters' clinic' two evenings a week, and daily telephone consultations for working patients who could not attend during normal opening hours.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It offered longer appointments for these people.
- Out of 12 patients registered with a learning disability, eight had received an annual health check in the previous nine months.
- There was evidence that the practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Seventy-nine percent of
- Eighty percent of patients with poor mental health had a comprehensive, agreed care plan in place, which was below the clinical commissioning group average of 85% and the national average of 88%.
- There was evidence the practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Some staff had received training on how to care for people with enhanced mental health needs.
- There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. A total of 352 survey forms were distributed and 107 were returned, which represented approximately two percent of the practice's patient list.

The results showed the practice was performing in line with and below local and national averages.

- 80% found it easy to get through to this surgery by phone compared to the Clinical Commissioning Group (CCG) and national average of 73%.
- 86% found the receptionists at this surgery helpful (CCG average 88%, national average 87%).
- 77% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 91% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 66% described their experience of making an appointment as good (CCG average 69%, national average 73%).

- 49% usually waited 15 minutes or less after their appointment time to be seen (CCG average 60%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were mostly positive about the standard of care received. Comments highlighted that patients were satisfied with the attitude of staff and the standard of care they received. Patients also commented that they were given enough time with the GPs and the practice was always clean and tidy. There were five comments regarding long waiting times once patients arrived for appointments.

We spoke with 15 patients during the inspection. Most of these patients told us that they were happy with the care they received and thought that staff were approachable, committed and caring. One patient told us they were not satisfied with the attitude of a receptionist.

Abbeyslade PMS - Dr Chand

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 Advisor and an Expert by Experience.

Background to Abbeyslade PMS - Dr Chand

The practice operates from a single location in Abbey Wood, London. It is one of 42 GP practices in the Greenwich clinical commissioning group (CCG) area. There are approximately 4700 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include influenza and pneumococcal immunisations, minor surgery, remote care monitoring and rotavirus and shingles immunisation.

The practice has a higher than average population of patients aged zero to 55 years. It has higher than the national average income deprivation affecting children and adults. Of patients registered with the practice, 62% are white, 19% are black, 12% are Asian and 7% are from a mixed or other ethnic background.

The clinical team includes a male GP partner, a male locum GP, and four female practice nurses. The GPs worked a total of 11.55 combined hours per week. The clinical team is supported by a practice manager, four receptionists, an administrator and a secretary.

The practice is currently open between 8.00am and 6.30pm Monday to Friday and is closed on bank holidays and weekends. It offers extended hours from 6.30pm to 7.30pm Monday and Wednesday. Appointments are available from 8.30am to 6.30am Tuesday, Thursday and Friday, and from 8.00am to 7.30pm Monday and Wednesday. There are four treatment rooms, all of which are on the ground floor. There is wheelchair access but no baby changing facilities.

The practice has opted out of providing out-of-hours (OOH) services and directs their patients to an external out-of-hours service provider.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 January 2016. During our visit we:

- Spoke with a range of staff including receptionists, administration staff, GPs, nurses and the practice manager. We also spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed 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 are provided for specific groups of people and what good care looks 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).

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient who was unwell had been left unattended in a treatment room. At a subsequent meeting, the risks involved and correct protocols to follow were discussed with the staff members involved in the incident.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 practice told us GPs did not attend safeguarding meetings as they had not received any invitations but they always provided safeguarding reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3 and non-clinical staff were trained to level 2.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service (DBS)

check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice 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 control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements for managing medicines, including emergency drugs and vaccinations (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Recruitment checks included proof of qualifications, registration with the appropriate professional bodies and background checks through the Disclosure and Barring Service. We reviewed three staff files and found there was only one reference in place for a GP prior to commencing work at the practice instead of two in accordance with the practice's recruitment policy. The practice told us this member of staff had not been able to provide details of a second referee as they had recently graduated from university and had not been previously employed. They also informed us they would seek personal references for staff if they experience a similar situation in future.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office.
- The practice had an up to date fire risk assessment. Fire safety equipment was regularly tested to ensure it was

Are services safe?

in good working order. We requested but were not provided with evidence of annual fire drills; however shortly after the inspection in January 2016, the practice carried out a fire drill and told us they had implemented a new schedule of quarterly drills.

- The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella.
- All electrical and clinical equipment had been checked to ensure the equipment was safe to use and working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff required to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There were processes in place to respond to emergencies and major incidents.

- There was a panic alarm system on telephones in the all the administration, consultation and treatment rooms which alerted staff to any emergency.

- All clinical staff had received annual basic life support training. Non-clinical staff last received this training in 2013 and had been booked for an update to be completed in February 2016.
- The practice did not have a defibrillator on the premises and they had carried out a risk assessment in relation to this, but we determined that the risk assessment had not adequately mitigated the risks of not having one available. There was oxygen available with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice did not have six emergency medicines available and they had not carried out a risk assessment to determine that these medicines should be available. The practice carried out this risk assessment shortly after our inspection and ordered additional medicines in accordance with the risk assessment.
- 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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- There was a system in place to keep all clinical staff up to date. Staff had access to NICE guidelines and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments. They conducted audits and random sample checks of patient records from consultations carried out by new GPs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 result was 92.2% of the total number of points available, with 3.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed;

- Performance for diabetes related indicators was below local clinical commissioning group (CCG) and national averages. For example, 68% of patients with diabetes had received the annual flu vaccine in the previous 12 months compared to the CCG average of 90% and national average of 94%.

Seventy-four percent of patients with diabetes had well-controlled blood sugar levels (CCG average 73%, national average 78%).

Sixty-three percent of patients with diabetes had well-controlled blood pressure (CCG average 75%, national average 78%).

The practice told us they regularly monitored their diabetes performance. They said there had been a poor response to invites for the flu vaccine and they had

recently increased efforts to invite patients to receive it. They had also recently signed up to the local CCG's Year of Care scheme in order to improve their management of patients with diabetes.

- Performance for mental health related indicators was below CCG and national averages. For example, 80% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan in their record in the previous 12 months (CCG average 85%, national average 88%).
- Performance for dementia related indicators was below CCG and national averages. For example, seventy-nine percent of patients with dementia had a face-to-face review of their care in the previous 12 months (CCG average 85%, national average 84%).

The practice manager told us they had allocated the task of monitoring and recalling patients for dementia reviews to a dedicated member of staff, and that six patients had received a review since our inspection.

- Performance for hypertension related indicators was above CCG and national averages. For example, 86% of patients with hypertension had well-controlled blood pressure (CCG average 81%, national average 84%).
- Performance for reducing unplanned hospital admissions was above the national average. For example, nine out of 1000 patients registered at the practice made an unplanned visit to A&E in the previous 12 months compared to the national average of 11 out of 1000.

The practice told us the GP partner called patients after they had attended A&E to offer them support and discover their reason for admission. These patients were given a priority mobile contact number which they could use to speak to a practice GP if they felt unwell outside of normal opening hours. The practice manager carried out monthly audits of emergency hospital admissions to identify any trends and areas for improvement, and the practice held monthly meetings to review these patients' care plans.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits conducted in the last two years. Two of these were completed two-cycle audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- Findings were used to improve outcomes for patients. For example, an audit on wound dressings identified 16 patients who had received an incorrect dressing prescription. All eligible patients received the required interventions and a subsequent audit review showed that only one patient had an inappropriate prescription.
- The practice participated in applicable local audits and national benchmarking. They participated in peer reviews for newly-recruited GPs but did not conduct research.

Effective staffing

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff told us there were regular, informal ad-hoc meetings and yearly documented governance meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs, and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. The practice had reviewed and updated care plans.

The practice did not hold multi-disciplinary team meetings (MDTs). The practice told us this was due to non-attendance by external health workers to previously planned meetings and advised us they would resume efforts to organise MDTs in 2016. They told us they liaised with multi-disciplinary professionals such as health visitors, district nurses and palliative care team on a case-to-case basis by telephone and fax. We were able to confirm this with the relevant teams.

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 records audits for consultations carried out by new GPs, to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Diet and smoking cessation advice was available from a member of staff. This member of staff had helped 74% of 39 patients to stop smoking within four weeks. This was an increase from 48% the previous year. The practice achieved this by training a member of administrative staff to provide smoking cessation in response to demand for this service.

The practice had a fail-safe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 84%, which was above the CCG and national averages of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. After being made aware that their bowel screening rate was low in comparison to the local CCG area

in 2013, the practice discussed the findings with reception staff and allocated a member of staff to monitor the bowel screening performance, set attendance reminders and phone calls to patients. The practice subsequently increased its attendance for bowel screening from 44% in 2013 to 48% in 2015, which was comparable to the CCG average of 49%.

Childhood immunisation rates for the vaccinations given to children aged below two years ranged from 40% to 78% and for five year olds from 65% to 74%.

The annual flu vaccination rate for the over 65s was 74%, and for at risk groups 44%. These were in line with and below national averages of 73% and 58% respectively. The practice told us there had been a poor response to invitations to receive the annual flu vaccine, and that they were increasing their efforts to reach those who had not attended.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Although some conversations could be overheard in the reception area, reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.

All of the 45 patient CQC comment cards we received were positive about the service experienced. Patients commented that practice staff were caring, helpful and supportive and treated them with dignity and respect. We spoke with 15 patients, including two members of the patient participation group, the majority of whom also told us they were satisfied with the care provided by the practice. One patient told us they were not happy with the attitude of a receptionist. The practice manager told us such comments made about individual members of staff were always addressed to improve the patients' experience.

Results from the national GP patient survey published in January 2016 showed patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for several of its satisfaction scores on consultations with doctors. For example:

- 65% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 65% said the GP gave them enough time (CCG average 81%, national average 87%).
- 78% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).

- 65% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

The practice manager told us they reviewed results from their Friends and Family Test (FFT) on a monthly basis and always discussed any negative feedback with relevant staff in order to improve performance. They said they were in the process of carrying out a new practice patient survey which would be reviewed in February 2016 and compared with the national survey results. A practice meeting had been scheduled for March 2016 to discuss the results and to identify any areas for improvement.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients rated the practice below average when asked if they felt involved in planning and making decisions about their care and treatment. For example:

- 66% said the last GP they saw was good at explaining tests and treatments (CCG average of 81%, national average 86%).
- 61% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).

During the inspection, all of the patients we spoke with 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. Patients' feedback on the comment cards we received was positive and aligned with these views.

Staff told us that translation services were available for patients who did not speak or understand English. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers but there was no written information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the Year Of Care scheme in August 2015 which aimed to improve the diagnosis and management of chronic obstructive pulmonary disease, diabetes, hypertension and heart failure. At the time of our inspection, the practice had not yet analysed the impact of the scheme on patient outcomes but planned to do so in future.

- The practice offered a 'commuters clinic' on a Monday and Wednesday evening from 6.30pm until 7.30pm, and daily telephone consultations for working patients who could not attend during normal opening hours.
- There were longer appointments available for any patient who needed one.
- Patients did not have the choice of seeing a female GP. The practice told us their female GP was on maternity leave and recruitment efforts were ongoing.
- A blood testing service was available at the practice every Thursday by a phlebotomist from a local hospital.
- Home visits were available for older patients and patients with enhanced health needs.
- Same day appointments were available for children and those with serious medical conditions.
- There were facilities for wheelchair users and translation services for patients who did not speak or understand English. There were no baby changing facilities available.
- There was no hearing loop available for patients who were hard of hearing; however the practice manager told us they had arranged a meeting with a British Sign Language (BSL) trainer to discuss BSL training opportunities for practice staff.
- Staff had undertaken training in caring for patients with enhanced mental health needs.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday, and was closed on bank holidays and weekends. Extended hours surgeries were offered from 6.30 to 7.30pm Monday and Wednesday. Appointments were available from 8.00am to 6.30pm Tuesday Thursday and Friday, and from 8.00am to 7.30pm Monday and Wednesday. 8.00am to 7.30pm Monday and Wednesday.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, there was a walk-in clinic on Wednesday from 10.00am to 11.00am. Urgent appointments were available for people that needed them.

People told us on the day that they were able to get appointments when they needed them; however results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mostly below local and national averages.

- 73% were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 66% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 77% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 58% said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

The practice was rated above average for telephone access:

- 80% said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).

The practice told us they were aware of these results, and had started the walk-in clinic in August 2015 in response to feedback from patients who were finding it difficult to get appointments. They had since received positive feedback from patients about the walk-in clinic and had plans to add additional evening walk-in hours to further improve access to appointments for patients.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs? (for example, to feedback?)

- 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 in the waiting area and in the practice leaflet.

We looked at five complaints received in the last 12 months and found they were dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient who complained about a referral error received a full apology. The incident was investigated by the practice and discussed at a meeting with relevant staff in order to prevent a similar recurrence.

Are services well-led?

Requires improvement 

(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 statement and staff knew and understand its values.

Governance arrangements

- There was a clear staffing structure and all staff were aware of their own roles and responsibilities.
- Practice specific policies were in place and were available to all staff.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions did not operate effectively in relation to emergency medicines, fire safety and recruitment; however in most cases the practice provided evidence of actions they had taken to make improvements.

Leadership, openness and transparency

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- 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 the practice leaders.

- Staff told us they held regular informal and ad-hoc team meetings on an individual basis with the practice manager and GPs, but there was a lack of evidence to demonstrate this. The practice manager told us regular quarterly governance meetings had been scheduled to begin in February 2016 where a range of topics would be discussed.

- The practice told us they did not hold multi-disciplinary team meetings due to poor attendance by health professionals to previously organised meetings, but they would renew efforts to organise them. We were able to confirm that they worked with relevant health professionals to discuss patients' care.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, they felt confident in doing so and felt supported if they did. We also noted that team away days were held every year such as Bingo nights and Christmas meals.
- Staff said they felt respected, valued and supported, particularly by the practice manager, but also by the GPs.
- 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 had gathered feedback from patients through the patient participation group (PPG) and complaints received. There was an active PPG of eight members which met every six months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in response to feedback from patients, the practice carried out extensive re-decorations, improved advertising of their opening hours and updated their practice leaflet.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, and they felt involved and engaged in improving how the practice was run.

The practice had gathered feedback from staff through yearly appraisals and generally through informal discussions. The practice had acted on requests from receptionists who were struggling to complete daily administrative tasks, by allocating new patient registrations to an administrator. Staff we spoke with told us these changes had made a positive impact on their work.